

# Sex work and HIV- Reality on the ground:

## Rapid assessments in five towns in Namibia



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Matthew Greenall was commissioned by UNFPA and UNAIDS to train the facilitation teams and support the rapid assessment process which forms the basis of this report. The opinions and conclusions expressed within this report do not necessarily reflect the policies or views of the Government of Namibia, UNFPA, UNAIDS or other partners that are mentioned in the document.

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# ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome
ASWA	African Sex Worker Alliance
CDC	US Centers for Disease Control
FGD	Focus Group Discussion
HIV	Human immunodeficiency virus
IBBSS	Integrated biological and behavioural surveillance survey
NAPPA	Namibian planned parenthood association
NGO	Non governmental organisation
PAF	Programme Acceleration Fund
SFH	Society for Family Health
STI	Sexually Transmitted Infection
SMS	Short Messaging Service
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations population fund
USAID	United States Agency for International Development



# EXECUTIVE SUMMARY

In October 2011, UNFPA, UNAIDS, SFH and a number of Namibian sex worker organisations conducted a series of rapid assessments on sex work and HIV in five towns in Namibia. The aims of the rapid assessment project were as follows:

- To engage sex workers in assessing barriers to HIV prevention and treatment and proposing relevant solutions in five towns in Namibia
- To build the capacity of sex worker leaders and organisations at national and local levels
- To demonstrate good practice in community participation and empowerment approaches

The 17 sex workers trained to conduct the assessments in Kalkrand, Katima Mulilo, Oshikango, Walvis Bay and Windhoek conducted 29 focus group discussions with a total of 212 sex workers participating.

A number of issues were raised in most or all of the towns, including stigma from health care providers and the community, a preference for traditional medicine, violence from a number of sources, extortion and abuse from police officers. However, the assessments also showed that the way these affect sex workers are different in each location. The profile of sex workers in each town is different, and this also has implications for access to services and influences the levels of abuse faced since some groups are vulnerable to different types of abuse than others.

The most important feature of the rapid assessments is that they were conducted by sex workers themselves, thus emphasising their ownership of the issues discussed. The primary purpose of the rapid assessments was not to extract information from communities, but rather to empower sex workers and support communities to analyse and eventually respond to the situations they are facing. This approach has made an important contribution to supporting sex worker organizing and action to tackle health and human rights issues at the local level as well as generating information that is relevant for programming.

Based on the findings and the lessons from the process, a number of recommendations are offered to relevant ministries, NGOs, UN agencies and donors:

- Use the findings of the rapid assessments to address issues identified in each town.
- Enable continued assessment processes in the five towns covered by this report.
- Support sex worker organising in the five towns.
- Replicate the process in other parts of Namibia.
- Particular attention should be paid to towns where there are no planned programmes.
- Use the findings of the rapid assessments to raise awareness and advocate for national level action

# 1. INTRODUCTION



Sex workers are identified as a priority population in Namibia's National Strategic Framework for HIV and AIDS 2010/11 - 2015/16 (1), and funding commitments from the Global Fund to fight AIDS, Tuberculosis and Malaria and from USAID are enabling a significant scale up of HIV prevention and treatment efforts with sex workers in Namibia.

A recent literature review on sex work and HIV in Namibia shows that the information base on the needs and challenges faced by sex workers in Namibia is weak and that there are currently no national guidelines for effective, rights-based programming with sex workers (2). However, there is enough consistent information within the literature that does exist to conclude that sex work is widespread in Namibia, that sex workers are disproportionately affected by HIV, and that the attitudes and behaviours of service providers, authorities and the wider community toward them play a considerable part in making them more vulnerable.

Forthcoming initiatives such as the planned Integrated Behavioural and Biological Surveillance Study (IBBSS) by CDC and the Ministry of Health (3) and a mapping of service provision by SFH (Society for Family Health) will help to fill the information gap, the former by

assessing levels of HIV prevalence and behaviours in relation to HIV prevention as well as by providing an estimate of the number of sex workers, and the latter by identifying the services that are currently being provided to sex workers.

This report presents the results of a series of rapid assessments on sex work and HIV conducted by sex workers with the support of UNFPA and UNAIDS Namibia and SFH, and implemented as part of a UNAIDS "programme acceleration funding" (PAF) award to UNFPA Namibia. The assessments were designed to provide a better understanding of the situation of sex workers, their vulnerability to HIV and their access to services which, alongside the IBBSS and service mapping exercises, will provide an invaluable guide to programming. Moreover, a participatory approach whereby sex workers themselves conducted and participated in assessments in each town was adopted, in order to demonstrate and promote the meaningful involvement of sex workers in designing and implementing programmes. There is considerable evidence that active participation and increased solidarity among sex workers, as well as addressing HIV through a framework of human rights, are essential to making programmes more effective.

The aims of the rapid assessment project were as follows:

- To engage sex workers in assessing barriers to HIV prevention and treatment and proposing relevant solutions in five towns in Namibia
- To build the capacity of sex worker leaders and organisations at national and local levels
- To demonstrate good practice in community participation and empowerment approaches





## 2. RATIONALE AND METHODOLOGY



### 2.1 Rationale for the rapid assessment approach

The rapid assessment approach used by UNFPA and UNAIDS in Namibia builds on the principle that peoples' lives, including their vulnerability and their behaviour, are largely influenced by power dynamics, legal conditions, policies, and the behaviour of those who are more powerful and who control resources. Rather than focussing on collecting information on knowledge and behaviours, the process therefore aims to assess the overall environment and the specific ways in which it has an influence – in this case, on vulnerability to HIV.

At the same time, the participatory approach ensures that the process is not limited to collecting information, since it also helps to catalyse action by identifying ways to deal with the problems identified and by mobilising those concerned. Moreover, it emphasises local level analysis, recognising that national policies and laws are applied in different ways in different contexts, and that there are specificities that are unique to each location. A more in-depth discussion of the theory and principles that the rapid assessments described in this report were based on, as well as detailed tools, can be found on the website of the Rapid Policy Assessment and Response project (4).

### 2.2 Rapid assessment methodology

#### Summary of the overall approach

Sex workers facilitated and documented focus group discussions with sex workers of different profiles and backgrounds in five towns in Namibia. Discussions were documented by hand and, after each discussion, notes were re-transcribed and added to based on recall of the facilitators and documenters. Initial analysis was conducted by teams in each town, and further analysis was conducted during a meeting of all the facilitators, and by detailed analysis of transcripts by the lead consultant.

#### Selection of towns

UNFPA, in consultation with UNAIDS, SFH and three sex worker organisations (Rights Not Rescue Trust, The Red Umbrella, and King's Daughters), selected five towns in which to conduct rapid assessments. Four towns were selected from among the ten focus towns included in SFH's USAID funded programme (Katima Mulilo, Oshikango, Walvis Bay and Windhoek) in order to benefit from the support of SFH staff and to promote uptake of the findings. The fifth town, Kalkrand, was included in order to ensure that the perspective of a small location with little or no programming support

would be represented. See Figure 1 for locations of the towns included in the assessment.

**Figure 1: Towns included in the rapid assessments**



### Selection of rapid assessment teams

SFH, the three sex worker organisations, and NAPPA (Namibia Planned Parenthood Association) were asked to nominate sex workers from each town. Using the “long-list” of nominees, team members were selected based on the following criteria:

- Ability to speak English and the main language(s) in their site (English was included as a criterion in order to enable the consultant to conduct the training and supervise planning in English).
- Ability to read and write.
- Previous experience in facilitation or peer education.
- Primarily female, but with male sex workers and/or transgender women also represented.

The selected team members were not each required to fill all of the criteria; instead, the approach taken was to ensure that for each town, the selected team collectively provided a balance of skills and experience.

### Training of rapid assessment teams

The selected team members attended a 5-day residential workshop, with the following objectives:

- To train teams of sex workers and HIV programme managers from five towns in rapid assessment techniques including facilitation and documentation
- To develop comprehensive guides for rapid assessments on sex work and health, based on priorities identified by the assessment teams
- To plan rapid assessments in five Namibian towns

In addition to the team members, SFH officers from four of the assessment towns were also included in the training, in order to enable them to support the assessment fieldwork.

Various themes were covered during the training, including:

- Team building
  - Principles of rapid assessments, facilitation and documentation skills
  - Simulation of facilitation and documentation skills
  - Development of themes and questions for rapid assessments
  - Development of tools for documentation and planning of field work
  - Recruitment of participants and ethical procedures
- The workshop programme was planned by the lead consultant along with one of the coordinators of ASWA Namibia, Abel Shinana, who had recently participated in training on a similar topic. He co-facilitated the training, and additional support was provided by staff members from UNFPA and UNAIDS.

The training workshop programme and facilitation guide are included in Annex 1, and a brief report is included in Annex 2.

## Rapid assessment guidelines

The training workshop was designed to gather input from participants as to how best to plan and conduct the rapid assessments. Following the workshop, this input, combined with established good practice for running focus group discussions, was used to develop a rapid assessment “toolkit”, containing the following sections:

- Introduction (background to the rapid assessments; aims of the rapid assessments; guidance on how to use the toolkit)
- Planning and coordination (initial town planning meeting; preparatory tasks in advance of the FGDs; recruitment of participants; practical preparations; follow up to each FGD; finalising the assessments)
- Facilitation (facilitation tips; introducing FGDs to participants; ethics, confidentiality and consent for participation; facilitation guides; closing FGDs)
- Documentation (note-taking tips; focus group reference form; town summary form; translation)
- Town plans (summary of plans developed for each town during the training workshop)

A copy of the toolkit is included in Annexe 3.

Facilitation guidelines included in the toolkit covered three topics:

- How sex workers are treated in the community and by authorities
- Safety at work
- Sex work and health

For each of these questions, topic guides and “probing” questions were developed based on input from the facilitators and simulations during the training. Facilitators were encouraged to further adapt questions and translate them into local languages before beginning the FGDs.

At the planning stage it was agreed that each focus group discussion (FGD) should aim to include 6-10 participants. The number of focus groups planned for each town was based on the size of the town, and teams were instructed, where possible, to ensure that participants in a given FGD were of similar profiles, and in particular that male, female (including transgender female) sex workers should participate in different discussions. It was emphasized that the FGDs needed to be confidential, should be conducted in conducive environments and must ensure safety of the participants.

## Participant recruitment and consent procedures

FGD participants were recruited by the rapid assessment teams. Potential participants were approached and the aims of the exercise were explained. Those who expressed an interest in participating were advised of the date, time and location of the FGD, and were also advised that participants would receive some compensation for travel costs.

At the beginning of each FGD, the aims and procedure of the activity were explained, as were the topics and anticipated duration of the meeting. Participants were advised that their involvement in the FGD and any information they provided during the FGD would be anonymous, in other words it would not be shared or published in a way that could be traced back to them. It was emphasised that although they would be asked to provide their names and contact details in order to receive travel expenses and to enable them to be contacted for follow up activities, these details would be kept separately from the assessment reports.

Following this introduction, participants were given an opportunity to opt out and leave the FGD.

## Focus group discussions

Each FGD was attended by one facilitator and one reporter. FGDs were designed to cover all of the topics in the guide and to last approximately one hour.

## Documentation

Although digitally recording discussions is the most effective way of capturing findings, the resources and the time available for the training were such that the use of recorders was not feasible. During the training, team members discussed techniques for recording discussions by hand, and the rapid assessment Toolkit included forms to simplify data collection. After each FGD, facilitators, documenters and where possible the relevant SFH officer met to go over and re-transcribe notes and add any further information that had not been noted.

## Analysis

Because the rapid assessment approach emphasises local contextual factors, analysis was conducted at town level. After all planned FGDs had been conducted, teams in each town met to discuss overall themes and findings from the town. Following this, all of the teams reconvened for a two-day residential meeting to discuss lessons learned from the process, and to conduct a more in-depth analysis of findings from each town. These initial findings were presented by team members at a national meeting in Windhoek on 2-3 November.

Further analysis was later conducted by the lead consultant. For each town the complete set of FGD transcripts was examined and both major and outlying

themes were identified. The results are summarised in the following section.

## 2.3 Limitations

It is important to note that the rapid assessment method is not designed to produce a generalised picture of the situation in the whole of Namibia. In addition, the focus group method can be biased toward identifying “majority” or consensus concerns and views from participants; and while the assessment teams were encouraged to explore and document minority views it is likely that not all outlying issues would have been identified by the process.

