

BREAKING THE BARRIER;

MEETING SEX WORKER NEEDS IN HUMANITARIAN AND LOW-RESOURCE SETTINGS



BACKGROUND

Sex work in humanitarian and low-resource settings has become increasingly visible over the past few years. Yet, women and girls who engage in it remain neglected and underserved despite significant unmet health and protection needs. Female sex workers (FSWs) practice risk-taking behavior and negative coping mechanisms thus are exposed to high rates of gender-based violence (GBV), unintended pregnancies, unsafe abortions and HIV/STIs. As sex work is often criminalized, laws and policies offer little protection and sex workers face additional barriers accessing critical health and psychosocial services as well as alternative income generating opportunities. In Turkana County, Kenya, the International Rescue Committee (IRC) has seen an increase in women and girls engaging in sex work as a direct consequence of the ongoing natural disasters and armed conflict in the region. This has resulted in girls as young as 12, arriving in Kakuma refugee camp and engaging in commercial sex work.

In 2011, the IRC introduced a targeted approach to increase access to health and psychosocial services for FSWs in Kakuma Refugee Camp and established a specialized FSW clinic within the referral hospital. Using a peer-leader approach, selected peer FSW leaders were trained in linking FSWs to care through established networks. Peer leaders also took on the role of addressing risk-taking behavior, providing support and referring colleagues for health services. By integrating efforts with the IRC's health, protection and livelihoods programs,

FSWs gained access to targeted HIV and reproductive health preventive and curative services, referrals for case management and psychosocial support and alternative livelihoods programs.

EVALUATION

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

FSWs between the ages of 16 and 49 enrolled in the IRC's targeted program and living in Kakuma refugee camp participated in the study. Two methodological qualitative approaches were used to collect qualitative data: individual in-depth interviews and focus group discussions. Thirteen FSW peer leaders were individually interviewed to explore their personal experiences with GBV, perceptions of risk-taking, help-seeking behavior and factors contributing to the decision to engage in sex work. In addition, nine focus group discussions with 50 FSWs were conducted to learn about the risks sex workers face, assess the support group approach in terms of perceived safety and network and identify other existing needs. Routine quantitative monitoring and evaluation data between 2011 and 2017 was also used to inform the quantitative aspect of the study.



KEY FINDINGS

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

Since 2011, 944 women and girls have joined the Female Sex Worker (FSW) project. Currently there are 708 female sex workers enrolled in the FSW project in Kakuma refugee camp and the retention rate is around 75%. While the majority of FSWs are above the age of 18, the IRC has found that a significant number (11%) of FSWs are minors (and often unaccompanied) which makes them extremely vulnerable in the refugee camp.

Upon enrollment, 7% of FSWs were HIV positive and during the 6 years of programming the project has had 0 cases of sero-conversion. Among those that are HIV positive, 100% receive HIV care and treatment regularly. Regarding contraceptive use, slightly more than half of FSW practice dual methods of modern contraception. Furthermore, 78% of FSW were screened for cervical cancer, 0,6% were tested positive and treated for the condition.

GBV is a daily struggle for many FSWs and the waste majority of cases remain unreported. Of FSWs who did report GBV, the cases were often severe and/or required treatment - 77% were cases of sexual violence and 23% reported physical violence.

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

Women in Kakuma refugee camp engaged in sex work due to poverty, lack of economic opportunities, and having to support dependents. Among younger FSWs who did not have children, being the eldest child in the family was a major driver to engage in sex work. FSWs who had children, were motivated to engage in sex work to feed their children as food rations were not sufficient to keep them healthy. Most FSWs felt that their basic needs were not met and that engaging in sex work was one of the few ways to compensate for lack of food and clothes. FSWs mentioned the quantity and quality of the food rations in the camps as a reason for engaging in sex work. Inability to afford additional foods and items that were not provided such as salt, clothes, and lotion often led FSWs to engage in sex work.

'Me, I'm the firstborn or the elder of the family and my mother is old so she cannot do something to support us. I decided to join the sex work so that I can support my family, my little brothers'

Female sex worker, 18 years

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

Unwanted pregnancy and sexually transmitted infections (STI)

including HIV, were the most common reported health risks by FSWs. Although FSWs were aware of preventing pregnancy and STI infection through condom use, they often faced pressure from clients to have unprotected sex. FSWs practicing inconsistent condom use expressed concern about pregnancy and STI infection. While some FSWs reported uptake of modern family planning methods, others perceived side effects such as bleeding and dryness to be conflicting with carrying out sex work and making it difficult to have a sufficient income.

'Currently now I am learning to use family planning so that I can help myself. Because I know I have a small baby and I cannot have another baby while this is still young'

Female sex worker, 20 years

'Sometimes if you use a condom the person will give you less money. Someone who is using you without condom, that is when you can get a little bit of money'

Female sex worker, 17 years

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

According to FSWs benefits of the IRC peer led groups included emotional support, counseling, medical services, and information/skills sharing. FSWs often experienced isolation and stigma from the community due to their work. Many FSWs reported thinking about self-harm and suicide due to the harassment, isolation and hopelessness. For those who felt stigmatized, the IRC group was often a safe space for emotional support. While the IRC groups provide the women with support and sometimes friendships, there are also reported instances of conflict and infighting.

