



Sexual and Reproductive Health and Rights (SRHR) unmet needs of young sex workers in Zimbabwe, Mozambique and South Africa

African Sex workers Alliance (ASWA)

2022

TABLE OF CONTENTS

ABOUT ASWA	4
ACKNOWLEDGEMENTS	4
EXECUTIVE SUMMARY	5
INTRODUCTION	5
PURPOSE AND OBJECTIVES FOR THE SURVEY	6
APPROACHES USED IN THE SURVEY	6
CONCEPTUAL FRAMEWORK:	7
DATA COLLECTION	7
DATA ANALYSIS	8
LIMITATIONS	8
Level of Education	9
Typology of sex workers interviewed	10
Young Sex workers access to Sexual Reproductive Health	11
What sexual reproductive health services that you NEED and are NOT provided/accessible?	14
What can be done to improve the uptake of sexual reproductive health services by young sex workers?	14
DESK REVIEW AND KEY INFORMANT INTERVIEW FINDINGS	15
Mapping of policies and laws affecting access to Sexual reproductive health for young sex workers.	15
Impact of Prohibitive laws and policies on sex workers uptake of SRHR services.	15
CONCLUSION AND RECOMMENDATIONS	17
COUNTRY REPORTS	18
COUNTRY 1: Tiyanne Vavasate – Mozambique	18
COUNTRY 2: Zimbabwe	21
Country 3: Sisonke South Africa	25
REGIONAL ADVOCACY AND PRESENCE IN SADC SPACES	27
APPENDIX 1	28
Location of interview:	28

Country _____	28
Local de entrevista :	33
País: _____	33
Appendix 2. Consent form in English	38
Appendix: 3 Love Alliance: Addressing the unmet SRHR needs for young sex workers in Southern Africa Project.	40
Appendix: 4 Love Alliance: Addressing the unmet SRHR needs for young sex workers in Southern Africa Project.	41
Appendix: 5 TOT Training program	42
AFRICAN SEX WORKERS SRHR FOR YOUNG SEX WORKERS MEETING	42
AFRICAN SEX WORKERS SRHR FOR YOUNG SEX WORKERS MEETING	42

ABOUT ASWA

ASWA is a Pan- African network of sex worker-led groups that amplifies the voices of sex workers, raise visibility and advocates for the human dignity of diverse community of sex workers working and living in Africa. The vision is that of A world free of stigma and discrimination where sex work is recognized and protected as work. ASWA's membership includes sex worker led organisations and networks from across the African continent. ASWA works through regional structures that allows it to reach to sex worker organising in Francophone and Lusophone regions of the continent.

ACKNOWLEDGEMENTS

We would like to express our sincere gratitude to AIDS Fond Love Alliance for the grant support that made the implementation of this project possible. We are also grateful to the following organisations for their valuable inputs: Sisonke - South Africa, ZIMSWA- Zimbabwe, and Tiyanne Vavasate – Mozambique.

Special appreciation goes to the lead consultant, Sedaula Mwangi, for his expert guidance throughout the project. We also extend our appreciation to Leeroy Gumpo for his diligent work in data collection and analysis. We acknowledge the significant contributions of the community champions, whose work was instrumental in making this survey a success.

We extend our appreciation to Pamela Chakuvinga (Sisonke, SA), Atalia Cuna (Tiyanne Vavasate), Chipiwa Mugabe, and Brighton Kata (Zimbabwe Sex Workers Alliance) for their valuable contributions to this report. We also extend our sincere gratitude to Rose Wanjiku for her invaluable contribution in the editing and compilation of this report. We would also like to express our deep appreciation to Rachael Kamau, ASWA Finance Manager, for her unwavering support in financial and administrative matters. Additionally, we acknowledge the invaluable leadership of Grace Kamau, ASWA Regional Director, throughout the entirety of this survey.

EXECUTIVE SUMMARY

This survey focuses on the unmet sexual and reproductive health and rights (SRHR) needs of young sex workers in South Africa, Mozambique, and Zimbabwe. Despite sex workers being a key focus of HIV prevention and treatment interventions, there is limited research on the specific needs of young sex workers. The African Sex Workers Alliance (ASWA) defines young sex workers as those up to the age of 24, and the report aims to amplify the voice of this community and identify challenges and barriers to accessing SRHR services and information. Through analyzing the data collected from interviews and surveys with the target group, the report aims to identify the challenges and barriers to accessing SRHR services and information. The report also highlights the absence of the voice of young sex workers in designing of projects targeting them, limited resources at public, government and sex workers led health facilities and policy and law that have delayed discrimination of sex work. Through the report, young sex workers are expressing the recommendation on how to come up with sustainable solutions to the barriers in accessing quality SRHR services. These findings will inform recommendations for policy and programmatic interventions to address the unmet SRHR needs of young sex workers in these countries.

The aim of this report is to provide an overview of the research outcomes, findings and recommendations, with the goal of drawing more attention to the requirements of sex workers who are younger

INTRODUCTION

Sex work in Africa is associated with significant socio-economic and legal challenges that exacerbate the risk of violation and limit access to comprehensive reproductive health services. Young sex workers are a marginalized population, and their needs are often overlooked, with little attention paid to their voices and perspectives in the discussions around programs that target them.

While there have been commendable efforts to enhance resilience, inclusion, and innovation in designing programs that address the needs of sex workers, there is a gap in identifying whether these projects are responsive to the unique needs of young sex workers. Moreover, there is limited data on the needs of this specific demographic.

The African Sex Worker Alliance (ASWA), with support from the AIDS Fond Love Alliance grant, conducted a survey to identify the unmet needs of young sex workers aged between 18 and 24 in Zimbabwe, South Africa, and Mozambique. The aim of the survey was to gather evidence-based information on the barriers and challenges that hinder young sex workers' access to sexual and reproductive health services in the southern African region with an objective of using the report to advocate equal access to inclusive sex workers centered comprehensive health services and rights. To achieve this objective, the study was conducted through a combination of online and physical meetings, including Focus Group Discussions and Key Informant interviews.

The study deliberately involved young sex workers in leading the design of the study, development of tools, data collection, report writing, and dissemination of the report. Sisonke in South Africa, ZIMSWA in Zimbabwe, and Tiyanne Vavasate in Mozambique were sex worker organizations that played a leading role in data collection and report writing on the unmet needs of young sex workers in their respective countries.

PURPOSE AND OBJECTIVES FOR THE SURVEY

- Capable, inclusive, influential, and mutually supportive of key population movements in an unrestricted civic space.
- An end to sexual, gender-based violence, stigma and discrimination against key populations.
- Equal access to inclusive, people-centered, accountable, integrated HIV and comprehensive sexual rights and health services.

Population type	per country	Total
Trainers of trainers (TOT)	3	9
Community Researchers	10	30
Champions	3	9

APPROACHES USED IN THE SURVEY

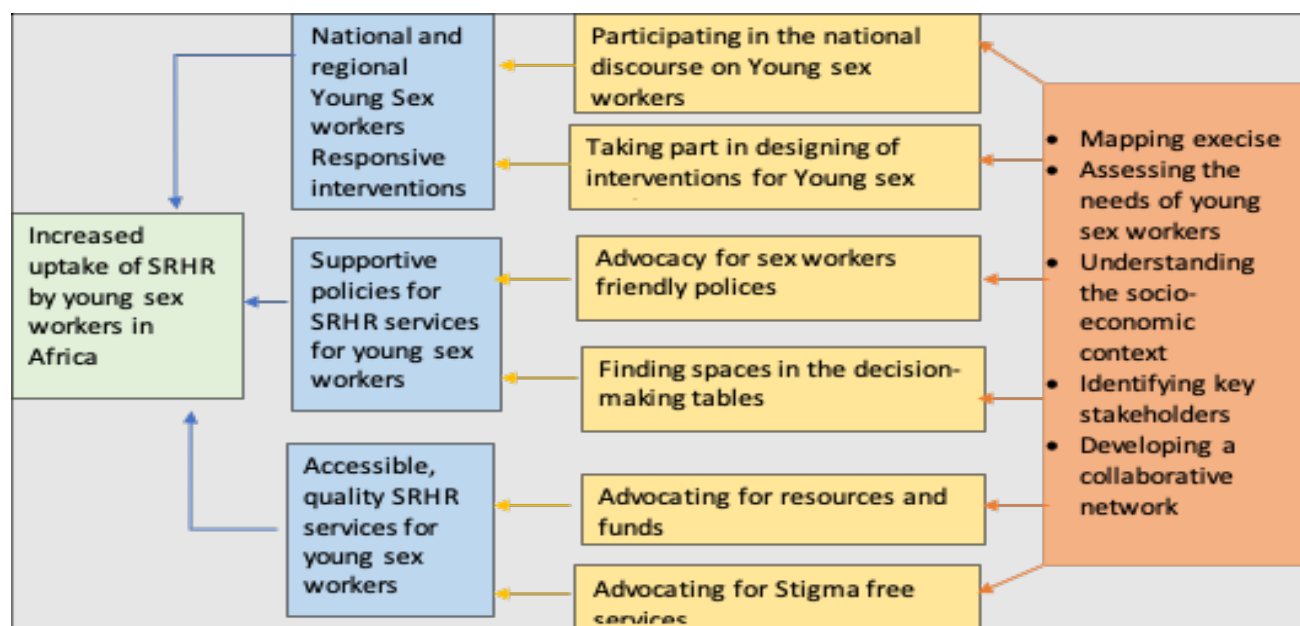
This survey involved a deliberate and meaningful participation of young sex workers of the eligible age group, giving them a voice and increasing their agency in the design and implementation of proposed solutions for improving the uptake of sexual and reproductive health and rights (SRHR) services. This participatory approach was aimed at ensuring that the needs and perspectives of young sex workers were at the center of the survey focus.