Furthermore, in each town the rapid assessment was conducted over a period of about one week during October 2011. The experience in Namibia and in other countries, as well as feedback from the sex workers in the assessment team, is that sex work is a very dynamic and seasonal occupation, with the volume and the profile of sex workers working in a given location changing considerably over the course of a week, a month or a year. These changes are often related to the times when clients are most likely to have money, and to seasonal variations in industries (for instance, sex work in ports is affected by the fact that the fishing industry is seasonal).

Another limitation of the rapid assessments is that because of resource constraints they were solely focused on the views of sex workers: a more comprehensive approach would include interviews with health care workers, community members and leaders and law enforcement officers. These different viewpoints should be compared and triangulated in order to provide a more complete picture.

## 3. RESULTS



### 3.1 Rapid assessment process

In total, 17 facilitators were trained. Spread across the five towns, they facilitated 29 focus group discussions with a total of 212 sex workers participating. The breakdown for each town is shown in Table 1.

Table 1: Rapid assessment activities conducted

Town	Number of FGDs	Number of participants
<b>Kalkrand</b>	3	25
<b>Katima Mulilo</b>	4	31
<b>Oshikango</b>	4	27
<b>Walvis Bay</b>	8	47
<b>Windhoek</b>	10	82

Although all of the planned activities were carried out, the facilitation team and the support team from SFH identified a number of practical problems which may have compromised the work. These included the following:

- Cash advances arriving late, as a consequence documents were not copied on time and participants were delayed in receiving travel expenses.

- Accounting procedures which required participants to provide names and other personal information were not acceptable to all participants, and discouraged some from participating.
- In one town, the selected venue for FGDs was a private home; in hindsight this was not an ideal space.
- In two towns, trained facilitators dropped out of the project; however in one town the team was able to complete the activities with the remaining facilitators and in the other an appropriate replacement was found.

Findings for each town are presented below. After a brief introduction describing the context, the number of FGDs conducted and sex workers participating, the main findings and important outliers are presented according to each of the three themes discussed during the FGDs.

It should be noted that the quotations given in text boxes come from the notes provided by the facilitation teams. As a result, while they are based on what was said during FGDs, they are not necessarily verbatim quotations from FGD participants.

Because participants were invited to make their own suggestions about how to deal with some of the

problems faced, these suggestions as well as broader recommendations from the rapid assessment team are presented alongside the findings below.

### 3.2 Kalkrand

#### Overview

Kalkrand is a small town on the B1 road between Windhoek and Keetmanshoop. It is a common stopping point for trucks, and has bars, shebeens and a service station. Because of the small size of the town, and the absence of current programmes, only one facilitator was recruited from Kalkrand to attend the rapid assessment training. She was teamed up with one of the facilitators recruited from Windhoek. As part of the planning for the rapid assessment, the team discussed the characteristics of the town and drew a map, in order to help decide on the profiles of sex workers that they should try to reach during the assessment. The map is shown in Figure 2.

**Figure 2: Characteristics and map of Kalkrand**



The Kalkrand team organised three FGDs, and met a total of 25 sex workers. One of the FGDs was attended exclusively by male sex workers, and the other two by women. The age range of participants was 18-40 years old, and for the majority of them, sex work was their only source of income.

#### How sex workers are treated in the community and by authorities

Participants in all three of the FGDs talked about the frequency of stigma from within the community, which leads to insults, to exclusion of sex workers from community activities and in some cases to violence. Although there were no reports of direct police abuse, many participants said that they had experienced difficulties in getting the police to take any complaints about abuse from other sources seriously. As one participant stated: “the only ones treated well are those who can bribe or are friends with police”. It was also noted that transgender sex workers are a particular target for abuse from within the community.

#### Safety at work

Almost all of the participants said that their work environment was not a safe one, for many reasons. Because most clients are truck drivers, they spend little time in the town, making it difficult for sex workers to assess whether they are dangerous. At the same time, most paid sex in Kalkrand takes place in the veld since there are no hotels or other establishments. Working outside is also risky as it makes it easier for clients to get away with violent acts, or to refuse to pay. However, this situation has led to sex workers coming up with practical solutions: participants in two of the FGDs said that solidarity among sex workers in Kalkrand is

*“We as sex workers do care for each other and give tips by sending SMS or go face to face to share information”*

strong, and that they use phone messaging (SMS) to warn each other about risky clients and other problems.



## Sex work and health

The small size of Kalkrand creates specific challenges in relation to health. Participants said they often found it difficult to find condoms, in particular free condoms, resulting in high levels of unprotected sex with clients. Lubricant and female condoms were not mentioned at all by participants. Because most clients are truck drivers spending a short time in the town, high levels of alcohol use are common among sex workers, as they wait in bars to meet potential clients.

*"Sometimes if you want condoms there are nothing, so plastic or unprotected sex seems the only way. We need more condoms at hotspots or just [to] leave some for safety at homes or shebeen or club"*

*"We keep our illness to ourselves, we can't go to the clinic because the whole of Kalkrand will know you are sick or have an STI"*

*"We use Savlon, Dettol to treat STIs or traditional medicine"*

Access to health services is also problematic. There is only one clinic in Kalkrand, and participants in all three of the FGDs stated that they could not rely on having their confidentiality maintained. As a result, sex workers typically seek alternatives. Some said they travel to a nearby town, Mariental, to get health care. But given the distance involved, it is also common to ignore symptoms or to self-medicate.

## Priorities and recommendations for programmes with sex workers in Kalkrand

Despite sex workers in Kalkrand dealing with very challenging circumstances, the rapid assessment facilitators felt that the discussions provided some momentum to make improvements. To begin with, the **group of male sex workers expressed a wish to meet in a similar way with female sex workers, in order to try and work together to build a response**

to some of the problems. This is another example of the degree of solidarity among sex workers in the town.

**Working to change the behaviour of local health care workers toward sex workers**, and to ensure confidentiality for sex workers so that they can access reliable health care and treatment, was also proposed as a practical step. Also of interest was that during the rapid assessment, the team **met with the village councilor to begin discussing the issue of stigma and abuse of sex workers**. Although this was only the start of the dialogue, it is an example of a promising route to work toward improving the situation.

The fact that Kalkrand is so small provides particular challenges, but there are also advantages in that mapping where services and sex work locations are is straightforward. However, any programmes developed for the town should take account of the fact that **the volume of sex work fluctuates, with far higher numbers at certain times of the year**. Perhaps the biggest challenge for follow up in Kalkrand is that it is not included in any of the major programmes on sex work and HIV. In order to keep up the momentum it will be necessary to look for alternative sources of funding to support what has been started there.

## 3.3 Katima Mulilo

### Overview

Located in the Caprivi strip, Katima Mulilo is on the border with Zambia and is a terminal town of the Trans-Caprivi highway within Namibia. Borders with Angola, Botswana and Zimbabwe are also close by. As such it is a common stopping point for long distance transporters. Sex work takes place on the streets (including at filling stations) as well as in bars and shebeens. Because of the proximity of Katima Mulilo to several borders, there are sex workers of different nationalities in the town. The map drawn by the rapid assessment team to help plan their work is shown in Figure 3.



**Figure 3: Characteristics and map of Katima Mulilo**



The team conducted four FGDs, with a total of 31 female sex workers. One of the FGDs was conducted with sex workers working out of hotels; another with sex workers working on the street near service stations, and two more with sex workers who usually work out of bars. Most of the participants had no other source of income, and as expected given the location of Katima Mulilo, many of the participants were not Namibian nationals. Although the team did not set out to recruit minors involved in the sex industry, the age range of participants was from 10-38 years. The issue of very young minors exploited in the sex industry appears to be a particular feature of Katima Mulilo and is discussed further below.

### **How sex workers are treated in the community and by authorities**

Participants primarily talked about very negative attitudes of other community members, and even of their families, toward them. These attitudes are manifested through insults and occasionally violence and abuse. One participant talked about the insults her child received from

*"As you see me now I'm on drugs and I'm a sex worker, nobody in my village cares about me. They do not take me as [if] I'm a human being"*

*"I went out looking for a job... the people started shouting that they should not give me job because I am a sex worker... I am just destroying with my dirty work"*

*"Some can tell you that if you want me to solve your problem let me have sex with you"*

teachers at her school. The stigma is compounded by the fact that sex workers are associated with HIV and STIs. This treatment on the part of community members influences how sex workers work – making them more likely to work at night and in isolated places. The stigma can also manifest itself in other ways – for instance, known sex workers find it hard to be taken on in any other form of employment. Beatings and violence from police officers were also mentioned by some participants as another example of mistreatment in the community. Moreover, the authorities do not respond positively to requests for support from sex workers, and some participants reported that police officers demanded sex as a condition for registering their complaint.

### **Safety at work**

The participants worked in different environments: sometimes in hotels, lodges, and guesthouses, and sometimes in the streets. There was consensus that working outside is by far the least safe, because it makes sex workers vulnerable to attack with no sources of support. This includes working in truckports (truck stops), which are one of the main places to find clients in the town. Sex workers working out of bars are not always totally safe, since other customers can assume they have money and are worth stealing from. Participants also said that there is not much mutual support between sex workers, particularly when there is a threat of violence but also because solidarity among sex workers is limited.

*"They say we want to be sick that is why we are sex workers"*

*"they [nurses in public clinics] don't give me a proper treatment they use to tell me that I am just wasting the medicine"*

*"I prefer [going to a] traditional healer because there I am free to tell him all my illness and he will treat me very well"*

## Sex work and health

Sex workers reported overwhelmingly negative experiences from attending public health clinics: complaints included being turned away, being told they cannot have treatment for STIs unless they bring their “boyfriend”, poor communication and even insults from health care workers. Many participants believed that nurses in public clinics had provided them with incorrect treatment, or had not diagnosed them properly. In this context, although provision in the public clinics is cheaper, many of the respondents said that they preferred to go to traditional healers – they trust them more and feel they are treated better by them, and they are often closer to hand meaning that the transport costs are lower.

*“We want to work safely with no fear”*

Participants also discussed condoms. Availability of

*“We want government to protect us from the community”*

condoms was said to be good: male condoms can be found in clinics, the local SFH office,

bars, shops and service stations. Most sex workers are aware of condoms and try to use them with clients – but because many clients still prefer sex without condoms, negotiations are not always successful.

### Priorities and recommendations for programmes with sex workers in Katima Mulilo

Participants provided some clear ideas about ways to improve their situation. They suggested having **meetings with the relevant authorities – police, local leaders and health professionals – to explain the problems they were facing and demand changes.** They also asked for **support to set up an “organisation” or centre run by sex workers where they could provide mutual assistance** (details were not provided on exactly what the organisation would do).

In addition to the suggestions made by participants, a number of other clear priorities emerge for Katima Mulilo. The **lack of confidentiality and appropriate treatment** in health care settings appears to lead to many sex workers getting incorrect treatment, or resorting to traditional healers who may not be qualified to deal with the problems they present. There is an urgent need for **efforts to improve both the quality of health services and the ways in which public health personnel treat sex workers.** Similarly, with violence and abuse appearing high on the list of priorities mentioned by sex workers, it is essential to put in place measures to **deal with abuse by police and the lack of effective response to complaints from sex workers.** **Health education and skills building for sex workers themselves** is also a priority; it is feasible to integrate this within the suggestion of sex workers to develop sex worker-led centres.

The presence of minors exploited in the sex industry exists throughout Namibia, but the situation in Katima Mulilo seems to be particularly acute. This situation should not be approached as an HIV-related issue since it relates to broader problems of child protection. HIV programmes reaching sex workers should ensure that they make **appropriate links with national child protection policies and programmes so that minors involved in the sex industry are protected.**

## 3.4 Oshikango

### Overview

Oshikango is in the north of Namibia, located at the Namibia-Angola border crossing of the major B1 highway. As such, it is a common stopping place for long-distance transporters and many of the residents are Angolan. When planning the rapid assessment the team noted that while most sex workers in the town

work on the streets and at truck stops, there are many women who work in bars, salons, and hotels and also sell sex. The infrastructure of the town is very poor, with no sewerage modern houses, or public health facilities. The nearest public clinics are in Engela (10km away) and Ohangwena (over 40km away). The map drawn by the assessment team to describe the context in Oshikango is shown in Figure 4.