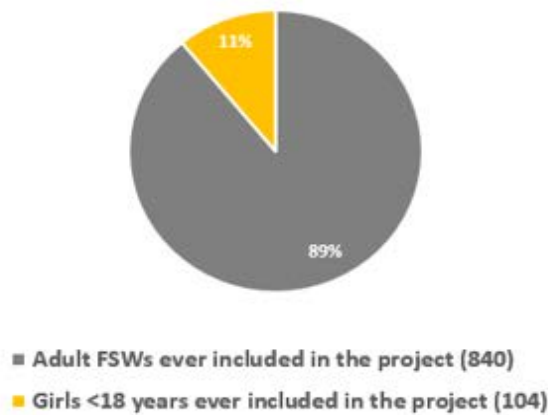
'Sometimes I'm thinking even to suicide myself, but because of the counseling we are given, sometimes I am feeling ok'

Female sex worker, 16 years

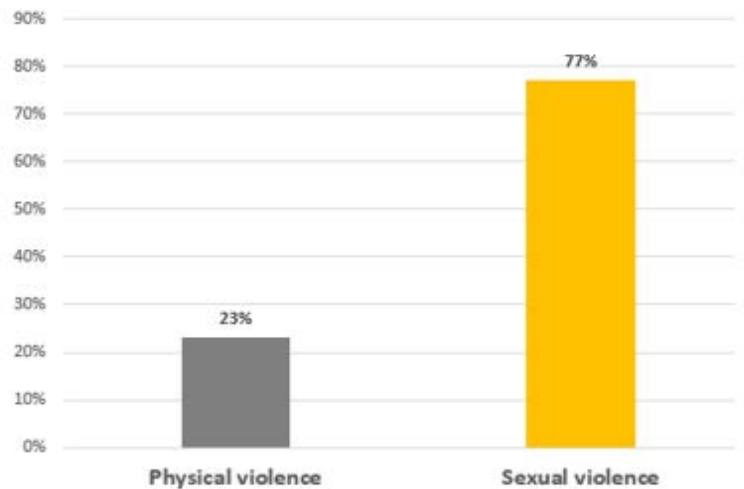
While there is a desperate need for more support, FSW peer leaders generally feel respected and supported by the groups they lead, and then feel that members share problems, find solutions, and depend on each other for support. Challenges reported include dealing with substance abuse and handling conflicts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

Peer leaders generally reported feeling respected in their role within the IRC groups. Generally, peer leaders suggested that the IRC group functioned as a supportive network where women and

Age distribution of FSWs enrolled in project



Types of violence reported (%)



girls could reach out to one another for support and advice. Challenges experienced by peer leaders included group conflicts and recruiting fellow FSWs.

Most FSWs requested additional support from the IRC to help them earn a sustainable income, and ultimately stop sex work. Income generating activities proposed by FSWs included: hairdressing, tailoring, and catering among others. Alternatively, others hoped to pursue their education in hopes of gaining better employment and maybe even being resettled somewhere else. One FSW stated that having a business would help her earn respect from the community and enable her to pay her children's school fees.

'...I wish that my mother can be employed and me, I need to continue with education, but we need to be brought to a safe place where people cannot see [don't know] me so I can continue with my education' Female sex worker 16 years

'My dreams and my expectations are that I can be supported with a small, small business' Female sex worker, 27 years

RECOMMENDATIONS

- **Establish centers that target female sex workers with programming that meets their specific needs.** This study found that integrating centers into an existing secondary health facility is ideal, facilitates access and reduces stigma. Best practice also demonstrates that FSW centers should be placed in urban or high density areas in low-resource or humanitarian settings as displacement and humanitarian crises often lead to high prevalence of survival sex among particularly vulnerable women and girls.
- **Engage staff who are committed and trained specialists, with favorable attitudes towards FSWs.** Providing quality services that are confidential, non-judgmental and non-stigmatizing is crucial to the success of any project serving FSWs, especially in low-resource or humanitarian settings. At a minimum, programs targeting FSWs should ensure providers are trained in case management, clinical care for

GBV survivors, and most importantly fully understand the sociocultural norms that leads to exploitation of women and girls.

- **Consider using the evaluated peer leader approach.** Establishing groups based on age and geographical area of work led by elected peer leaders is an efficient way to reach vulnerable FSWs and ensure timely care and a supportive network. In addition, programs should provide ongoing mentoring and coaching for all peer leaders to continue building their skills as facilitators and offer support in mitigating secondary trauma and/or handling complicated cases.
- **Prioritize a multi-sectoral approach to meet FSWs' multiple needs.** Free health care and case management will improve the health status and well-being of FSWs, but it alone cannot address the multiple needs faced by FSWs. Adding livelihoods programming will provide an alternative income for those who want to reduce or leave sex work and thereby address one of the root causes for sex work.
- **Reinforce collaboration with local authorities such as police and military.** FSWs often experience violence and abuse from authorities who are meant to protect them. Making sure trusted officials are available when needed is essential for their safety.

CONCLUSION

Based on the evaluation findings and experiences from the FSW projects, the IRC strongly believes that programs targeting FSWs are an effective way for health, protection and empowerment services to reach a particularly vulnerable population and improve their health and safety outcomes in humanitarian and low-resource settings.

Furthermore, follow-up rates for HIV positive FSWs and very low rates of HIV sero-conversion among FSWs enrolled in the project demonstrate the success of the approach from a public point of view and the need for more similar programming.



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

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

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

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