It was grounded in a scientific, empirical evidence-based approach. This approach utilized data and research to inform the design and implementation of programs and services for young sex workers. This helped to ensure that interventions targeting young sex workers were informed by evidence and that their effectiveness could be evaluated through monitoring and evaluation.

ASWA also recognized the importance of strengthening existing programs that serve young sex workers in Africa region. This was achieved by identifying the strengths and weaknesses of existing interventions and improving their quality, increasing accessibility, and expanding their reach. This approach was grounded in the recognition that building on existing good practices can be more effective than creating entirely new information.

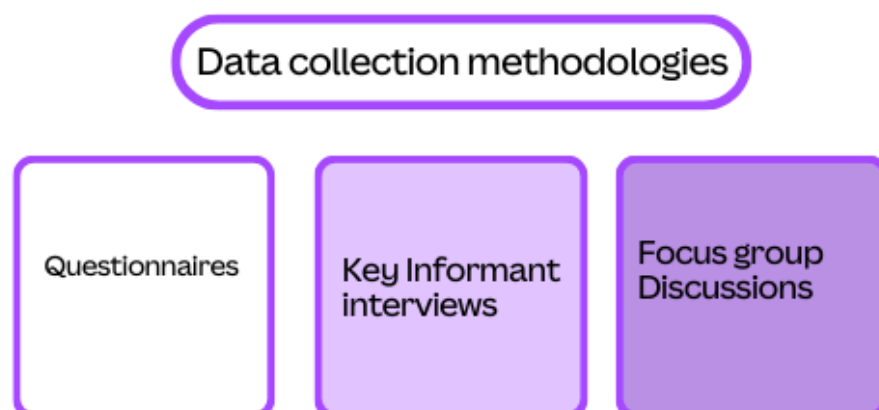
Finally, ASWA recognized the importance of building partnerships with relevant stakeholders, including young sex workers themselves. This involved collaborating with NGOs, government agencies, and sex workers led organizations who definitely have rich information, knowledge and have the ability to take lead in the survey. This approach ensured that interventions were comprehensive, integrated, and effective in addressing the unmet needs of young sex workers in the southern African region.

CONCEPTUAL FRAMEWORK:



DATA COLLECTION

The data for this survey on the unmet needs of young sex workers was gathered through Focus Groups Discussions and Key Informant Interviews in each of the three countries as well as use of survey monkey for target group that couldn't be reached physically. The young sex workers designed, pretested, and approved the data collection methodologies: Quantitative and qualitative on their unmet sexual and reproductive health and rights (SRHR) needs. Community research assistants (selected young sex workers), who were drawn from sex workers organisations in the three countries, were trained on the administering of the questionnaire. The questionnaire was available in two languages, English and Portuguese, and was also made available online through Monkey Survey to reach a wider community of young sex workers.



DATA ANALYSIS

A mixed-methods data analysis approach was used to gain a more comprehensive understanding of the experiences of sex workers, including their needs and unmet SRHR needs. This involved the collection of both qualitative and quantitative data through a variety of methods.

The quantitative data was collected through the use of questionnaire that were administered by the community data assistants and also using online survey tool.

Qualitative data was collected through focus group discussions and key informant interviews that was guided by a list of questions. This allowed for the collection of rich, in-depth data on the experiences of sex workers and the specific challenges they face.

The use of both quantitative and qualitative data analysis approaches allowed for a more comprehensive understanding of the experiences and unmet needs of sex workers. This approach ensured that the findings were grounded in both statistical and contextual evidence, which is essential for the development of effective interventions that can address the specific needs of sex workers.

LIMITATIONS

One of the major limitations was the cultural and language barrier, which affected the Mozambican sex workers who had limited understanding of Portuguese, even though it is the national language. To address this, ASWA engaged translators to use a local dialect during the focus group discussions.

Another limitation during the data collection was the lack of complete honesty in responses from some of the young sex workers. Some were not willing to provide accurate or complete information about their experiences accessing SRHR services, due to self-stigma, community discrimination, and other personal reasons. As a result, data was not available from certain regions and segments of the targeted population. However, in the design of the survey, the limitations were taken into account, and measures were put in place to maintain the impact, validity, and reliability of the results as indicated above.

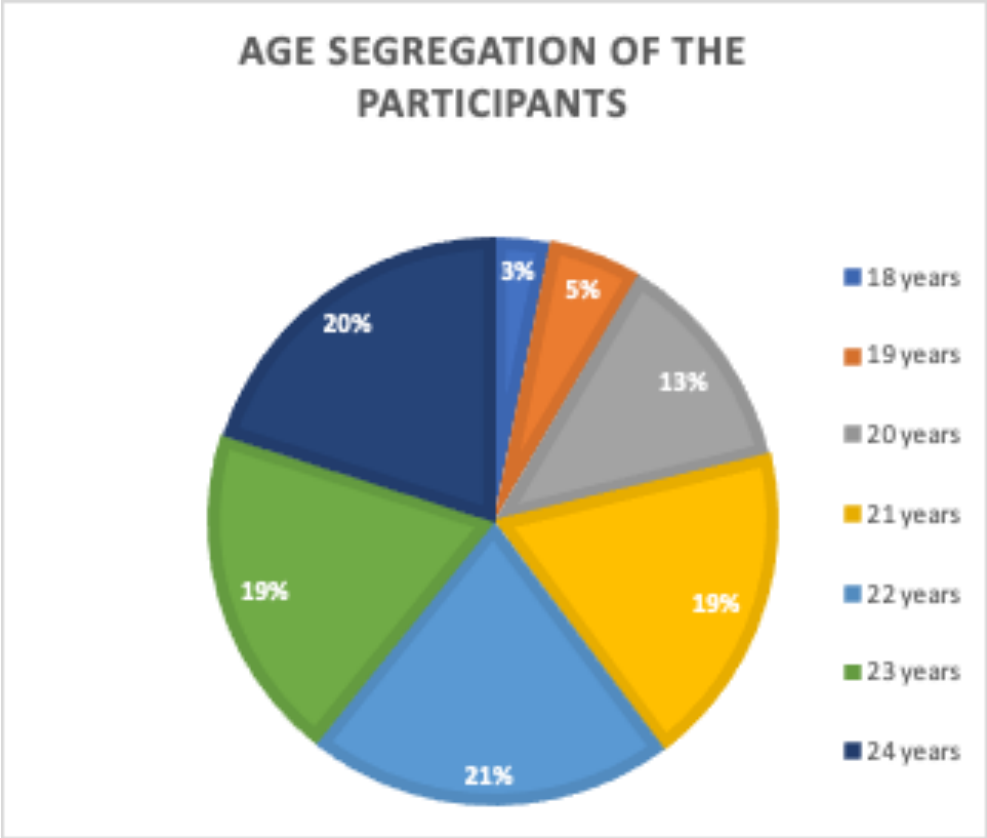
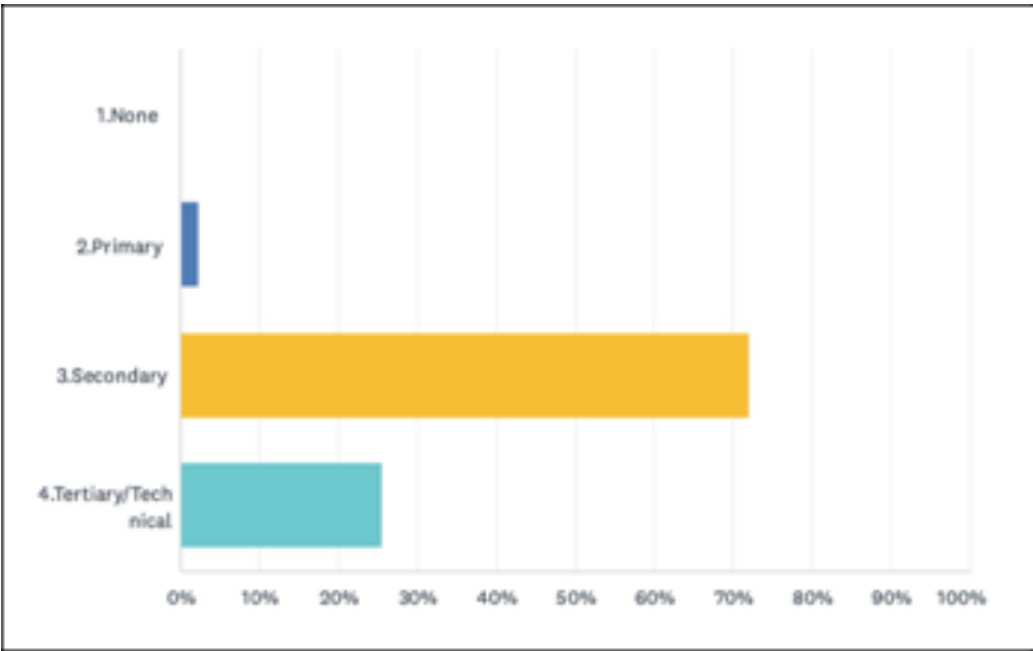
DATA FINDINGS

The survey conducted involved a total of 630 young sex workers from Zimbabwe, Mozambique, and South Africa. The age distribution of the participants showed that the majority (20%) were 24 years old, while the least (3%) were 18 years old.