**Figure 4: Characteristics and map of Oshikango**



Four focus group discussions were conducted, with a total of 27 participants, all of whom were female. One of the four FGDs was conducted with sex workers who also work in other positions (bars, salons, hotels), whereas the remainder were with women for whom sex work was the only source of income. The participants were aged between about 18 and 30 years old.

#### **How sex workers are treated in the community and by authorities**

*"Some people say sex workers must be killed and some they say sex workers must be chased out of the country"*

*"Sometimes they use to report [to the police] but it never be change. The police will never help unless... they can propose them [have sex with them] first then they promise them that they will help them later"*

Participants from all four FGDs talked about the very common occurrence of abuse and beatings from the police, which is particularly targeted at sex workers who work on the street. There appears to be a common belief among both police and sex workers that selling sex is itself illegal

and that the police are obliged to crack down on the situation. The situation is further aggravated by the imposition of a nightly curfew after 10pm. Many sex workers reported that the police accuse them of sex work and use the way they are dressed or the fact they are carrying condoms as evidence of wrongdoing. At the same time, police officers often demand sex and money from sex workers, including once they have taken them in custody as a condition of release. Clients, it was reported, can also pay bribes to the police to ensure that any complaint made against them by a sex worker is dropped.

Abuse from the community is also commonplace, though it was mentioned less often than police abuse. What is notable is that, according to the FGD participants, the police claim that they are upholding national laws as well as local regulations (the curfew); as a result sex workers are convinced that prostitution itself is illegal and that doing sex work therefore precludes them from receiving assistance when they are attacked or abused.

#### **Safety at work**

The consensus from all participants was that sex workers who also work in other jobs are far less vulnerable than those who do not. This is largely because they are generally able to find clients in their places of work – hotels, bars and salons – and are therefore not obliged to work on the streets. This makes them less likely to be abused by clients or harassed by the police. In addition, according to participants, sex workers working from the streets find it harder to negotiate good prices, perhaps because there is more competition. Violence from clients does occur, although this is much more likely to happen when the sex encounter takes place in isolated locations such as the bush, since no-one is around to witness or to provide help.

The prevailing theme to emerge from all of the FGDs in Oshikango, however, was the heavy policing of sex

work by law enforcement officers. The curfews and repressive atmosphere push sex workers to operate in hidden and dangerous ways. Participants reported that theft, beatings and rape occur at the hand of police officers, both on the street and in custody, and that there are no effective means to complain and obtain justice. The situation in relation to safety at work is aggravated by the fact that, according to participants, the level of solidarity and mutual support between sex workers in Oshikango is relatively low.

### Sex work and health

*"All the hospital and clinic around and near Oshikango they never get a good treatment there for example doctor at Engela hospital doesn't like to help... girls from Oshikango because they know already that they are sex workers"*

*"...[when sex workers] go to the hospital for test and... they come for their result they will never [get] counselling in a good way"*

*"When they come for follow up they [health care workers] will give them wrong tablets... doctors need to know that if they give someone a wrong tablets is a crime"*

*"The nurses in Engela State Hospital refuse to give sex workers treatment – they say sex workers are spreading HIV"*

*"They never explain about all the test they do to them"*

*"When a sex worker get pregnant... those medical worker just injecting them with a injection for the family planning ..."*

The discussion on sex work and health was dominated by the issue of the attitudes and behaviours of health care workers at the nearest public health facility, Engela State Hospital. The distance of this facility from Oshikango town – around 10 kilometres – is itself problematic since it means that any visit to the hospital is costly and time consuming. However, according to participants in all four of the FGDs conducted in the town, the personnel in the Engela State Hospital systematically stigmatise women from Oshikango, accusing them of being sex workers. This stigma results in sex workers being made to wait

longer than other patients, and in them receiving a poorer quality of service – participants stated that they had received the wrong tests and treatment, and that they had received HIV tests without proper counselling. As well as the overwhelmingly negative attitudes toward sex workers, participants suggested that some of the stigma is HIV related, based on an assumption by health care workers that in any case sex workers are HIV positive or that they are responsible for the spread of HIV.

As a result of the problems experienced at Engela state hospital, participants reported that they resorted to other options, in particular going to traditional healers and less often to private doctors who are more respectful of sex workers. The hospital at Onandjokwe received positive reports, but is not a viable option for regular treatment since it is over 50 kilometers from Oshikango.

*"If [sex workers] don't want [to have sex without condoms... soldiers] can just force them and sometimes they do rape us because they use their power by using a gun"*

Participants stated that although ordinarily it is fairly easy to obtain free male condoms, in recent months they have no longer been available; and while other brands are available to buy in shops these are relatively expensive. Female condoms are hard to obtain, and the issue of water-based / condom-safe lubricant was not mentioned during the FGDs. As already noted above, carrying condoms is seen as risky by many sex workers as police officers can use possession of condoms as "proof" of illegal behaviour and therefore as a pretext for extortion or arrest. At the same time, FGD participants also acknowledged that use of condoms is not as widespread as it should be – largely because of the reluctance of male clients to accept them. Many clients use either force or the offer of more money to be able to have unprotected sex.

### Priorities and recommendations for programmes with sex workers in Oshikango

Participants from Oshikango made many practical suggestions aimed at improving the different problems they encountered. Many stated that **they felt they should be allowed to do sex work free from harassment or abuse**, and that laws against sex work were the cause of much of the discrimination they faced. They also stated that irrespective of the law, they are Namibian citizens and therefore have rights that should be guaranteed. They called for **dialogue with health care workers, law enforcement officials and authorities in order to explain their need for protection and better treatment**. The notion of Namibian citizenship was mentioned, with one participant pointing out that sex workers were also voters and therefore required politicians to respond to their needs. In addition, participants in some of the FGDs said that, in order to better speak out for the rights of sex workers, they should be **supported to organise themselves** for instance by setting up a local sex worker organisation that could provide training and support, including support to those hoping to find other professions. Availability of **good quality, non-stigmatising health care services, free condoms, as well as comprehensive health education and skills building** are also obvious priorities.

It is difficult to validate, based solely on the FGD transcripts, the claims made in relation to incorrect testing procedures and incorrect treatment. What is clear is that either testing and prescribing procedures are not being correctly followed for sex workers, or health care personnel are not effectively explaining the tests and treatments they are providing. **It is important to investigate the current practices and identify ways of improving health care and adherence to the correct treatments**. Improving knowledge about rights and the law is also a priority, since many statements included in the transcript suggest that sex workers – and the police in Oshikango – either do not

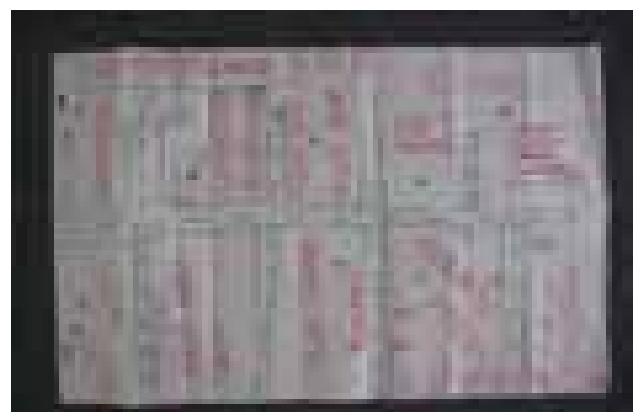
know or do not understand the current legislation relating to sex work. On the other hand the results of the FGDs suggest that many of the participants had a clear sense that they should be able to sell sex safely and without abuse or discrimination, or failing this that the government should ensure that other opportunities for fair, alternative employment should exist.

### 3.5 Walvis Bay

#### Overview

Walvis Bay is one of the larger cities in Namibia, and its harbour makes it an important terminus for transport and fishing industry vessels, as well as associated industries such as export processing. It has long been considered in HIV strategy documents as an important “hotspot” for sex work and for HIV. From an infrastructure point of view Walvis Bay is well developed. Describing the different forms of sex work in the city, the rapid assessment team explained that sex work takes place in many forms and locations – in clubs, bars and shebeens, but also on the street (particularly in the truck stops) and, significantly, in the port. A large part of the client base comes from sailors and truck drivers stopping in the port, and as a result clients come from all over the world. The map developed by the rapid assessment team is shown in Figure 5.

**Figure 5: Characteristics and map of Walvis Bay**





An important characteristic of Walvis Bay that differentiates it from some of the other towns included in the rapid assessment is that it has some well-established facilities designed to support HIV prevention and treatment efforts. The Walvis Bay Multi-Purpose Centre, for instance, has been providing HIV testing and other information services, for over 10 years. A number of outreach projects have also been designed to reach transporters, seafarers and sex workers. The scale of the sex trade in Walvis Bay also fluctuates over the course of a year, because of the seasonality of some of the industries. The wellness centre, under the auspices of the Walvis Bay Corridor Group, provides services like family planning and distributing male and female condoms.

Because Walvis Bay is a large town, eight FGDs were conducted, with a total of 47 participants. The intention had been to include FGDs with male and transgender sex workers, but the team were only able to recruit one male sex worker as a participant – he joined a FGD with other female sex workers. Participants were selected to represent sex workers from the different work settings in Walvis Bay. The age range of those attending was 18-40 years.

### How sex workers are treated in the community and by authorities

*"Sex workers are treated very bad and they [police] don't want sex work to be legalised and they are the ones going out with sex workers"*

*"The police can slap you and insult you, they can even beat you up"*

*"...they can even force to sleep with you to let you go free from jail"*

*"If a police man propose to you they don't pay because you can't go and report them"*

*"We do need better help as sex workers because we are also people like others"*

The most commonly cited source of abuse and mistreatment cited by rapid assessment participants in Walvis Bay was the police. Many participants stated that they had been beaten or insulted by the police while

working, and also that they had been locked up and raped or forced to have unprotected sex as a condition of release. Although only mentioned by one or two participants, the issue of police confiscation of condoms or of accusations of wrongdoing based on possession of condoms was also raised. Abuse from the police also occurs when sex workers attempt to make complaints. A number of participants stated that when they asked the police for help after suffering violence or theft at the hands of clients, the police would ask for sex as a condition for helping them.

*"The community discriminate our kids at schools and churches"*

*"...if you die they [the family] confiscate your possession from kids and say she was a sex worker"*

*"We are only looking for money by working as sex workers on street because this is where we get our money for paying school fees"*

There is a clear sense that sex workers expect to be treated in this way, and that the behaviour of police officers is in some way justified because of the manner in which the law criminalises sex work. At the same time many respondents felt they should be respected like any other citizen.

The sense of injustice is compounded, for many sex workers, by the fact that their clients include police officers and soldiers.

Other forms of mistreatment in the community were also mentioned. Sex workers in Walvis Bay are often accused of "spreading AIDS" and the stigma of being recognised as a sex worker makes it difficult for them to find work. Discrimination against sex workers also affects their children directly. According to some of the participants, their children are discriminated against in schools and churches – although it was not made clear how exactly this discrimination manifested itself. The level of solidarity and support from other sex workers and from their families was also said to be low, with rejection by relatives often mentioned.

## Safety at work

Participants in the FGDs expressed a high level of fear about the risks they face while doing sex work – with fear of violence, theft and disease being particularly prevalent. Working on the streets, or going to the dunes or seaside with clients in their cars were examples of particularly risky ways of doing sex work; many participants felt they were taking a major risk every time they work. Moreover, because scarcely any help is available from the police or the community, when clients are violent they tend to get away with it. A number of participants mentioned that their boyfriends push them into taking risks in order to earn money. Some also stated that their clients demanded types of intercourse that they did not want to give, and that they found it difficult to negotiate the services they were prepared to provide.

*“A client pick me up and we drove out of town and after sex he drove and left me naked alone there”*  
*“Sometimes we do stay with our boyfriends but they do want us to do go and f--- to feed them with our sex workers money”*  
*“It is never safe at work, because you can expect anything bad to happen to you”*  
*“Even though they try to be strong it is hard for them to be safe at work”*  
*“We give each other advice on man and help each other by giving condoms to others”*  
*“We must stuck together and fight for our safety”*  
*“...sometimes us as sex workers don't help each other, we have to stand together...”*

Mutual support and advice between sex workers appears to be limited in Walvis Bay. Although some of the participants stated that they provided advice and distributed condoms to other sex workers, many of the participants said that competition, distrust and jealousy between sex workers made such cooperation unrealistic – even though they recognised that solidarity could help to tackle some of the problems they faced.

## Sex work and health

Participants used various sources of healthcare: primarily public and private clinics, and traditional healers. A small number mentioned that they had experienced breaches of confidentiality by nurses in public facilities, and that they therefore preferred the more discrete traditional healers. One participant stated that her reason for avoiding the public facility was that she had relatives working there.

*“I don't like the service at health ministries because when we have some infections or pimples the nurses treat you bad and refer you to other places... they expose us to the communities”*

*“I went for blood test but the nurse said we can't take or do test you know you are a sex worker so go where you belong”*

*“Some of them give us wrong treatment while we came there for a specific treatment... sometime they give us high blood [pressure] tablets when we needed ARVs”*

*“Sometimes they don't even wash our babies after birth because we are sex workers”*

There were also a number of complaints about the attitudes and behaviours of health care workers, with FGD participants saying they had experienced insults and received very little explanation of the testing and treatment being provided to them. A number of participants stated that they had been given the incorrect treatments, and one stated that a

doctor had demanded sex from her in return for providing services. Attitudes and behaviour such as this discouraged participants from seeking care unless they were very sick. According to some testimonies the stigma experienced by sex workers does not just occur in the context of STI and HIV related services. Some participants had been neglected by maternity staff while giving birth. In one case, because the father of the newborn was not present, the nurse told the mother that her baby could not be registered as a Namibian national.

It is also important to note that many of the participants had no complaints about the attitudes and quality of service, and that the feedback from some respondents suggested that there is often limited understanding of health issues among sex workers, and very little support for those needing to undergo treatment.

The majority of participants stated that condoms were easily available, and that they could be obtained in a range of locations (night clubs, clinics, and filling stations were some of the examples given); in addition it was stated that most sex workers carry condoms with them despite the fact that on occasion, police officers use the fact of condom possession as evidence of wrongdoing. Some participants complained that free condoms were often of poor quality and broke frequently, but that the alternative good quality condoms were too expensive. Female condoms and water-based lubricant were not mentioned by participants.

*"I feel safe because I'm the one who put[s] the condom on the penis"* The confidence and the ability of participants to get male clients to use condoms were mixed. While some made it clear that they systematically insisted on it, others acknowledged that clients could persuade them to have sex without a condom.

### Priorities and recommendations for programmes with sex workers in Walvis Bay

Participants from Walvis Bay outlined a number of steps that could help to resolve some of the problems they faced. Provision of **social security cards** to sex workers and their families would help to ensure greater recognition and make it harder for services to discriminate against them. A **system or office for filing and documenting complaints** as well as a **shelter for support for those affected by abuse** were also mentioned in several of the FGDs. Many

also demanded **better treatment from health care workers, and improved attitudes**, and one of the groups called for a **"sex worker friendly" police station** where complaints from sex workers are taken more seriously. Finally participants in a number of the FGDs asked for **vocational training**, in order to help them find other forms of employment.

The FGD process itself seems to have been valued, with some participants requesting that they have **more opportunities to discuss issues in this way**. There was also acknowledgement that if sex workers could **resolve some of their differences and collaborate** to fight some of the problems they faced they might be able to achieve some changes. There were also discussions of the practical ways sex workers could help each other, for instance by **organising and sharing child care**.

*"Have meetings like this and inform the authority and register us legally to be acknowledged... we survive from this [sex work]"*

*"...we can stand together and demonstrate against the police and army"*

*"We can agree to rent a... house so we can look after each other and care for each other, look after our children"*

The assessment in Walvis Bay revealed many areas of serious concern, in terms of the risks sex workers face from clients and the police, and in terms of the health care they receive. Reports about treatment indicate that there is very poor communication from

health care workers about the tests and treatments they are recommending, and that there may even be incorrect treatment practices. Investigating and strengthening this area of work and ensuring that counselling and "patient expert" advice is provided by sex workers themselves may help resolve this. The team noted that they had difficulties recruiting male sex workers to the FGDs even though there are male sex workers in Walvis Bay; it will therefore also be important for programmes to find ways of ensuring they reach this population in the future.



### 3.6 Windhoek

#### Overview

According to estimations, the capital of Namibia has a population of at least 300,000. As well as being a crossroads for major transport routes, the city is the social and economic hub of the country. Migration from other parts of Namibia has led to an expansion of the city's population, in particular in informal settlements – notably in the area of Katutura, where a number of studies have already examined sex work. According to the rapid assessment team, sex work occurs throughout the city – in the settlements, on highways and truckstops, in bars, clubs and hotels. The team described different “classes” of sex worker that needed to be included in the assessment, emphasising in particular that there are many male and transgender sex workers. A number of organisations have implemented programmes with sex workers for several years – including Society for Family Health, NAPPA, King's Daughters and Stand Together.

**Figure 6: Characteristics and map of Windhoek**



FGDs, with 82 sex workers participating in total. Seven of the FGDs were conducted exclusively with female sex workers (one of these was a group of transgender women), two were with male sex workers and one was with female and male sex workers. While the men and transgender women were aged from 18-29, the other

female sex workers were aged from 18-45 years old. The majority of sex workers included in the assessment had no other source of income; although the minority that did included government employees.

#### How sex workers are treated in the community and by authorities

Participants described a number of ways in which they are mistreated, primarily because of their involvement in sex work. Many stated that they are called names by members of their community, and that this can spill over into bullying of their children, as well as discrimination – including from churches – although it was also acknowledged that some religious organisations were a source of help and support.

Abuse can often be physical, including beatings from men in the community, and significantly, from police officers. Interactions with the police rarely end in arrests or any formal judicial process, but are more often characterised by extortion and even rape. When arrests occur they tend to be for administrative offenses such as loitering. Some participants reported that they had been raped by police officers while in custody.

*“Stigma starts with the law itself”*  
*“Sex workers got rehabilitated by Ministry of Health but most of them went back to sex work after the training”*  
*“I don’t know what rights I have”*  
*“We have tried to contact the police but they don’t help”*  
*“The police say it [sex work] is illegal and they beat us with zambucks, they chase us into bushes”*  
*“The government does not take us seriously”*  
*“The police hit us on the streets and we are brutally abused where it is isolated and dark by the police”*  
*“when its late... and the superiors go home the officers on duty use to book us out and take us to their places [to] have sex with us, make us clean their places then chase us”*

Transgender sex workers, and male sex workers, are particularly vulnerable to abuse and

violence. Transgender women reported being publicly humiliated by police officers, their clothes and wigs removed; indeed some reported that non-trans sex workers had “encouraged” the police to abuse them in this way, revealing that relationships between sex workers can also be problematic. When they are arrested, transgender women are invariably placed in shared cells with men, and as a result they often face violence and rape while in custody.

The FGDs were also revealing in relation to the perceptions of sex workers about the law and their rights. As noted above, where formal arrests of sex workers take place they are generally for administrative offenses such as loitering and other misdemeanours. It was apparent from the FGDs that sex workers are often given to understand that they are being arrested for selling sex (which is not in itself illegal); and certainly the law as it is, which criminalises sex work, appears to be the origin of many of the difficulties sex workers face with police officers. Foreign sex workers face particular jeopardy as they are threatened with deportation.

### Safety at work

The serious problems that sex workers face at the hands of police officers, described above, contribute to heightened insecurity at work for sex workers, since on the one hand the attacks from the police often occur while sex workers are working, and on the other hand because they are obliged to find more discrete – and therefore less safe – places to work. Sex workers who are able to operate “online” report that they are generally safer, but this is a small minority of sex workers. Those who work on the streets, according to participants, often work under the influence of alcohol and drugs which can themselves put them at risk. Fear of the police also discourages sex workers from carrying condoms with them, as they can be confiscated or even used as evidence of wrongdoing.

*“We help each other, we share money, some even come with pimps to protect us, even if one of us is stripped we share clothes”*

*“We used to write down number plates for each other”*

Clients are also more likely to be violent to sex workers working outside of towns, for instance

on highways; and in these settings sex workers are also more vulnerable to gangs and robbers. Many participants referred to the fact that a number of sex workers from Windhoek had been murdered in recent years, and their killers never found. Participants also reported that fights among sex workers, and bullying of new arrivals and sex workers migrating from other countries, were commonplace.

FGD participants in Windhoek gave many examples of the strategies that they employed to keep themselves and each other safe, such as providing advice, paying for protection, pooling savings, and sharing information on bad or abusive clients. Although there was no organised system for providing such support, these ideas could form the basis for a more formal approach to mutual collaboration.

### Sex work and health

Despite the size of Windhoek and the range of health facilities, participants stated that they feared that as sex workers their confidentiality would be breached by health care workers, and indeed some gave examples of a site where the testing counselors told them to leave, despite efforts of a local priest to persuade them to accept sex workers. Attitudes in public health clinics are reported as being negative and unfriendly; sex workers feel they are being treated differently and that at times, health care workers do not perform the right tests or provide the correct medicines. Sometimes this may be a misperception – for instance, one respondent stated that she felt the health care workers’ use of gloves and masks was discriminatory, even though it is standard practice for many procedures. This perception illustrates that trust and dialogue between

health care workers and sex workers is weak. As a result, a large proportion of sex workers use traditional medicine as a matter of first resort. In addition, a high proportion of participants stated they were HIV positive, and some of those who were taking ARVs said that they had experienced stock outs, forcing them to interrupt their treatment.

It is worth emphasising that the feedback on access to treatment and medical care was not all negative; clearly there are some providers in Windhoek who are accepting of sex workers and who provide adequate care. Some participants stressed that they valued treatment support from health care workers in taking their ARVs. The challenge is to ensure sex workers know which facilities are “friendly” and to increase the number of such facilities.

*“We strive our best to use condoms, we have the knowledge to use condoms correctly”*

*“Rights Not Rescue is helping us with condoms and lubricants and is giving us health rights and human rights ... brings hope to us”*

Access to male condoms in Windhoek is generally very good: participants cited a number of sources where they could get free condoms such as clinics, NAPPA and peer educators. Although

some of the participants said they had a preference for female condoms, these are much harder to come by. For the most part attitudes to condom use were positive, although it was acknowledged that not all sex workers see the point, given the discriminatory context they live in and the perceived inevitability of HIV infection. Water based lubricant that is safe to use with condoms is hard to come by, and participants noted that they

used cooking oil, baby oil and cream instead – clearly another major issue to be addressed.

## Priorities and recommendations for programmes with sex workers in Windhoek

As Windhoek is by far the biggest town in Namibia, it is almost certainly home to the largest number of sex workers; the profile of FGD participants also suggests a much more diverse range of profiles of sex workers, with a diverse range of needs. Windhoek also features a number of sex worker organisations, and sex worker led action on health and rights is well recognised in the city. This was reflected in the ideas that participants suggested for future action to protect their health and rights.

A common suggestion was to **train health care workers to reduce stigma and discrimination in health care facilities**, to ensure that sex workers of different profiles are not scared to attend facilities, and that they trust health care workers. Consequently, **training sex workers on health, including on correct and consistent condom and lubricant use**, were also mentioned as priorities.

Reflecting the very severe instances of violence and abuse faced by sex workers in Windhoek, the participants also called for **sensitization of Police, of the Ministry of Justice and of Church leaders to address the human rights violations of sex workers** – both those committed by law enforcement officers, and the need for these officers to correctly deal with complaints from sex workers.

*“Don’t we have NGO that work for sex workers and trans and MSM?”*

*“We as sex workers want to work for the community”*

Participants also talked about the need to strengthen sex worker efforts to organize – in particular giving the example of training sex workers as **community based rights defenders**

and providing meaningful, effective support to those wishing to find other professions – recognizing that many rehabilitation programmes are poorly conceived and unsuccessful. Awareness-raising of community members about the realities of sex work were also mentioned. Finally, many participants emphasized that protection for sex workers in the long term required **decriminalization of sex work**.

According to reports from the FGD participants, the situation of abuse and violence faced by sex workers in Windhoek is particularly severe, with many having witnessed brutal attacks and clear memories of murders of sex workers. On the other hand the existing efforts among sex workers to organise, and the existence of sex worker-led, registered organisations, provides an important opportunity: partners should support these organisations to evolve and achieve their aims.