Methodology	Mozambique	Zimbabwe	South Africa	Total
Focus Group Discussion	60	60	60	180
Questionnaire including online	150	150	150	450
Key informant interviews	3	3	3	9
Total reached	213	213	213	639

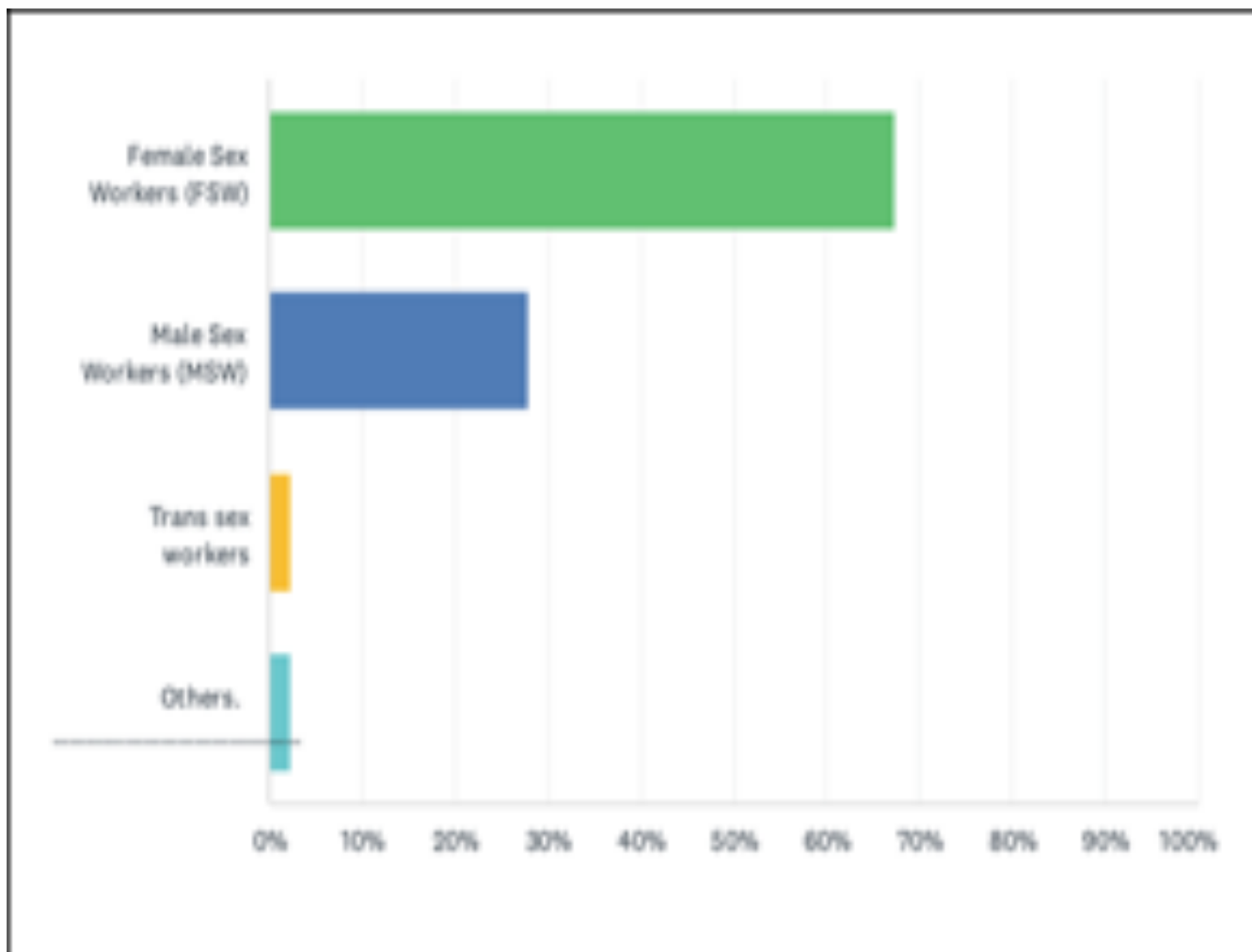
Level of education varied with the majority (72%) of the participants interviewed were secondary school graduates, 25% were tertiary graduates or university degree holders, and only 2.3% held a primary school certificate.

LEVEL OF EDUCATION



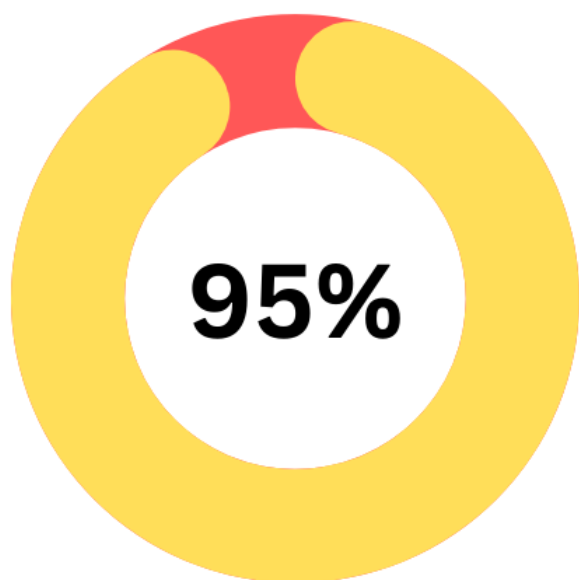
TPOLOGY OF SEX WORKERS INTERVIEWED

The survey also analyzed the typology that the participants self-identified as. The data analysis revealed that 67% of the participants identified as Female Sex workers, 27% as Male Sex workers, and only 2.3% as Transgender Sex workers.



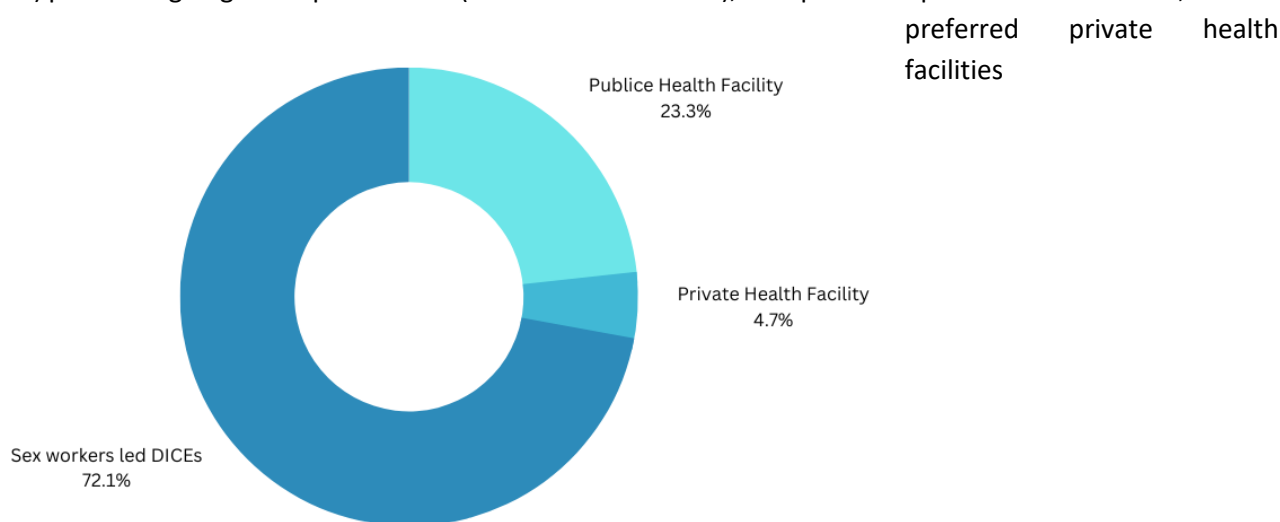
YOUNG SEX WORKERS ACCESS TO SEXUAL REPRODUCTIVE HEALTH

The Survey also explored to determine whether young sex workers seek sexual reproductive health services at health facilities. According to the focus group discussion, 95% of the young sex workers reported seeking sexual and reproductive health and rights services, while the remaining 5% reported never seeking them.