## 4. DISCUSSION AND RECOMMENDATIONS

### 4.1 Interpreting the rapid assessment findings

The rapid assessments conducted by sex workers in five towns in Namibia revealed a number of factors that have a major influence on the health of sex workers and their ability to protect themselves from HIV and to live positively with HIV. Many of the issues appeared in most or all of the towns, including stigma from health care providers and the community, a preference for traditional medicine, violence from a number of sources, extortion and abuse from police officers.

However, the assessments also showed that the way these affect sex workers are different in each location. The profile of sex workers in each town is different, and this also has implications for access to services and influences the levels of abuse faced since some groups are vulnerable to different types of abuse than others.

In addition, they revealed that in each town, to a greater or lesser extent, sex workers have organised and developed strategies to help cope with the situation; and although in general the reception sex workers receive from communities, health services, NGOs and law enforcement officers is poor, there are examples of positive interactions that can be built upon. Much more support is required, however, to help sex workers organise and collaborate more effectively and to tackle the problems they face.

Although the rapid assessment was not designed to generate information that can be generalised for the whole of Namibia, the findings certainly indicate that issues such as violence, stigma in access to services, and discrimination are commonly faced by sex workers. At the same time, the frequency with which these issues were raised in each town suggests that they are also likely to occur in other towns in Namibia. This suggests that they should be identified and addressed as a matter of course in any HIV programmes aiming to reach sex workers. Not considering these issues is likely to seriously undermine the aims of these programmes.

### 4.2 Lessons learned from the rapid assessment process

Perhaps the most important feature of the rapid assessments described in this report is that they were conducted by sex workers themselves, thus emphasising their “ownership” of the issues discussed. Although the rapid assessment produced information on a range of important issues that should inform the design of HIV programmes with sex workers, the primary purpose of the rapid assessment was not to extract information, but to support communities to analyse and eventually respond to the situations they are facing. As the findings suggest, the extent to which sex workers are organising and responding varies in each town, and is in large part limited by the lack of support they receive to do so, and by the fact that because most programmes reaching sex workers are concerned with HIV, they often neglect some of the broader issues that affect sex workers – even though these are crucial to understanding their vulnerability to HIV and AIDS.

As already noted above, because the purpose of the process was not to provide data that can be generalised for the whole country, it is essential that sex workers in other towns also have the opportunity to conduct such assessments. Furthermore, sex workers in the five towns that were covered by this exercise should be supported to continue what they have started, enabling them to identify progress and any new issues which arise.

Although the relevant actors – UN agencies, donors, ministries and NGOs – should act on the issues identified during the assessment, it is hoped that another outcome of this process will be a commitment from these actors to enabling sex workers to continue conducting such activities, and to providing the support to enable local sex worker organisations to develop to better respond.

### 4.3 Recommendations

By way of conclusion, the following recommendations are made to UN agencies, donors, ministries and NGOs working with sex workers.

- **Use the findings of the rapid assessments to address issues identified in each town.** Rapid assessments are essentially a locally-focused method, and the primary relevance of their findings is in relation to the town they were conducted. Hence, the relevant actors in each town should work with sex workers to understand the findings from their town, and to respond to the issues identified.
- **Enable continued assessment processes in the five towns covered by this report.** As explained above, rapid assessments are not a one-off piece of research, but rather a process of engaging community members and local actors. Once there are sex workers in a town with the skills to operate such a process, it is useful for them to continue using the techniques to identify any changes, to discuss any issues that were not raised in the first assessment, and to work with profiles of sex workers who may not have been sufficiently represented in the first assessment. Further assessments will also help to assess progress in addressing the issues identified.
- **Support sex worker organising in the five towns.** Sex workers in all five towns talked about the need for more sex worker-led responses to HIV and broader issues; for these movements to be effective, these groups require funding and other support such as skills building and endorsement from UN organisations, donors and NGOs.
- **Replicate the process in other parts of Namibia.** Although similar patterns were found in the five towns, there were also many specificities in each. The findings from these five towns are not necessarily relevant to sex workers in other parts of Namibia. Moreover if rapid assessments are seen as a process of involvement of communities rather than simply a way of extracting information from them, it is clear that for the approach to have a broader impact it should be used in other parts of the country. The large team of skilled and experienced assessment facilitators and documenters that has emerged as a result of the process described in this report can help train leaders in new towns across the country.
- **Particular attention should be paid to towns where there are no planned programmes.** Of the five towns involved in the process so far, Kalkrand is not one of the locations that SFH intends to reach through its USAID and Global Fund supported work with sex workers. Now that the assessment has taken place in Kalkrand, and issues have been identified and expectations raised among local sex workers, it is important that partners ensure that resources are provided to respond to the needs of sex workers in Kalkrand.
- **Use the findings to raise awareness and advocate for national level action.** The challenges that sex workers in Namibia face in relation to HIV, access to health services and human rights are largely unknown and not understood. The findings from the community assessments serve as strategic information which can be used by sex workers to advocate for national level action to address their concerns.

## 5. REFERENCES

1. **Republic of Namibia.** *National Strategic Framework for HIV and AIDS 2010/11 - 2015/16.* Republic of Namibia : National AIDS Council, 2010.
2. **UNFPA Namibia.** *Review of the literature and current programmes focussed on sex work and HIV in Namibia.* Windhoek : s.n., 2011.
3. **Centers for Disease Control.** *Integrated Biological and Behavioural Surveillance Surveys with Population Size Estimation among Female Sex Workers and Men who have Sex with Men in Namibia: Protocol.* Atlanta-Windhoek : s.n., 2010.
4. **RPAR Collaborative.** Rapid Policy Assessment and Response. <http://www.temple.edu/lawschool/phrhcs/rpar/index.html>. [Online] 2006.



# ANNEXURES



## Annexe 1: Training workshop facilitation guide

Training: rapid assessments on sex work and HIV

Organised by UNFPA Namibia, 19-23 September, Harmony Seminar Centre

### Workshop objectives

- To train teams of sex workers and HIV programme managers from five towns in rapid assessment techniques including facilitation and documentation
- To develop comprehensive guides for rapid assessments on sex work and health, based on priorities identified by the assessment teams
- To plan rapid assessments in five Namibian towns

### Detailed programme and facilitation guide



Day one: Monday 19 September		
Time	Aim of the session	Details
9.00-10.00	Registration	Participants check-in to venue and register for the workshop
10.00-11.15	<p>1.i Participants get to know each other (45 minutes)</p> <p>1.ii Participants understand the purpose of the rapid assessment exercise and the training workshop (30 minutes)</p>	<p>1.i Introductions</p> <ul style="list-style-type: none"> <li>- Welcome message from UNFPA</li> <li>- Ask participants to get up and go and find one person, preferably someone they have never met before. They should share their name, where they come from, and one thing they know about HIV and AIDS.</li> <li>- Participants come back to plenary and in turn, introduce their new acquaintance to everyone else.</li> <li>- Encourage people to use their first names.</li> <li>- Point out the facilitation team and advise participants to speak to the team if they need anything.</li> </ul> <p>1.ii Objectives of the rapid assessments and the training workshop</p> <ul style="list-style-type: none"> <li>- Short presentation on the rapid assessments and the workshop <ul style="list-style-type: none"> <li>• SFH is about to begin a programme to help sex workers get better health care and support. Sex workers often have difficult lives and it can be difficult also for them to get together to talk about what to do about it.</li> <li>• In every place where SFH works the needs are different. And indeed among the sex workers in each town there are differences. It is really important that sex workers be able to talk about their situation so that programmes can do the right things.</li> <li>• We're going to ask you to work in each place where you come from. We want you to go back there and have some discussions with sex workers about what is happening and discuss with them what to do about it.</li> </ul> </li> </ul>

Day one: Monday 19 September		
Time	Aim of the session	Details
		<p><i>Question. Why do you think we think this is important?</i></p> <p>We believe it is important for community members to be involved in developing programmes, and by giving them the opportunity to talk helps to do that. We call this a participatory rapid assessment (participatory because the sex workers themselves participate).</p> <ul style="list-style-type: none"> <li>• The reason for this training is to teach you how to run those meetings, which means knowing what things to talk about, how to help people join in the discussion, how to note down what they say, to understand what they say, and how to make sure they are comfortable. We'll also discuss how to plan the discussions.</li> <li>• Afterwards, in a few weeks, we'll meet up again to talk about how it was and what else we need to do. And then we'll ask you to present your work to some of the people in Windhoek who are in charge... Of health, of the police, of programmes etc. And after that we hope you will go back to the site and tell sex workers about the conclusions. We're hoping that this will be a good way of helping sex workers get organised and that you will keep on with this type of discussion. We also want afterwards for sex workers in other towns to do the same thing.</li> <li>• What you will get out of it? We know you are leaders in your community and you want to improve the situation, and we hope that giving you these tools and the possibility of representing your community is something you will value. It is also work, and we are paid so should you be...</li> <li>• With this in mind, here is the approximate programme for the next five days. (Show programme on flipchart and distribute handouts, provide information on timings).</li> <li>• We'll primarily be talking in English but that's because some of us don't know any of the other languages spoken in Namibia. If you prefer to talk in your preferred language, you can, and we can ask someone to translate. You don't have to pick one language so you can speak sometimes in English and sometimes in another language. The most important thing is that you feel comfortable. We want people to participate as much as possible and to understand there are no right or wrong answers to questions.</li> <li>• At the beginning of every day we want one or two of you to give a quick review of the day before.</li> <li>• Final point. We have aimed to create a safe space. Everything that you say stays confidential.</li> </ul> <p>Do you have any questions?</p>

<b>Day one: Monday 19 September</b>		
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>
11.15-11.45	<i>Break</i>	
11.45-13.00	<p>2.i Provide basic information on the workshop (15 minutes)</p> <p>2.ii Establish rules for how the workshop will be run and how people will participate (30 minutes)</p> <p>2.iii Allow participants to express their hopes and fears, and as much as possible resolve them (30 mins)</p>	<p>2.i Short presentation on administrative and practical questions</p> <p>2.ii Facilitated discussion to arrive at consensus on ground rules for the workshop</p> <ul style="list-style-type: none"> <li>- Facilitator begins by saying that in any creative space we need rules to make people comfortable and to make sure we achieve what we are trying to do.</li> <li>- Facilitator invites participants to propose ideas. For each idea, the facilitator asks other participants if they agree with it before writing it on the rules board.</li> <li>- Once a set of rules has been established, state that they will remain displayed for the entire workshop.</li> </ul> <p>2.iii Facilitated discussion on fears and expectations.</p> <ul style="list-style-type: none"> <li>- Facilitator distributes 2 pieces of paper to each participant. Each person writes on the paper some fears and expectations that they have for the workshop, and sticks them to the board.</li> <li>- Facilitator reads them out and responds/invites other facilitators to respond in each case.</li> </ul> <p>To sum up, facilitator says that each morning, we will ask for volunteers to give a very short summary of the previous day's sessions, so it is very important for participants to pay close attention</p>
13.00-14.00	<i>Lunch break</i>	
14.00-15.00	3.To better know the profile of each team	<p>3.i Before we carry on it is important to know more about you and your teams.</p> <ul style="list-style-type: none"> <li>- Please work in groups per town, with <i>Anna from Kalkran joining the Walvis Bay group for now</i>. Discuss the profile of your team, e.g. list which countries you come from, which languages you speak, whether any of you have worked on AIDS programmes before.</li> <li>- When presenting back don't tell us about individual members of the team, just tell us about the team in general. For instance don't say "Matt speaks French, Tomas speaks Spanish", but say "our team has people who can speak French and Spanish".</li> </ul>

<i>Day one: Monday 19 September</i>		
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>
15.00-15.45	4.i To begin understanding what a Focus Group discussion is	<p>4.i FGD simulation</p> <ul style="list-style-type: none"> <li>- Who knows what a Focus Group Discussion is? Why do it?</li> <li>- Focus group discussions are discussions that are facilitated to try to understand a subject better. We use them a lot in research. The aim is not to get lots of people to answer the same question, but more to see what the different ideas about a question are. We are interested not in everyone giving the same answer but in knowing what the different answers are. Because not everyone is the same.</li> <li>- The best focus groups are the ones when the facilitator says nearly nothing and when all the participants get a chance to talk.</li> <li>- A volunteer (maybe one of the facilitators) is going to do a demonstration of a focus group discussion, and the subject is to evaluate lunch. Look carefully because we are going to discuss it after.</li> <li>- Simulation.</li> <li>- Get note-taker to do a report back</li> <li>- Observers, tell us what happened (prompt, facilitator and note keeper). What did the facilitator do? (Introduce, share participation, shut people down, etc)</li> <li>- What did the participants think? Were they made comfortable? How did it feel to participate?</li> <li>- How did the facilitator feel? What went well? What could have been better?</li> </ul> <p>Most of this week we are going to learn how to do these things. But we won't be asking about lunch, we'll be asking about people's lives. So first we need to talk more about what subjects we are going to discuss</p>
<i>15.45-16.00</i>	<i>Break</i>	
16.00-17.00	5. Participants share and discuss their situations	<p>5.i Individual exercise on personal life.</p> <ul style="list-style-type: none"> <li>- Tell participants you want them to discuss their lives, their situations. Each will discuss a good day and a bad day in their life. Facilitator demonstrates the exercise.</li> <li>- Split into two groups. Each participant has 10 minutes to draw their story, and then takes turns to present it.</li> <li>- Facilitator prompts discussion on how to deal with issues of pain, stigma, discrimination. And identifies the positives.</li> <li>- Bring the discussion back to plenary, offer a short conclusion and break for the day.</li> </ul>

<i>Day two: Tuesday 20 September</i>		
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>
8.30-9.00	6. Reminder of the previous day	6.i A participant volunteers to summarise the previous day's work; others are invited to add thoughts on the training so far.
9.00-10.30	7. Participants and facilitators gain a better understanding of the towns included in the rapid assessment	<p>7.i Group work per town included in the rapid assessment</p> <ul style="list-style-type: none"> <li>- Facilitator refers to the end of the previous day, and repeats that we need to think more about what we want sex workers in our towns to discuss and analyse. This morning we will spend some time thinking about this, and then thinking about the Focus Group Discussion technique.</li> <li>- Facilitator asks <i>"do you know the other participants from your town? If not this is also a chance to get to know yourselves better, because you will be working as a team. It is also an opportunity for us as facilitators to know more about the situation in your town"</i></li> <li>- Town groups will work together for half an hour; five groups in total. They should take a large piece of paper and draw a map of where they live, and note the following things: <ul style="list-style-type: none"> <li>o Where are the main places where sex workers work?</li> <li>o Are there different types of sex worker? Do they work in different areas in different ways? Which ones?</li> <li>o Can you mark on the map if there are dangerous places for sex workers and safe places for sex workers ? Why are they safe or dangerous?</li> <li>o How do sex workers interact with each other in your town. Are the groups separate, are there any sex worker organizations, any conflict. Is there solidarity between sex workers?</li> <li>o Are there any organizations that provide health care to sex workers? Mark them on the map. Do sex workers appreciate these services?</li> <li>o Does sex work in the town look the same all year round? Are there more sex workers at some times of the month or year? Why?</li> <li>o Groups feed back in plenary and participants comment on the work of each group. Facilitator probes further and asks groups to note further ideas on the maps. Each group keeps the maps for further reference.</li> </ul> </li> </ul>
10.30-11.00	<i>Break</i>	

<i>Day two: Tuesday 20 September</i>		
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>
11.00-11.30	8. Lessons shared from other countries (1)	8.1 Short film "Manavijayam" from India is shown. Facilitator asks participants to discuss if any of the experiences of the Indian sex workers are similar to those faced here. What are the differences?
11.30-12.30	9. Participants learn the principles to conducting focus group discussions	9.1 Plenary discussion and brainstorm on the principles of Focus Group Discussions <ul style="list-style-type: none"> <li>- Facilitator reminds participants that on the first day there was a brief Focus Group simulation. Asks participants to discuss the following questions:               <ul style="list-style-type: none"> <li>o What went well/what didn't? What were the lessons?</li> <li>o What can you do to help people participate more?</li> <li>o What can you do to ensure getting a good discussion going?</li> </ul> </li> <li>- Participants are split into three groups. Groups spend half an hour discussing some principles that should apply to facilitating Focus Group Discussions</li> <li>- After plenary feedback, facilitator adds additional principles to fill any remaining gaps.</li> </ul>
13.00-14.00	<i>Lunch break</i>	

<i>Day two: Tuesday 20 September</i>		
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>
14.00-15.30	10. Participants start practicing facilitation and documentation skills	<p>10.i Developing tools for facilitation and documentation</p> <ul style="list-style-type: none"> <li>- Facilitator explains that participants will practice doing facilitation and documentation. Half of the participants will focus on developing their facilitation skills and the other half will focus on developing their documentation skills. Advisors (i.e. SFH and UN staff) are split between the two groups. Both tasks are essential for the fieldwork.</li> <li>- Two groups work for half an hour. <ul style="list-style-type: none"> <li>o The facilitation group develops a brief Focus Group guide discussing one topic that they agree on.</li> <li>o The documentation group discuss what sort of information they should take down during the Focus Groups.</li> </ul> </li> </ul> <p>10.ii Group work and FGD simulations</p> <ul style="list-style-type: none"> <li>- The facilitation group and the documentation group are both split into two once more. Facilitation group 1 is merged with documentation group 1, Facilitation group 2 is merged with documentation group 2.</li> <li>- In plenary, one of the facilitators from Group 1 conducts a 20-30 minute FGD with Group 1 using the guide developed, and one of the documenters takes notes. The remainder of Group 1 act as participants, and Group 2 act as observers. Facilitator emphasises that the focus group participants must just act "normal" and talk about their real situations.</li> <li>- After a maximum of thirty minutes, the documenter provides a brief summary, and the simulation is discussed using the following questions as a guide. The observers, facilitator, the documenter and the participants should be asked their opinions in turn: <ul style="list-style-type: none"> <li>o How did the participants feel? Did each participant feel they were able to contribute?</li> <li>o How did the facilitator do? Was there a good discussion?</li> <li>o Did the documenter represent the discussion well in his/her report?</li> </ul> </li> </ul> <p>What could have been improved?</p>
15.30-16.00	<i>Break</i>	
16.00-17.00	10. Participants start practicing facilitation and documentation	<p>10.iii Second round of simulations. As above, but this time it is the turn of Group 2.</p> <ul style="list-style-type: none"> <li>- At the end of this round of simulations, facilitator closes the workshop for the day, and discusses points that may need further work.</li> </ul>

<i>Day three: Wednesday 21 September</i>		
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>
8.30-9.00	11. Reminder of the previous day	11.i A participant volunteers to summarise the previous day's work; others are invited to add thoughts on the training so far:
9.00-10.30	12. Participants continue to practice facilitation and documentation	<p>12.i Participants split once again into facilitation and documentation teams</p> <ul style="list-style-type: none"> <li>- Each team spends 30 minutes doing more work to develop facilitation and documentation guides. Facilitation team develops a guide on another topic (different from the topic used the day before).</li> </ul> <p>12.ii Simulations of FGDs.</p> <ul style="list-style-type: none"> <li>- Participants go back into groups 1 and 2 from the day before.</li> <li>- This time, the groups conduct the simulations separately (no longer in plenary). Different volunteers are selected to play the role of facilitators and documenters, and the process used in Session 10 is repeated. One round of simulations is conducted before the break.</li> </ul>
<i>10.30-11.00</i>	<i>Break</i>	
11.00-13.00	12. Participants continue to practice facilitation and documentation	<p>12.iii Simulations of FGDs continued, working in Groups 1 and 2.</p> <ul style="list-style-type: none"> <li>- People who have not yet tried facilitation or documentation should have an opportunity.</li> <li>- Two rounds of simulation to be completed before the lunch break.</li> <li>- After the two rounds of simulation have been conducted, the plenary reconvenes for a short facilitated discussion on any remaining issues to be addressed/improved on.</li> </ul>
<i>13.00-14.00</i>	<i>Lunch break</i>	



Day three: Wednesday 21 September		
Time	Aim of the session	Details
14.00-15.30	13. Participants understand their responsibility toward focus group participants	<p>13.i Discussion of responsibility toward FGD participants and what we can do to ensure participants are looked after:</p> <ul style="list-style-type: none"> <li>- Facilitator begins by reminding participants of how this workshop began: with ground rules, with the facilitators listening to the concerns of participants and reassuring them about issues such as confidentiality and what they will get out of the workshop.</li> <li>- In the same way we as facilitators and documenters need to earn the trust of focus group participants. We need to make sure they are comfortable and willing to participate. We need to make sure they know why we are doing this exercise and that they know they are not obliged to participate.</li> <li>- Brainstorm. Facilitator asks participants to discuss with their neighbour for five minutes, what we can do to reassure and look after participants?</li> <li>- Ideas are noted on a board.</li> <li>- Facilitator pushes participants to identify practical steps and procedures e.g.: <ul style="list-style-type: none"> <li>o Making sure safe spaces are used</li> <li>o Giving participants an opportunity to get out of the session if they do not want to stay</li> <li>o Anonymising information</li> <li>o Giving participants an opportunity to come to the feedback meetings once the data are analysed</li> </ul> </li> <li>- Facilitator explains these key points will be noted and each facilitation team expected to adhere to them.</li> </ul>
15.30-16.00	Break	
16.00-17.00	14. Open session	<p>14.i Participants decide how to use the session. Options include:</p> <ul style="list-style-type: none"> <li>- Further work on tools and simulations</li> <li>- Screening and discussing another short film</li> <li>- Short presentation on participatory development of IEC materials (Madagascar example)</li> <li>- An early finish to the day</li> </ul>

<i>Day four: Thursday 22 September</i>		
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>
8.30-9.00	15. Reminder of the previous day	15.i A participant volunteers to summarise the previous day's work; others are invited to add thoughts on the training so far.
9.00-10.30	16. Facilitators, documenters and advisors further develop their roles	<p>16.i Further development of tools and skills for facilitators and documenters; in addition, a third group of "advisors" is created which is made up of the SFH and UN staff who will accompany the field work. The three groups each work on separate issues.</p> <ul style="list-style-type: none"> <li>- Facilitator group: further develop the Focus Group guidelines. Select a number of topics based on discussions earlier in the workshop and with support from lead facilitator, develop key questions and prompt questions.</li> <li>- Documenters: further discuss the tools for documenting FG sessions, such as forms and notes. Practice using tape/digital recorders if these are made available, and develop short guides to how to use them (including labeling/dating, have spare batteries and media etc).</li> <li>- Advisors: the role of the advisors is key to the success of the field work. Although the advisors will not be able to observe the FG discussions, they will help the facilitators and documenters prepare their work and they will convene meetings straight after each FG in order to document what happened, to make sure notes and recordings are properly collated, and to identify any problems that need to be resolved. They will also take care of logistical and administrative questions including payment of expenses to field teams and FG participants. Advisors should develop a checklist for how they will do this, for instance: <ul style="list-style-type: none"> <li>o Labeling and dating data</li> <li>o Facilitate after-FG meetings to identify problems, observe which topics were covered, make any changes for the next session.</li> <li>o With their field team develop a short town report which summarizes activities done and which notes/recordings are available (develop template for this).</li> </ul> </li> <li>- Plenary reconvenes and each group feeds back on their work</li> </ul>
<i>10.30-11.00</i>	<i>Break</i>	
11.00-13.00	17. Participants continue to practice facilitation and documentation	<p>17.i Further simulations, as per session 12.</p> <ul style="list-style-type: none"> <li>- Participants once again split into groups 1 and 2, and people who have not yet had a chance take their turn to simulate facilitation and documentation. This time the sessions can go on for an hour.</li> <li>- In addition, advisors will also simulate their role. After each FG simulation they should simulate a feedback meeting with the facilitator and documenter, and other team members observe and comment.</li> </ul>
<i>13.00-14.00</i>	<i>Lunch break</i>	
14.00-15.30	17. Participants continue practice	Further simulations, as per previous session. Plenary discussion to resolve any remaining concerns or issues
<i>15.30-16.00</i>	<i>Break</i>	

<i>Day four: Thursday 22 September</i>		
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>
16.00-17.00	18. Open session	18.i Participants decide how to use the session. Options include: <ul style="list-style-type: none"> <li>- Further work on tools and simulations</li> <li>- Screening and discussing another short film</li> <li>- Short presentation on participatory development of IEC materials (Madagascar example)</li> <li>- Initial discussions on planning (to be completed the next day)</li> <li>- An early finish to the day</li> </ul>