"

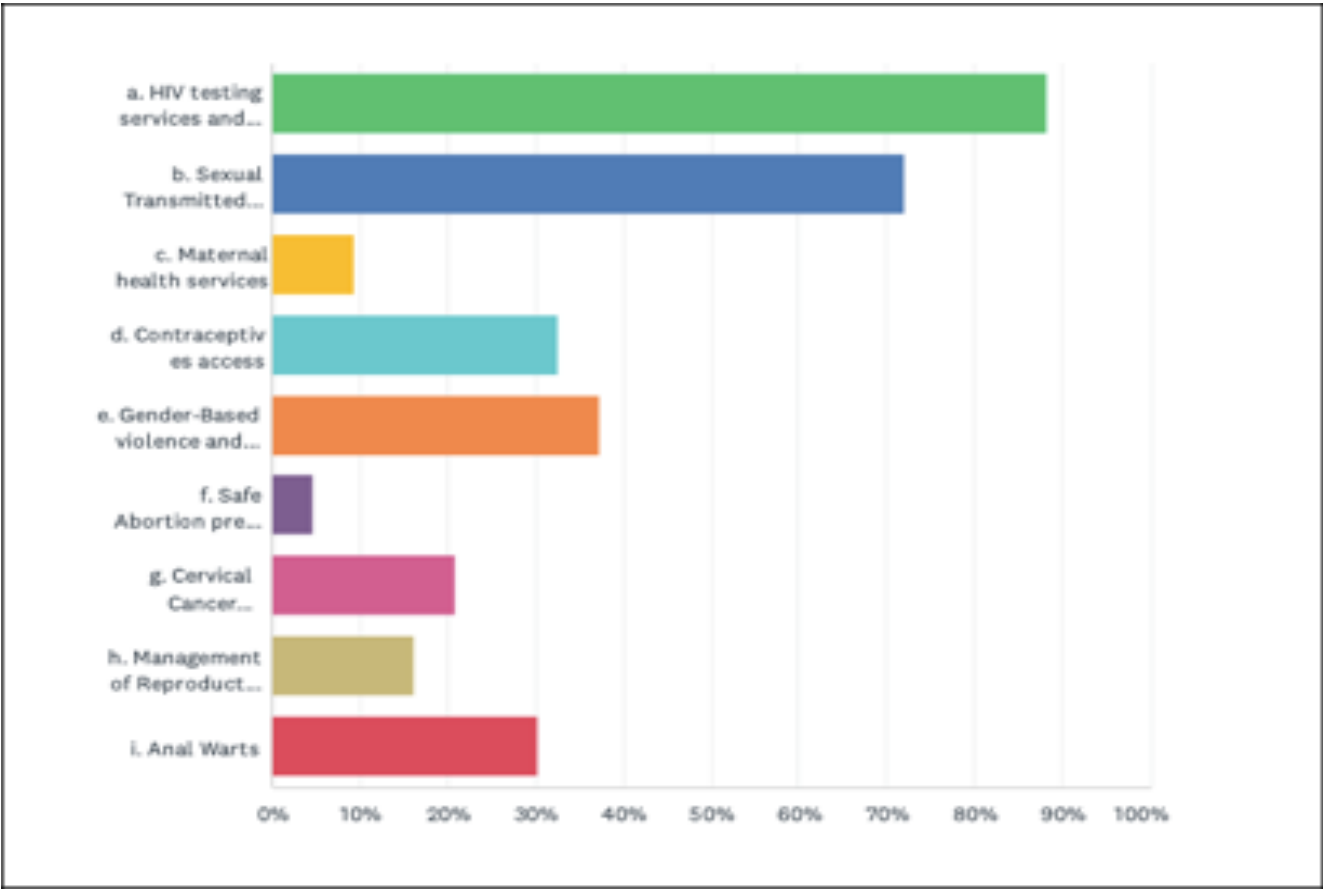
The survey also asked about their preferred facilities for health services. The results showed that the majority (72%) preferred going to drop-in centers (sex worker-led clinics), 23% preferred public health facilities, and 4% preferred private health facilities.



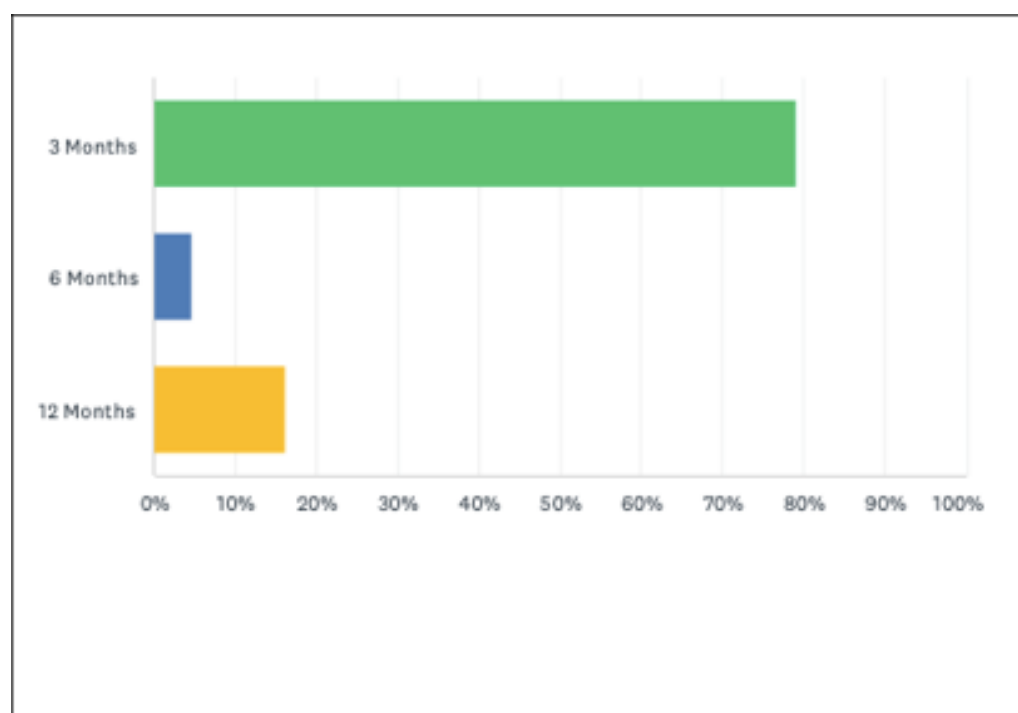
Sexual Reproductive Health Service that young sex workers access frequently

The survey also aimed to identify the most sought-after Sexual Reproductive Health Service among young sex workers. The results showed that 88% of the participants mostly went for HIV testing services, 72% sought sexual transmitted screening and treatment services, and 37% sought GBV services. The least sought services were safe abortion pre and post care services at 4% and maternal health services at 9%.

When asked about the frequency of seeking SRHR services, 79% of the participants reported visiting health facilities every three months, 4% every six months, and 16% annually.



How often young sex workers go for SRHR services

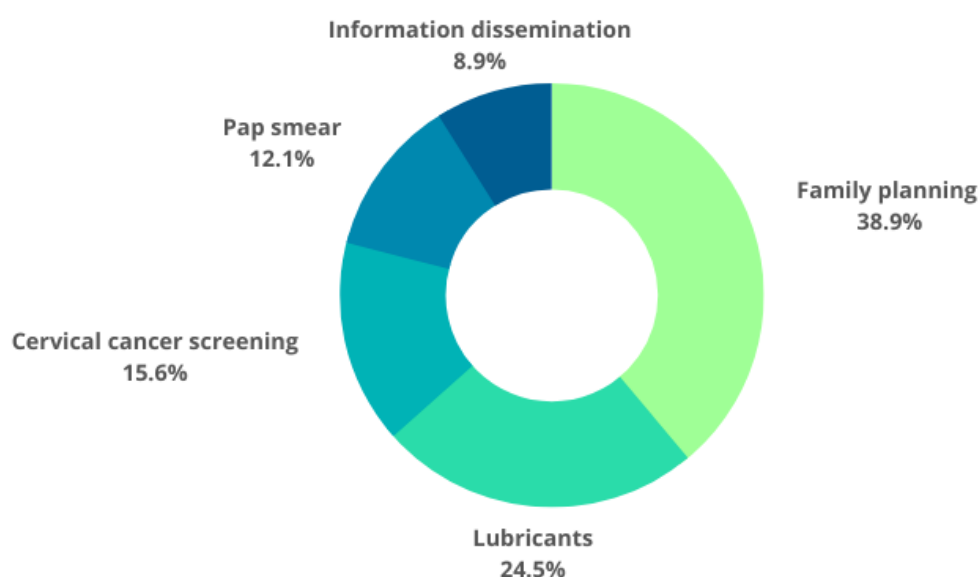


The questionnaire aimed to gather information on the challenges young sex workers experience with regards to access to sexual reproductive services. All Young sex workers complained of unfriendly services as the lead barrier to uptake of services. It was found that 82% participants reported a shortage of reproductive health drugs at drop-in centers, public and private health facilities. Additionally, the participants indicated various barriers to access, including a lack of friendly service providers (70%), demotivated staff (55%), resource constraints (45%), and knowledge gaps (40%). These findings highlight the need for improvements in the provision of sexual reproductive health services to young sex workers.

1.Unfriendly services and providers	100%
2.Drug stock outs	82%
3.Unsensitized service providers	70%
4.Demotivated staff	55%
5.Resources constraints	45%
6.Knowledge gap	40%

WHAT SEXUAL REPRODUCTIVE HEALTH SERVICES THAT YOU NEED AND ARE NOT PROVIDED/ACCESSIBLE?