<i>Day five: Friday 23 September</i>		
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>
8.30-9.00	19. Reminder of the previous day	19.i A participant volunteers to summarise the previous day's work; others are invited to add thoughts on the training so far.
9.00-11.00	20. Planning the fieldwork	<p>20.i Participants develop workplans for each town</p> <ul style="list-style-type: none"> <li>- Participants will be split into teams representing each of the five towns. They will develop plans for how to conduct fieldwork in their town including:               <ul style="list-style-type: none"> <li>o How many FGs to conduct</li> <li>o How to recruit participants</li> <li>o A date for the work to take place</li> <li>o A date to reconvene in their towns in order to start recruitment process</li> <li>o Agree on a coordinator who will lead the team's work</li> </ul> </li> <li>- Teams report back in plenary</li> <li>- Plenary discussion also includes discussion of how feedback meetings will be conducted in each town, and agree a date in principle for the reconvening in Windhoek.</li> <li>- UNFPA close the meeting and thank participants.</li> </ul>
11.00	CLOSE	<ul style="list-style-type: none"> <li>- Evaluation</li> <li>- Distribution of certificates to participants</li> </ul>

## Annexe 2: Training workshop summary report

### Summary report of rapid assessment training workshop

#### *Introduction*

UNFPA Namibia organised a workshop on rapid assessment techniques from 19-23 September at Harmony Seminar Centre, outside Windhoek. The purpose of the training was to prepare sex workers from five towns in Namibia (Kalkrand, Katima Mulilo, Oshikango, Walvis Bay and Windhoek) to carry out rapid assessments on sex work, HIV and human rights. The assessments, which will be carried out in October 2011, will take the form of focus group discussions with sex workers of different profiles in each town. Following the assessments UNFPA will support analysis of the findings as well as events to present the findings to stakeholders at local and national level. Participants in the training who will subsequently carry out the assessments included 18 sex workers and four behaviour change officers from Society for Family Health (SFH), an active partner with UNFPA in implementing this initiative.

The rapid assessments complement activities currently being implemented by SFH to map the availability of services for sex workers in different parts of Namibia. These two data sources, and eventually the integrated behavioural biological surveillance survey (IBBSS) being planned by CDC for 2012, will help provide the most comprehensive picture yet on HIV and sex work in Namibia and will therefore be an invaluable guide to programming. Moreover, the introduction of a participatory approach whereby sex workers themselves will conduct and participate in assessments in each town is an important contribution to supporting sex worker organising and action to tackle health and human rights issues. There is considerable evidence that active participation and increased solidarity

among sex workers, as well as addressing HIV through a framework of human rights, are essential to making programmes more effective. UNFPA hopes that this initiative will illustrate the importance of promoting community participation, and that other actors in Namibia will adopt the approach in their own work.

#### *Methodology*

The workshop objectives were as follows:

To train teams of sex workers and HIV programme managers from five towns in rapid assessment techniques including facilitation and documentation

- To develop comprehensive guides for rapid assessments on sex work and health, based on priorities identified by the assessment teams
- To plan rapid assessments in five Namibian towns

Although many of the participants belonged to sex worker organisations and were already involved in peer education, for some this was their first experience participating in this type of training. Moreover, participants came from different parts of the country and were recommended by different organisations and partners. The programme therefore included ample space for participants to share their experiences and perspectives as well as team building exercises.

Sessions included individual and group-based work, as well as considerable time for simulating and practicing the skills required for facilitating and documenting focus group discussions. Tools for the assessments were developed during the workshop, meaning that the inputs provided by participants themselves were added to existing best practice. The aim of this approach was to increase ownership of the assessment toolkit which will be provided to teams after the end of the workshop. In addition, the programme included two open sessions so as to enable participants to define

some of the programme. At the end of the workshop participants developed a workplan for conducting the assessments in each town.

In order to further underline the importance of a sex worker-led approach, a national sex worker leader joined the workshop facilitation team. Additional support to the facilitation team was provided by the Coordinator of the Global Network of Sex Work Projects (NSWP).

### **Programme**

The programme for the workshop was as follows:

#### *Day one: Monday 19 September*

- o Registration of participants
- o Introduction, presentation of objectives, setting ground rules
- o Getting to know the teams and the realities of sex workers
- o Understanding focus groups

#### *Day two: Tuesday 20 September*

- o Getting to know the towns that will be included in the rapid assessments
- o Understanding focus groups
- o Practicing focus group facilitation and documentation

#### *Day three: Wednesday 21 September*

- o Practicing focus group facilitation and documentation
- o Discussing our responsibilities toward focus group participants
- o Open session (to be decided by participants)

#### *Day four: Thursday 22 September*

- o Developing tools for facilitators, documenters and advisors
- o Practicing focus group facilitation and documentation
- o Open session (to be decided by participants)

#### *Day five: Friday 23 September*

- o Developing workplans for rapid assessments
- Complete facilitation notes are available from UNFPA on request.

### **Outcomes**

At the end of each day and at the end of the workshop participants were asked to comment, both publicly and anonymously, on their impressions and on the extent to which the overall aims had been achieved. Feedback on the programme and facilitation was generally positive, although one or two participants at certain stages stated that they had found the content hard to follow. The main areas of negative feedback from participants were related to the venue, in particular the sleeping accommodation and the food.

The facilitation team conducted some debriefings during the workshop, as well as a final debriefing at the end. The team was very satisfied with the outcomes of the workshop. The majority of participants played an active role during the workshop and rehearsed the different skills required. Moreover, the participants made the task very easy for the facilitators since the working atmosphere and adherence to the "ground rules" they had set was on the whole very good. The SFH participants also played an active role during the workshop.

There are many strong facilitators and documenters among the participants who attended the training, although there is a concern that two of the towns involved (Katima Mulilo and Oshikango) have weaker teams and may need to rely on just one person each for facilitation. However, this may not be too problematic since these two towns have not planned to conduct a large number of focus groups, and it may be possible for one facilitator in each town to run all of them. In addition one town (Kalkrand) was only represented by one participant, so the sex worker co-facilitator of the training workshop was asked to support her in conducting assessments in Kalkrand.

The facilitation team felt that all of the participants should have an opportunity to play a role during the rapid assessments, and that those who do play a role should all be invited to the data analysis workshop to be held on 31 October - 1 November.

Other outcomes of the workshop included the development of workplans for each town and the development of a short toolkit on rapid assessments which the teams will use to carry out their work. The toolkit includes instructions and tips on preparing, conducting and documenting the assessments, as well as forms which will be used to support participant recruitment and data capture. A positive aspect of the toolkit is that much of the content was suggested by participants during the workshop sessions that discussed topics like facilitation and documentation tips.

#### ***Next steps***

Most of the teams have already proposed dates for conducting their assessments. The dates proposed fit well with the schedule for the data analysis workshop since it is anticipated that all assessment activities will be completed by the end of the third week of October, leaving one week for facilitators to familiarise themselves with the findings before the workshop.

As well as the two day data analysis workshop UNFPA intends to organise a national meeting to present the process and findings to national stakeholders and to promote best practice on sex work programming in Namibia. Following this workshop, assessment teams will also be supported to present their work to stakeholders in their respective towns. Sex workers, including those who have participated in the focus groups, will be invited to attend these meetings and sex workers will be encouraged to present their findings. They will be supported to develop their presentations during the data analysis workshop.

## **Annexe 3: Rapid assessment toolkit**

### **Toolkit for rapid assessments in Namibia**

#### **1. Introduction**

##### **1.1 Background to the rapid assessments**

This toolkit contains the tools and guides developed with the input of the team that was trained to facilitate rapid assessments on sex work, health and human rights in five towns in Namibia (Windhoek, Walvis Bay, Katima Mulilo, Oshikango, Kalkrand). The tools were developed during a workshop organised by UNFPA in collaboration with UNAIDS, at Harmony Seminar centre from 19-23 September 2011, and the assessments were scheduled for September 2011.

The rapid assessments will take the form of Focus Group Discussions (FGDs), conducted with sex workers in each of the five towns over two days. They will discuss three topics that are closely related to HIV and human rights:

How sex workers are treated in the community and by the authorities:

- o Safety at work
- o Sex workers and health

They will be organised and conducted by teams made up of Society for Family Health (SFH) behaviour change officers and local community workers, all of whom were trained during the September workshop. Once the FGDs in each town have been conducted, team members will reconvene to discuss lessons learned and to draw conclusions. Following this, the results will be presented at a national meeting in Windhoek and will be provided to SFH's head office to inform their programming for sex workers.



Each chapter of the toolkit contains tools for the following tasks related to the rapid assessments:

Chapter 2: Planning and coordination

Chapter 3: Facilitation

Chapter 4: Documentation

In addition, for reference purposes, the final chapter contains the town plans developed by each team at the end of the training workshop.

## 1.2 Aims of the rapid assessments

The aims of the rapid assessments are as follows. It is important that all team members understand these aims.

- To provide sex workers in the five towns with the opportunity to discuss the difficulties they are facing in their lives, in terms of discrimination, human rights, and access to health services
- To provide sex workers the opportunity to identify ways of facing and solving these challenges
- To gather information on the needs of sex workers that can be used to advocate with local communities and service providers, as well as national decision makers

## 1.3 How to use this toolkit

This toolkit has been prepared for all of the team members who will be involved in the rapid assessments, and a complete copy should therefore be distributed to each member. Most of the sections contain advice and instructions that team members can use to ensure the assessments are well conducted. Each section contains a short introduction followed by the relevant tools.

In some cases, team members may need to adapt or translate sections – for instance, those who decide to

conduct focus group discussions in languages other than English should translate the facilitation guides into that language and practice using the guides once translated. The documentation section contains forms that should be photocopied as they will be needed for each Focus Group that is conducted.

## 2. Planning and coordination

The behaviour change officers from SFH will take on the role of coordinating the rapid assessment work in each town, with the exception of Kalkrand, which will have alternative arrangements. They will support local team members to plan, simulate, and document the FGDs. They will also take care of financial arrangements, for instance in relation to payment of travel expenses to the participants. This chapter provides advice on the main activities needed to plan and coordinate the assessments in each town.

### 2.1 Initial town planning meeting

An initial planning meeting of the assessment team should be organized in order to agree arrangements. The items to be discussed are as follows:

- Distributing this toolkit to team members.
- Reviewing the tools, and if necessary changing the wording of questions and translating facilitation guides into the relevant languages. Focus group teams have indicated that some of the focus group discussions are likely to take place in languages other than English, for instance in Nama, Lozi, Oshiwambo. This is encouraged since it will help both the facilitators and the participants to express themselves in the language they find most comfortable.
- Simulating (practicing) focus group discussions, particularly if the wording of questions is changed or if they have been translated into another language.

- Agreeing a venue for assessments. Given the sensitive nature of discussions it is important to select a safe a discreet space, and to ensure that the proprietors of the space will ensure there are no disturbances or inconveniences during the planned session. Check the venue is available when you need it. It is also important to ensure that enough chairs and space is available in the chosen venue.
- Finalising the schedule for the focus group discussions: dates and times, and profiles of the sex worker groups which will attend each focus group discussion. NB it is important to select dates and times that are likely to be most convenient for the participants.
- Agreeing tasks among team members such as:
  - o Who will facilitate and who will document each focus group discussion (NB, ideally the facilitator and documenter should have a similar profile to the participants in the focus group that they are attending, e.g. males with male participants) (NB2: It is not necessary to choose facilitators only from the people who were in the facilitation team or documenters only from the people who were in the documentation team during the workshop. Facilitators and documenters can be chosen from among anyone who practiced during the workshop and who is confident to carry out the task).
  - o Who will recruit participants for each focus group discussion.
- Agreeing other arrangements, e.g. which refreshments should be provided for participants. If male and female condoms, safe lubricant and information leaflets can be obtained, teams should also try to distribute these to focus group participants.
- Providing phone credit to those who will be conducting recruitment of participants.

## 2.2 Preparatory tasks in advance of the focus group discussions

Team members should carry out the following preparatory tasks:

- Inspection of venue. This includes discussion with the proprietor/manager of the venue to ensure that the proposed timings are acceptable.
- Make sufficient copies of documents (facilitation guides, report forms etc).
- Recruitment of participants (see section 2.3).
- Obtain male/female condoms, lubricant, leaflets if possible.