The survey also evaluated the sexual reproductive health needs of young sex workers that are unmet or inaccessible. 38% young sex workers stated a requirement for family planning and post abortion care services; however, the majority reported a lack of access to these services. Furthermore, 24.5% reported an inability to access water-based lubricants, while 15.6% reported a lack of access to cervical cancer screening and treatment services. These results demonstrate the significance of addressing the unmet needs and increasing accessibility to reproductive health services for young sex workers.



WHAT CAN BE DONE TO IMPROVE THE UPTAKE OF SEXUAL REPRODUCTIVE HEALTH SERVICES BY YOUNG SEX WORKERS?

The survey asked participants for their recommendations on improving sexual reproductive health services for young sex workers. All participants (100%) emphasized the importance of increasing awareness and demand for friendly and nonjudgmental SRHR services. In addition, 75% of the participants recommended improving advocacy efforts by targeting the community, policy makers, health ministries and the government. 58% suggested lobbying for adequate resources through improved domestic funding, donor funding that are responsive to the needs of young sex workers to enhance accessibility and availability of safe and friendly reproductive health services for young Sex workers. These findings highlight the crucial role of increased awareness and resource allocation in improving sexual reproductive health for young sex workers.

1. Demand creation	100%
2. Advocacy	75%
3. Lobby for resources	58%
4. Capacitated service providers and communities	42%

DESK REVIEW AND KEY INFORMANT INTERVIEW FINDINGS

MAPPING OF POLICIES AND LAWS AFFECTING ACCESS TO SEXUAL REPRODUCTIVE HEALTH FOR YOUNG SEX WORKERS.

As part of the mapping report on policies and laws affecting the uptake of SRHR services for young sex workers in Zimbabwe, Mozambique, and South Africa. In South Africa, sex work is illegal, leading to increased violence and assault on young sex workers, with unclear reporting channels for cases of violence. In Mozambique, the law does not criminalize sex work, but the legal system does not regulate or protect sex workers, leaving loopholes for increased violence. In Zimbabwe, sex work is criminalized, hindering young sex workers' access to comprehensive sexual reproductive health services. Criminalization of abortion has also impeded access to family planning and post-abortion care, and the PVO bill poses a challenge to the operations of civil society organizations, including sex worker-led organizations like the Zimbabwe Sex Workers Alliance (ZIMSWA). Recently, higher healthcare user fees have been introduced in Zimbabwe, further hindering young sex workers' access to SRHR services in public health facilities.

IMPACT OF PROHIBITIVE LAWS AND POLICIES ON SEX WORKERS UPTAKE OF SRHR SERVICES.

According to sex workers leaders from the three countries that were interviewed, they all confirmed that, young sex workers are increasingly exposed to violence from clients, community members, and police officers due to prohibitive laws and policies. Repressive laws also hinder their access to healthcare services, exposing them to greater health risks. The age of consent laws in the three countries (South Africa is 16 years old, in Zimbabwe it is also 16 years old, while in Mozambique it is 18 years old) prevent young sex workers, many of whom are mature minors, from accessing prevention and clinical services at public health facilities. Consequently, many young sex workers seek abortion services from unqualified individuals, leading to long-term health problems and even deaths. The mental health of young sex workers is also significantly affected, necessitating intervention.

Key messages from the Survey

Capacity

Build young sex workers' capacity to champion SRHR

Involvement

Involvement of young people in developing and designing SRHR interventions

Address

Address stigma and discrimination at health facilities and government institutions

Advocate

Advocate for enabling policies to improve uptake of SRHR by young sex workers

Improve

Improve availability and access of comprehensive SRHR services

Strengthen

Strengthen the sex workers' movement at the grassroots, national, and regional levels.

Enhance

Enhance multisectoral partnerships and collaborations to address barriers to accessing SRHR

Resources

- Inject resources to make the SRHR services and treatments accessible and available to young sex workers.

Young Sex workers voices

CONCLUSION AND RECOMMENDATIONS

The results of the survey carried out in Mozambique, Zimbabwe, and South Africa demonstrate the pressing need for these Countries to address the unmet needs of young sex workers. According to the findings, sex workers face a lot of stigma and discrimination, notably from MSMs and transwomen, and this limits their ability to obtain medical care. According to the findings, there is need for increased funding for projects and advocacy campaigns led by sex workers, raising awareness, and enhancing the standard of SRHR services provided by both public and private health facilities.

Continuous comprehensive sexual education and awareness is important to address the myths, misinformation and disinformation young sex workers have in regard to SRHR.

Additionally, there is a need to sensitized community leaders, law enforcement officials, policy makers and health professionals about the need to end stigma and discrimination against sex workers and to advance enabling policies that support their health and socioeconomic well-being.

Additionally, comprehensive SRHR services are required, including access to contraceptives, safe pre- and post-abortion care, and the expansion of preventative interventions like Pre-Exposure Prophylaxis (PrEP). The report makes the case for the need to strengthen the sex workers movement, which would advocate for safer spaces and support the gender and health rights of sex workers. The report suggests fostering safe environments for young sex workers, raising awareness among medical professionals, and offering stigma-free services to young sex workers in all of their diversity. The report also suggests expanding interventions like mobile clinic services to improve adolescent sex workers' access to stigma-free services, particularly for immigrant sex workers without valid immigration documentation.

COUNTRY REPORTS

COUNTRY 1: TIYANNE VAVASATE – MOZAMBIQUE

Association Tiyanne Vavassate is a community-based organisation whose mission is to amplify the voice of vulnerable women especially sex workers and advocate for access their rights, particularly for the protection of violence and health. Its vision is to ensure women especially sex workers enjoy their rights especially access to health without discrimination.

The study took place in Maputo City, and featured a network of ten community researchers from Tiyanne Vavassate who were trained in research techniques for gathering information. Recruitment was done in the City of Maputo (Baixa, Magoanine, CMC, through individual interviews.

The research lasted three month took three months and reached 150 workers among them MSM data from the different concentration areas of sex work in Maputo City.

In general, the study showed that young sex workers have greater vulnerability and risk to HIV infection because they do not have access to condoms and do not have enough knowledge and information on transmission even of STIs.

The study also revealed that young female workers aged 18-30 years are at higher risk of gender-based violence. Notably, the women interviewed did not outrightly acknowledge that they were sex workers due to stigma and discrimination. It was noted that self and community stigma is still high. There was also a notable generational gap, where young sex workers were uncomfortable with interacting with older sex workers.

The purpose of this report is to present the overall results of research findings and recommendations on how sexual health needs of young sex workers in Mozambique can be met.

This report gives contextual analysis that used different, general and specific objectives of the study, main findings (using different methodologies) and recommendations.

Study methodology

In total, 13 people were selected, where 10 were community researchers and three Champions. The study took place in Maputo City, in the districts: Kampfumo, Kamubukuane, Kamaxakene and Kamavota.

The overall objective of the research was:

- Collect information on the unmet needs of young sex workers aged ages of 18 to 30 years on sexual and reproductive health and HIV prevention and treatment in the four areas
- Understand the needs of sexual and reproductive health and access to HIV treatment for positive young sex workers in Maputo City

The study was carried in three stages according to the planned work plan, and included the following activities:

- Recruitment of 10 community researchers
- Conducting interviews with young sex workers
- Talking wheels with the beneficiaries (This means holding conversations with young sex workers in various hotspots)
- Interviews with key partners in the response to HIV and violence against sex workers

The interviews were carried out by the appointed Program Coordinator, two peer researchers. In addition, sex workers and college women aged 18-24 years were engaged to administer the questionnaire online and offline.

15 interviews were conducted using the various methodologies covering about 150 sex workers and five (5) talking wheels done in campuses and involved 60 sex workers.

Two (2) partner interviews were conducted with Port Health Centre and Office of Care for Minor family survivors of domestic violence.

During research, Tiyané Vavassate faced the following challenges:

- Difficult access of young sex workers in some hot areas
- Delays in the arrival of interviewees
- Difficulties in accessing the Internet
- Some participants did not agree to take photographs for reporting
- The National Council of AIDS Workers (CNCS) did not give access to data on the health of young sex workers related to HIV and AIDS

Findings

- There is a growing increase in young sex workers aged 18-24 in sex work in Maputo City and due to stigma and discrimination are at a very high risk of HIV infection.
- This age bracket has is also largely misinformed and disinformed on Sexual Reproductive Health.
- Young sex workers are at higher risk for HIV because they do not know about the forms of HIV prevention, care and treatment.
- They also respond well to outreach by peers their age, therefore more of such programs should be continued.
- Beneficiaries receive information about sexual and reproductive health and HIV prevention from peer educators who provide HIV prevention and other sexually transmitted infections. For prenatal services they are entitled to choose prevention methods as well as talk about sexual and reproductive health services and what they should do after a sexual violation. After the sexual violation the victim must go to the police station but next to the place of his work or where this violation occurred, arrived at the place is given the transfer guide to health unit for subsequent services.
- Young aged (18-24 years) need better care in health units to cease prevention methods without stigma and discrimination.

- Some MSM and trans women involved in the interviews stated that they sometimes do not go to health units for fear of being discriminated by health professionals due to their sexual orientation and gender identity.
- Some interviewees shared a reduction in cases of stigma and discrimination, due to the partnership between civil society and health where some of peers work in health units as navigators. Some sex workers said they preferred self-medication pregnancies, pre and postnatal care. Abortion is illegal, thus most of those interviewed said they opted for underground clinics for fear of prosecution.
- Sex workers can report at the office in charge of dealing with violence. However, young sex workers avoid reporting for fear of stigmatisation. Generally, although the civil society and Tiyanne Vavasate has worked hard to connect sex workers to various platforms they can seek help in case of violation by police or clients, few of them report especially the young ones .
- The outstanding concern for young sex workers in Mozambique is that there are no services tailor made to meet their SRHR needs mainly due to discrimination. There is also over reliance on younger peers information and the danger of misinformation especially on dealing with unintended pregnancies is high .
- Literacy levels are also low among many in Mozambique even the young ones due to poverty and lack of enough facilities.

Main Recommendations

- Develop a health and rights program focused on young sex workers.
- Train more peer educators so they can reach their peers with messages of prevention, care and treatment.

COUNTRY 2: ZIMBABWE

Zimbabwe Lead organisation: Zimbabwe Sex Workers Alliance A notable context in some cities in Zimbabwe is that young people have formed quasiinformal settlements that make them vulnerable to various social risks (to confirm). In this project, a total of 30 (20 female sex workers and 10 male sex workers between the age of 18-24 years) from Hopley, Epworth, Mbare, Caledonia, Avenues, Highfileds and Dzivarasekwa were part of the questionnaires interviews with the researchers. The sex workers were invited from these communities because they are mostly left out from developmental processes. They also said they join sex worker-led groups depending on the perceived benefit such as economic empowerment, psychosocial support, SRHR services and ART treatment. Some put a disclaimer that access to these services based on a 'who you know basis'.

Community context Food insecurity is dire in the rural areas due to climate change, many young people are migrating to urban areas in search of better livelihoods. However, with high unemployment and poor service delivery coupled with high cost of living, many young people end up quasiformal settlements at the fringe of the cities. One such example is Hopley Farm, Caledonia Farm and Epworth, which started as a holding camp for victims of the government's Operation Murambatsvina of 2005. Quick informal surveys show that young people in Hopley have turned to sex work, illegal drug trade and drug abuse to get by in a harsh environment characterised by extreme poverty, exclusion and lack of education or decent sources of livelihood. Communities in informal settlements lack the most basic services such as sanitation, schools and adequate health facilities.

There is no verifiable data. However, a sizable number of young people in these settlements are orphaned and must fend for themselves. It is an acceptable norm that younger orphaned members of households and even those with parents/ guardians should chip in the household income at an early age. For this reason, they are at a high risk of STIs infections, unintended pregnancies and drugs and other substances abuse as coping mechanisms. The participants cited several reasons and challenges to accessing SRHR services. High on the list was stigma at local health facilities: "Those nurses at the health facilities will judge you when you go to access contraception or STI screening. You are end up not going there for fear of being judged," said one young sex worker. Another one cited the fact that sex out of marriage is a taboo hence going to a health facility to get condoms or family planning pills is impossible. Some health facilities lack SRH services, for example STI and cervical cancer screening. Others charge fees out of reach for most young people. "Access to abortion is criminalized hence government hospitals and clinics do not render such a service. Different institutions illegally

"Access to abortion is criminalized hence government hospitals and Sex workersclinics do not render such a service"

offer the service, but it is expensive ranging from USD 140 –USD 200, hence young sex workers end up resorting to illegal facilities for abortion services. At some local clinics there is no STI screening and treatment. Options are community health communities funded by various NGO and offer the services for free, but this is still a challenge. Cancer screening is mostly done to those who are HIV positive leaving out those who are negative," said one of the participants. Time taken at health facility: The time services offered is not user friendly to young sex workers especially at public health clinics Lack of information: Lack of information about KVP friendliness of health personnel. There is lack of information about

SRHR services provision amongst the facility and the young sex workers. There is SRHR barriers like age difference and sex work terminologies with the one rendering services hence promoted ineffective communication.

Community does not have information about the existence of young sex workers and the health care provider will take the parental hood instead of providing services. Young sex workers in their diversity are lacking information that city health clinics are offering services to all key and vulnerable populations Public clinics not user-friendly: The city clinics are not having youth friendly corners. The clinic set-up delays young sex workers in accessing SRHR services there is no space for pharmacy and one nurse providing other services is the one who then supply medication at their facility pharmacy. Self–stigma and internal stigma: The young sex workers are not ready to join ques at public health facilities they think that every assumed they are coming for STI treatment.

They shy away from accessing services due to fear of their next doors donor system: Some donor only need Visual Inspection with Acetic Acid and Cervicography (VIAC) services to be rendered to positive people only and city health/public clinics does not have capacity to buy VIAC machines and many young sex workers who are HIV negative are denied services due to donor targets. Generational differences notably played a role in knowledge, information and skills building among sex workers.

“If there are economic empowerment projects in the community the older sex workers are the ones who are mostly selected to be the beneficiaries.” Ministry of Women’s Affairs, Gender, Small to Medium Enterprises and Ministry of Youth Sports and Culture have small grants they give to the people in the community, but most of the times one has to be a supporter of the ruling party to benefit,” said another participant. Stigma especially of the youth living in some of the settlements is high: “We live in Hopley and for this reason, we are labelled negatively, often as thieves and ‘prostitutes’. We had opportunities to engage in livelihood projects at St Peters (a vocational training centre in a nearby suburb), I know some young sex workers dropped out as they were being mocked and stigmatised because they because they were from Hopley. They were called “team Hopley whores” or “team rechihure” (the people who are selling their bodies).’

Since sex work is criminalised, access to justice for sex workers who have been raped or violated extremely difficult. Participants said police and health workers mock them: “When you report that you have been raped, you are asked how a sex worker can be raped. This increases our risk of contracting STIs, HIV and unplanned pregnancy.” Despite the challenges, there some are community-led clinics young sex workers can access services from such as Population Services Zimbabwe, Centre for Sexual Health and HIV/AIDS Research Zimbabwe Clinics, Students and Youth Working on Reproductive Health Action Team (SAYWHAT) and Katswe Sistahood (I am my sister’s keeper) have a voucher system that pays local clinics and hospitals or other service providers to give services to the young people. There are four public clinics; Runyararo, Rujeko, Mazorodze, Mucheke and Runyararo NorthWest (that include maternal health) and outpatient. However, young sex workers lack information especially those from rural areas.

Challenges

- The legal and policy environment remains a tricky one for young sex workers. For example, young female sex workers who are survivors of rape are unable to access PrEP or emergency contraception leading to high risk of HIV, STIs and unintended pregnancies

Older sex workers charge a US\$5 to young sex workers to operate in hotspots. Thus, some young sex workers work underground because of fear and rarely seek medical attention. In some instances, the older sex workers act as pimps soliciting for clients for the younger sex workers

- Violence from clients for young sex workers is prevalent. “Male clients attack us when we demand payment. “Some of them say that our bodies are not for sale hence we should give them sex for free,” said another sex worker. “Male clients do not want to wear condoms and the moment we negotiate for use of condom we are told that it is not important as the pay. Sex without a condom is about \$10-\$20 while with a condom it is \$3-\$8 depending with the location.” Recommendations

Recommendations

- As a response measure to unmet needs of young sex workers, there is need to strengthen and build more movements for young sex workers to champion their rights. There is also need to create youth friendly platforms where young sex workers can access information on SRHR
- Young people empowered and enabled to distribute family planning commodities to their peers to address the issue of generational gap stigma. Some young sex workers interviewed said, they shied away from community health centers due to shaming by their older peers
- Interventions should incorporate and/or strengthen advocacy to promote young sex workers’ economic empowerment that involves the government to make it large scale
- The Comprehensive sexuality education programmes in the communities should be intensified to ensure that their basic needs are met
- There is need for sex workers-led organisation to come up with IEC material that have all 16 languages that can be understood by the young sex workers indicators
- Community dialogues with the gatekeepers, circle of care such as local and religious leaders, teachers and parents on the unmet SRHR needs of young sex workers and their sex rights
- Provision of sexual reproductive health rights services for free to all public health system in Zimbabwe
- Doing advocacy through drama to cascade information on unmet SRHR needs of young sex workers
- Training of all health personnel to become key and vulnerable population friendly and the provision of SRHR services for young sex workers
- Training of community nurses to provide on (DSD) differentiated services delivery (like safe space for young sex workers, CARGs and economic empowerment /income generating projects and small business initiatives by having community in the community livelihoods) to provide SRHR service to young sex workers
- On legal and policy environment to train paralegal personnel within sex workers led organisations to increase the number of lawyers who can represent in young sex workers in courts

Planned interventions

- Intensify advocacy for policy change and removal of laws and policies that hinder access to SRHR services for young people
- Lobby for scrapping of user fees at some health facilities and stocking HIV and other STIs at friendly areas
- Strengthen advocacy for decriminalisation of sex work so to reduce self-stigma among young sex workers while seeking SRHR services

COUNTRY 3: SISONKE SOUTH AFRICA

Focus Group Discussions with young sex workers were done in main provinces of Gauteng and Limpopo. In Gauteng, there were reached by the two champions in the province but working in different districts.

Besides answering the questionnaires that looked to map out the challenges faced by young people in seeking SRHR services, participants were able to also narrate their lived realities when it came to seeking health services. Young sex workers fear seeking health care especially in cases of violence for fear of being labelled as promiscuous and irresponsible. Sex worker can get SRHR services in any hospital and abortion is free. However, young sex workers fear seeking services for fear of stigma. In case of rape, survivors get treatment in public clinics and hospitals.

Despite the services being free criminalisation of sex work has made it hard for young sex workers to seek services. Some said they prefer self-medication. A dangerous trend that was noticed was the tendency to share medication, for example antibiotics, among peers.

Other topics of the discussions included safety in places the work and if at all sex work was enough form of livelihood.

Intergenerational knowledge gap and awareness

Stigma at government clinics especially for migrant sex workers. Being labelled an immigrant is enough to deny them lifesaving drugs such as ARVs and PrEp.

To mitigate this, sex worker-led organisations such as Sisonke with of several partners such as Wits Reproductive Health and HIV Institute (WITS RHI) started a mobile clinic where sex workers could access some services.

“Now it’s easy we have a mobile clinic where we go for HIV testing and treatments even if we get STIs we don’t get labelled they give us time to express what we are feeling, we also get counselling, family planning services and commodities. They have clinicians who understand needs. "There is also Sisonke peer educators who distribute condoms, lubes and also teach us how to use them and educate us on how and where to seek help in case we are violated,” said one participant.

The participants expressed need for their ‘own spaces’ as young sex workers where they can be free from stigma and fear of judgement by their older peers.

Sex workers who attended the focus group learnt about their rights and found use of the new information provided such as police cards and toll-free numbers.

Sex workers who attended the focus group learnt of new concept such as Prep and Pep and their availability and usage of both drugs.

HIGHLIGHTS OF THE PROJECT

- Champions are building a good relationship with young sex workers who have shown interest in joining advocacy for the unmet needs of young sex workers by becoming Sisonke members
- Stigma and discrimination were addressed through community training workshops, in communities which KPs are part of three provinces. Community leaders and influential groups were sensitised to KPs and the need to accept and protect their rights in line with the South African Human Rights Plan
- Young sex workers Focus Group Discussions will continue as part of capacity building and building an all-inclusive movement on South Africa
- Through this project, Sisonke has connected young sex workers to partner organisations for health, legal and psychosocial support. This has been impactful as it provides much needed relief and support for human rights violation cases
- The project helped identify an advocacy gap especially regarding health and human rights for young sex workers within South Africa
- Sisonke has developed a community consultation tools to gather and document young sex worker's experience to assess whether government actions have made a difference in the lives of sex workers. In addition, the tool will be used to identify other actors and stakeholders that could support Sisonke's national advocacy.
- The organisation is now part of the Interim Steering Committee on Gender-Based Violence and Femicide is tasked with the responsibility to coordinate the implementation of the Emergency Response Action Plan (ERAP). The Department of Social Development (DSD) as a lead department for the Victim Empowerment Programme (VEP) through ERAP has identified strengthening of CSOs that provide services to survivors and victims of gender-based violence as one of the interventions to be implemented through the Programme. To that end, the Department has made funding available for capacity building and support to CSOs. This committee is also active in pushing for decriminalisation of sex work by 2024.
- Sex workers now hold official debates with members of Parliament to have their input on the National Sexual Reproductive Health Bill.

CHALLENGES

- There is human that is conflated with sex work, as such young sex workers are harassed and sometimes forced to admit falsely, they are being forced into sex work
- Young sex workers are especially vulnerable to forceful arrests through made up charges by police. Thus, if one is injured in line of work, they are afraid of seeking medical help for fear that the health clinic might call police on them risk being mislabeled as criminals
- Shortage of HIV prevention and treatment medication in government hospitals

RECOMMENDATIONS

- More workshops, capacity building and platforms on young sex workers so that we can gain more knowledge
- Looking forward on getting more funding to empower young sex workers
- Sex workers to call Sisonke help line if they have any problem.

The Champions and sex workers generally were not able to engage in any SADC meetings because of the timings and cost of participation that was not factored on the original budget. There is a Southern African Parliamentary Group that the young sex worker champions were supposed to meet, but the meeting was cancelled in the last minute.

In Zimbabwe and Mozambique, unforeseen circumstances also made meeting up to design and late implement a regional young people SRHR advocacy plan. In terms of global advocacy, ASWA with technical support from Sexual Rights Initiative working with Sisonke did the country's Universal Periodic Review (UPR) Report in 2021.

In Zimbabwe, the Government passed the Private Voluntary Organisations (PVO) Amendment Bill. As part of the crackdown on civic space, the government introduced the PVO Amendment Bill confers unfettered discretionary powers on the executive arm of government to overregulate and interfere in non-governmental organisations' governance and operations. This has affected outreach activity and planned lobbying among members of Parliament. Deliberations with government are difficult and activists are being forced to flee or downscale advocacy especially engagement with SADC or the African Commission on Human and Peoples Commission.

In Mozambique, civil war in areas such as Cabo Delgado. An intense conflict began in the region in October 2017 and has affected advocacy and also provision of vital SRHR services.

Each of the three countries has their own laws on Sexual Health Reproduction laws, ASWA with its partners are working to see if there can be a regional Bill similar to the East Africa Sexual Health Reproductive Bill. In 2017, the SADC Parliamentary Forum passed the minimum standards for the protection of the sexual and reproductive health of Key Populations within the region. However, follow up on countries' implementation has been hard to track. None of the countries have implemented this, additionally some of the members involved has since left making advocacy within the SADC regional difficult with one strategic plan.

APPENDIX 1

1. Questionnaires in English

AFRICAN SEX WORKERS (ASWA) QUESTIONNAIRE ON SEXUAL REPRODUCTIVE HEALTH NEEDS FOR YOUNG SEX WORKERS

Date: _____ Interviewer: _____

LOCATION OF INTERVIEW:

COUNTRY _____

Thank you for agreeing to participate in AFRICAN SEX WORKERS questionnaire on the unmet needs of sex workers. The purpose of this study is to provide feedback on the implemented on the Love Alliance Project that was aimed at advocating on the Sexual reproductive health needs of young sex workers in Africa.

This questionnaire will take approximately 15 minutes to complete. This participation is entirely voluntary, and you do not have to answer any question you do not want.

Instructions to the respondent:

- a. Please answer all questions
- b. Please note that no answer is wrong, and no answer is right, all answers will be treated as equal
- c. Please answer all the questions by filling in the space provided and/or by ticking the appropriate answer that best suits your opinion for each question.

1. What is your Name? _____

2. Your Age? _____

a) Male []	b) Female []	c) Other []
-------------	---------------	--------------

3. What is your Sex?

4. What Your Highest Level of Education

None Primary Secondary University

(Tick one)

- 1. Female Sex Workers (FSW)
- 2. Male Sex Workers (MSW)
- 3. Trans sex workers
- 4. Others.

5. Which typology of sex workers do you consider yourself to be?

6. Do you seek for Sexual reproductive health at health facility.

7. Where do you prefer seeking health services from?

(Please tick one)

- 1. Public Health Facility
- 2. Private Health Facility
- 3. Sex Workers led clinics (Drop In Centre)
- 4. Others.

8. Why do you prefer accessing health services from the facility marked above?

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

9. Which Sexual Reproductive Health Service do you access?

- a. HIV testing services and or/treatment
- b. Sexual Transmitted infection screening testing and/or treatment
- c. Maternal health services
- d. Contraceptives access
- e. Gender Based violence and sup
- f. Safe Abortion pre and post care
- g. Cervical Cancer Screening and treatment

h. Management of Reproductive Tract Infections

i. Anal Warts

j. Prostate Cancer

10. How often do you go for SRHR services?

3 months. 6 months. 12 months

11. As a young person which difficulties/ obstacles do you experience when accessing sexual reproductive health services?

a. _____

b. _____

c. _____

d. _____

e. _____

12. What sexual reproductive health services that you NEED and are NOT provided/accessible?

a. _____

b. _____

c. _____

d. _____

e. _____

13. What can be done to improve the uptake of Sexual reproductive health services by young sex workers?

a. _____

b. _____

c. _____

d. _____

e. _____

Note and observations of the interviewers

2. QUESTIONNAIRES IN PORTUGUESE

TRABALHADORES DO SEXO ÁFRICANO

QUESTIONÁRIO SOBRE AS NECESSIDADES RELACIONADAS Á SAÚDE DOS JOVENS TRABALHADORES DE SEXO

.

Data : Entrevistador :

Local de entrevista :

País: _____

Obrigado(a) por concordar em completar este questionário do trabalhador do sexo Africano sobre as necessidades dos trabalhadores do sexo que ficam por concretizar. O objectivo deste análise/ estudo consiste em dar feedback sobre as acções já executadas na área das necessidades relacionadas á saúde reprodutiva dos jovens trabalhadores do sexo Africano .

O preechimento deste questionário levará aproximadamente 15 minutos. A participação é inteiramente voluntário e não precisa de responder a perguntas que não querem responder .

Instruções ao entrevistado

- d. Responda a todas as perguntas
- e. Recorda-se que não há uma resposta certa ou errada. Todas as respostas deverão ser tratadas de forma igual .
- f. Responda a todas as perguntas atreves de preencher os espaços em branco ou atraves de indicar a resposta que atende as suas opiniões.

14. Como se - chama ? _____

15. Quantos anos tem ? _____

d) Masculino[]	e) Feminino]	f) Outras []
-----------------	---------------	---------------

16. Qual é o seu género?

17. O mais elevado nível de educação?

Nonhuman

Ensino - primário

Ensino- secundário

Ensino- superior

\(Tick one)

1. Trabalhador do sexo

2. Trabalhadora do sexo

3. Transexual

4. Outras

18. Qual é a topologia de trabalhador do sexo que consider ser?

19. Você procura Saúde Sexual e Reprodutiva na unidade de saúde?

20. Onde é que prefere procurar os serviços de saúde?

(Please tick one)

1. Unidades sanitarias do sector publico

2. Unidades sanitarias do sector privado

3. Clinicas onde trabalhadores do sexo fazem parte dos funcionários de saúde .

4. Outras

21. Proquê é que prefere ter acesso aos serviços de saúde no local acima referidas?

f. _____

g. _____

h. _____

i. _____

j. _____

22. Quais são os serviços de saúde sexual e reprodutivo que frequentemente procura?

k. Teste de H.I.V e / ou Tratamento do H I.V

l. Teste de doenças da transimissão sexual e /ou Tratamento de doenças da transimissão sexual

m. Serviços de saúde materna

n. Acesso aos contraceptivos

o. Violência com base no gênero

p. Abortamento seguro

q. Rastreio do cancro do colo de útero

r. Tratamento das infecções do aparelho reprodutivo

23. Com que frequência você procura serviços de SRHR?

3 meses, 6 meses, 12 meses

24. Como um(a) jovem quais os desafios/ obstáculos que você enfrenta no acesso aos serviços de saúde sexual e reprodutivo ?

f. _____

g. _____

h. _____

i. _____

j. _____

25. Quais são os serviços de saúde sexual e reprodutivo que você PRECISA mas I feliz infelizmente NÃO existem ?

f. _____

g. _____

h. _____

i. _____

j. _____

26. O que pode ser feito para promover a aceitação de serviços de saúde sexual e reprodutivo por jovens trabalhadores do sexo ?

f. _____

g. _____

h. _____

i. _____

j. _____

APPENDIX 2. CONSENT FORM IN ENGLISH

African Sex workers Alliance (ASWA)

Data collection for unmet needs of young sex workers organization/Groups in Africa

Consent Form

Thank you for your willingness to participate in this exercise. For us to proceed, we need your consent to participate. The aim of the exercise is to get individual feedback from you with regard to information on sex workers to build knowledge on sex workers organizing in Africa. We will ask you some questions about your self/organisation information and details.

The information you share is completely confidential and we will not associate your name with anything you have shared. You may refuse to answer any question or withdraw at any time. We understand how important it is that this information is kept private and confidential and will be treated as such. If you have any questions, or if you would like to talk following your participation, you are welcome to contact the program team leaders whose names and phone numbers are provided on the consent form.

Consent by Participant

I, _____ (*name and surname*), _____ (*ID/passport number*)
agree that I have been given sufficient information about the satisfaction survey and I understand what it entails. I hereby give my consent to participate.

Signature of Participant

Date

Name of person obtaining consent: _____

Date: _____

2. CONSENT FORM IN PORTUGUESE

African Sex workers Alliance (ASWA)

Coleta de dados para necessidades não atendidas de organizações/grupos de jovens trabalhadores do sexo na África

Formulário de consentimento

Obrigado pela sua disponibilidade em participar neste exercício. Para prosseguirmos, precisamos do seu consentimento para participar. O objetivo do exercício é obter feedback individual de você em relação às informações sobre profissionais do sexo para construir conhecimento sobre a organização de profissionais do sexo na África. Faremos algumas perguntas sobre suas informações e detalhes sobre sua própria organização/organização.

As informações que você compartilha são totalmente confidenciais e não associaremos seu nome a nada que você tenha compartilhado. Você pode se recusar a responder a qualquer pergunta ou desistir a qualquer momento. Entendemos o quanto é importante que essas informações sejam mantidas privadas e confidenciais e sejam tratadas como tal. Se você tiver alguma dúvida ou quiser conversar após sua participação, entre em contato com os líderes da equipe do programa cujos nomes e números de telefone são fornecidos no formulário de consentimento.

Consentimento do participante

Eu, _____ (nome e sobrenome), _____ (número de identidade/passaporte) concordo que recebi informações suficientes sobre a pesquisa de satisfação e entendo o que ela implica. Por meio deste dou meu consentimento para participar.

Assinatura do Participante

Data

Nome da pessoa que obteve o consentimento: _____

Data: _____

APPENDIX: 3 LOVE ALLIANCE: ADDRESSING THE UNMET SRHR NEEDS FOR YOUNG SEX WORKERS IN SOUTHERN AFRICA PROJECT.

Focus Group Discussion Guide

1. *May you please briefly take me through the daily life of a young sex worker? [what do you do, where, benefits, challenges]*
2. *How did COVID-19 impact your work and lives?*
3. *What do you know about sexual and reproductive health and rights issues [what are they, source of information, preferred sources of information, Prep and Pep?]*
4. *Comment on your access to sexual reproductive health rights services? [probe- availability of condoms and lubes, HIV testing, counselling and treatment, STIs, Family Planning, Prenatal, post-natal, cancer screening, treatment after sexual assault, physical access, economic access, services integrated, alternatives used etc]*
5. *Comment on sex work and the legal environment in your respective country be it Mozambique, South Africa and Zimbabwe [what does the law say about sex work, what is their relationship with the law enforcement agents, where draw legal support and in what form, challenges of accessing legal services]*
6. *What are the benefits of being affiliated to a sex worker organization as a young sex worker [knowledge, information, resources, networking, any challenges, what can be done to encourage others to join the movement]?*
7. *In which areas do young sex workers still need assistance on?*

APPENDIX: 4 LOVE ALLIANCE: ADDRESSING THE UNMET SRHR NEEDS FOR YOUNG SEX WORKERS IN SOUTHERN AFRICA PROJECT.

KEY INFORMANT INTERVIEW GUIDE

1. What are the challenges that are hindering young sex workers from accessing sexual reproductive health rights services?
2. Are there stigma free facilities where young sex workers can access sexual reproductive health rights services?
3. Comment on the legal and policy environment in either Mozambique, South Africa and Zimbabwe around sex work and how is this environment affecting young sex workers access to sexual reproductive health rights services.
4. Please provide any other information that you think can be of used in addressing the unmet SRHR needs for young sex workers in this data collection exercise.
5. What are your recommendations in ensuring that all the young sex worker SRHR needs are met or addressed?

APPENDIX: 5 TOT TRAINING PROGRAM

AFRICAN SEX WORKERS SRHR FOR YOUNG SEX WORKERS MEETING

8th -10th February 2022 | HARARE

Workshop Objective

Understand the need to map out the needs of young sex workers, provide information on SRHR and also come up with advocacy strategies in Mozambique, South Africa and Zimbabwe

To be eligible participants had to be active young sex workers aged 18-24 years. Recruitment of participants was done by community research assistants affiliated to sex worker-led groups in the countries. The participation was voluntary and each of those engaged had to sign a form.

AFRICAN SEX WORKERS SRHR FOR YOUNG SEX WORKERS MEETING

8th -10th February 2022 | Nairobi

Workshop Objective: By the end of the workshop, the participant will have understood the objective of Love Alliance project, deliverable that included an advocacy agenda questionnaire and individual roles. Participants will be from *Mozambique, South Africa and Zimbabwe*

Tuesday Feb 08, 2022		
Time	Topic	Presenter/Facilitator
09:00	Arrival and Registration	
09:30– 10:00	Welcome/Introductions & Review of Agenda	Boniface,
10:00 – 11:00	Logistics and participants welfare Workshop Expectation sharing	Boniface
11:00 – 11:30	Tea Break	
11:30 – 12:15	Back ground about the project Role and Responsibilities	Simon Mwangi
12:15 – 13:00	Project description	Simon Mwangi
13:00 – 14:00	Lunch Break	
14:00 – 14:30	Project Activities	Simon Mwangi

14:30 – 16:00	Project Activities	Simon Mwangi
16:00	Closing Remark	Boniface
Wednesday Feb 09, 2022		
Time	Topic	Presenter/Facilitator
09:00 – 10:15	Review of daily agenda	Boniface
1015 – 11:00	Roles of Staff, Champions and Community researchers	Simon
11:00 – 12:00	Tea Break	
12:00 – 12:30	Discussion on the questionnaire	Simon
12:30 – 13:30	Discussion on the questionnaire	Charles
13:00 – 14:00	Lunch Break	
14:00 – 16:00	Development of Work plans	Simon
16:00	Closing remark	Boniface
Thursday Feb 10, 2022		
Time	Topic	Presenter/Facilitator
09:00 – 10:15	Review of daily agenda	Boniface
1015 – 11:00	Presentation of the workplans	Simon
11:00 – 12:00	Tea Break	
12:00 – 13:00	Role Plays	Simon
13:00	Closing remark and depart	Boniface