## 2.3 Recruitment of participants

Once the venue and timing of each focus group discussion has been finalized, team members can recruit participants. It is preferable that for each focus group discussion, one person be responsible for recruiting the participants, so as to avoid recruiting too many participants.

Team members should recruit a maximum of 10 participants for each focus group discussion. If fewer than ten participants eventually participate, that is not a problem. However, if more than 10 attend one discussion, it may be difficult for the facilitator to manage the group and to enable everyone to participate.

When recruiting participants, the facilitator should explain the following:

- The aims of the rapid assessment, i.e.:
  - o To provide sex workers in the five towns the opportunity to discuss the difficulties they are facing in their lives, in terms of discrimination, human rights, and getting health services

- o To provide sex workers the opportunity to identify ways of facing and solving these challenges
- o To gather information that can be used to advocate on behalf of sex workers with local communities and services, as well as national decision makers
- That the discussion will last at the most 2 hours.
- That the discussion will be confidential, in other words that no information that they provide can be linked to them (you will not tell anyone that they participated or provide information about them to other people).
- That participants will be provided refreshments and will be reimbursed for travel expenses.
- The time and the venue of the focus group that you are inviting them to attend.

Once you have explained all of these points ask them if they intend to participate. If they do intend to participate, note their name on the Participant Recruitment Form (Form 1) and remind them of the time. If they prefer, you can note their nickname rather than their real name. If they have a cellphone, offer to send them a reminder by SMS. If they agree to this, note down their cellphone number on your Participant Recruitment Form.

The “Participant Recruitment Form” (Form 1) should be used for recruiting participants to the focus group discussions. Use one copy of the form for each focus group discussion.

Check in regularly with team members carrying out recruitment. If they do not manage to recruit sufficient participants, it may be necessary to reduce the number of focus groups your team carries out. Feel free to discuss with UNFPA if needed.

### 1: PARTICIPANT RECRUITMENT FORM

Please use this form to record the details of the participants recruited. Make several copies of the form and use one copy for each focus group. Write into the white boxes.

<b>Details of planned focus group</b>		<b>Town:</b>			
<b>Date:</b>		<b>Time:</b>		<b>Venue:</b>	
<b>Details of recruitment</b>					
<b>Name of team member carrying out recruitment:</b>					
<b>Name or nickname of person recruited</b>	<b>Location where the participant was recruited</b>	<b>Date of recruitment</b>	<b>Cellphone number (optional for SMS reminder)</b>		

## 2.4 Preparations on the day of each focus group discussion

- Send SMS reminders to recruited participants who have provided a cellphone number.
- Set up the venue (ensure chairs are in place, remove tables or other barriers if possible).
- Obtain refreshments and cash for travel reimbursements, and condoms/lubricant/leaflets if possible.
- Prepare materials, for instance copies of forms, registration forms, and facilitation guides in the relevant language.

## 2.5 After each focus group discussion

Conduct a short meeting between the coordinator, the facilitator, and the documenter, and any other available team members. Cover the following subjects:

- Which topics from the focus group discussion guide were covered?
- Check the Focus Group Reference Form (Form 2) has been completed (see chapter 4 for more information on this Form).
- Ask the documenter to go through their notes, and ask both the documenter and facilitator to add any other details they can remember that are not captured in the notes.
- Ask the facilitator and documenter to share their overall impressions of how the session went:
  - o Did all the participants contribute?
  - o What were the main findings for each topic?
- Note these findings on the Focus Group Reference Form (Form 2, see chapter 4).
- Make photocopies or scans of all notes from the Focus Group discussion. Attach a copy of the Focus Group Reference Form (Form 2) to each set of notes.

## 2.6 Once all Focus Group Discussions have been completed

Once all the Focus Group Discussions in a town have been completed the team coordinator should arrange a final debriefing meeting to go over the results of the assessment work. Team members should go over the notes taken from the different discussions once more and check all of the notes are available. The following topics can be discussed at the meeting:

- What was learned from the assessment?
  - o What are the main difficulties that sex workers in this town are facing?
  - o Do some sex workers have more difficulties than others? Which sex workers? Why do you think this is?
  - o What things are sex workers doing to improve their lives? Are there any services or organisations that sex workers believe are helpful? Which ones?
  - o Are there any services that sex workers are not getting access to? Which ones? Why?

The results of this discussion should be written up into a short town summary report (see Chapter 4, documentation). Copies of all reports and notes should be sent to UNFPA so that they can be analysed in time for the data analysis workshop.

## 3. Facilitation

This chapter provides tips on good facilitation, as well as proposed questions for the main topics being covered by the rapid assessment. The eight topics proposed during the training workshop have been merged into a smaller number of topics, so that all of them can be covered by each focus group discussion.

### 3.1 Tips for facilitating focus group discussions

The most important thing to remember is that focus group discussions should be as natural as possible. When you have a set of questions in front of you it is very easy to become formal and to feel like you need to go through every question. But in fact, the questions are only there to help you get the participants discussing. Sometimes one question is enough to get people talking for a long time, and that is fine. The following tips were discussed during the training workshop:

- Be relaxed. Remember, the participants are like you, and you are all working together to try to find ways to improve your lives
- Be impartial. In other words don't judge participants for what they say. If they say something that you don't think is true, or that is hurtful, try not to react to it. You are there to listen, not to examine people, or to test them, or to judge whether they are good or bad or right or wrong.
- Probe, always try to find out more. If someone answers your question ask them for more information. Ask why they answered that way or why they felt that way. Also, ask the other participants if they agree. Questions like "does everyone agree with that?" or "does anyone have a different experience?". It is very interesting to know if the participants have different experiences. Try to get details, for instance if a participant says that there is a good doctor or police officer who behaves well to sex workers, ask them to say who that is.
- Avoid technical words or "jargon". When preparing, if you see words that you think the participants may not understand, try to think of a better way of expressing them. For instance instead of "discrimination" you might say "when people like us are treated differently from others".
- Try to keep eye contact with the participants. Keep looking around the room, looking each in the eye to try to bring them into the discussion.

- Acknowledge what people are saying, show you understand and are interested.
- If you are struck, trying to express an idea, ask your documenter for help.
- If participants ask you questions, answer to the best of your ability. However, remember that this is not an education session and also that you are not expected to know everything. If the question is complex or you do not know the answer, tell participants this is the case and advise them where they can go to get more information.

### 3.2 Introducing the Focus Group Discussion

It is very important to introduce the discussion well, even though you may have already explained to the participants when you were recruiting them. Practice your introductions. Some facilitators may prefer to look at a list of things to cover in the introduction and explain them in their own words. Others may wish to read a prepared text. We have provided both below.

You should think about how you would like to introduce the discussion in a way that you are comfortable with. The main things you should explain in the introduction are:

- Your name and the name of the documenter, explain that the documenter is taking notes so that you can remember what was said.
- The aims of the assessment:
  - o To provide sex workers in the five towns the opportunity to discuss the difficulties they are facing in their lives, in terms of discrimination, human rights, and getting health services
  - o To provide sex workers the opportunity to identify ways of facing and solving these challenges
  - o To gather information that can be used to advocate on behalf of sex workers with local communities and services, as well as national decision makers
- Topics for the focus group discussion:

- o How sex workers are treated in the community and by the authorities
- o Safety at work
- o Sex workers and health
- That everything that is said in the discussion is confidential, in other words that no information that they provide can be linked to them (you will not tell anyone that they participated or provide information about them to other people).
- Explain that the discussion will last no more than 2 hours. Explain that participants will receive refreshments and travel expenses at the end of the discussion.
- Explain the ground rules: you would like to keep phones on silent (facilitators in particular must turn their phones off!), and that you would like participants to talk one at a time in order to give everyone a chance to speak.
- Explain that you are running several meetings like this and that in a few weeks time you will

present the findings in the community. They are welcome to come to this presentation and if they are interested in doing so they should let you know afterwards.

- Offer the participants an opportunity to ask you questions about what you explained.
- At this stage say to the participants that they are not obliged to stay, and ask any who would prefer not to participate to leave the room.
- Once this has happened ask participants to introduce themselves.

Once the introduction is complete you can begin the discussion.

Here is a more detailed example of how you can introduce the discussion. You should feel free to use this script, although you are encouraged to adapt it to something that makes you feel more comfortable.

### Example of introduction for Focus Group facilitators

“Good morning/afternoon. My name is \_\_\_\_\_ and this is my colleague \_\_\_\_\_. I will be leading this discussion, and my colleague will take notes so that we can remember what was said.”

“The reason we asked you to come to this meeting is that we have been asked to do some research on the needs of our community, and on the ways we are treated in our lives. We want to give you the opportunity to talk about the problems we face and to think about how we can stop these problems. Afterwards we want to tell the health care workers and local and national authorities about what we found, and to ask them to do something to improve our conditions. We may also think of things we can do ourselves to improve our lives.”

“We are going to be talking about how sex workers/people like us are treated in the community, how we keep safe, and also about health.”

“We want to reassure you that everything you say is confidential. That means that, although we are taking notes, we are not writing down who said what thing.”

“We will talk for no more than two hours. After we finish talking we will provide you with refreshments and also some money for your travel expenses.”

“So that we can have a good discussion we have turned our cellphones off. We would like to ask you to do the same. Also, we want to ask you to each take turns talking, so that everyone gets a chance to talk.”

“We are having several meetings like this one in our town. In a few weeks we want to present the results in the community. We would like for you to come to this presentation, so please tell us afterwards if you would like to come so that we can contact you.”

“Do you have any questions about what I just explained?”

“Before we start I want to give you again an opportunity not to participate. If you would prefer not to join the discussion, please leave now, and we will carry on with the others.”

“Thank you, so we will now start the discussion. Can you all introduce yourselves?”

### 3.3 Facilitation guide

The topics proposed during the workshop have been grouped into a smaller number of topics. This will make it easier for discussions to cover all of the subjects.

This facilitation guide is set up in the following way: two topics, with questions under each topic, and some suggested additional probing questions.

Remember: you do not need to read all the questions out just as they are written. Before beginning a discussion, read through the questions and think about how you would ask them in a different way. Also, do not feel that every question needs to be asked in the discussion. Sometimes one question is enough to start a long discussion, and if that discussion answers some of the other questions that is fine.



Also remember, you can change some terms. In particular you do not need to say “sex worker”, you can use a more appropriate term that your community is used to using.

The table on the following pages contains the proposed facilitation guide.

## Annexure 4: Feedback Workshop Facilitation Guide

FACILITATION GUIDE		
Topic	Principal questions	Probing questions
1. How sex workers are treated in the community and by the authorities	How are sex workers treated in the community?	<ul style="list-style-type: none"> <li>- If the participants answer by saying something like “badly”, ask: What sorts of things happen to you?</li> <li>- Encourage them to expand by asking: What other things happen?</li> <li>- For each problem probe by asking: Are all sex workers treated like this? Did all of you experience this? Did any of you not experience this?</li> </ul>
	Are sex workers discriminated against?	<ul style="list-style-type: none"> <li>- Are some sex workers treated worse than others?</li> <li>- Why do you think this is?</li> <li>- Would any of you like to say anything else on this subject?</li> </ul>
	Do you think sex workers rights are respected?	<ul style="list-style-type: none"> <li>- What have they done?</li> <li>- Did they manage to have an effect? Did they manage to change things so that sex workers are better treated?</li> <li>- Have any people or organizations in the community done anything to help sex workers? If so, how do they help?</li> <li>- Do you ever report problems to the police? If yes, do they help? If no, why not?</li> <li>- What do you think we as a community can do to help each other better?</li> <li>- Would any of you like to say anything else on this subject?</li> </ul>
	<i>Ask this question only if sex workers said that they do face problem with the community. Have sex workers done anything to challenge these problems?</i>	<ul style="list-style-type: none"> <li>- If the participants answer by saying something like “badly”, ask: What sorts of things happen to you?</li> <li>- Encourage them to expand by asking: What other things happen?</li> <li>- For each problem probe by asking: Are all sex workers treated like this? Did all of you experience this? Did any of you not experience this?</li> <li>- Are some sex workers treated worse than others?</li> <li>- Why do you think this is?</li> <li>- What do the police accuse sex workers of doing?</li> <li>- Do sex workers ever get taken to jail or to court by police? Or do things normally stay on the “street”?</li> <li>- Would any of you like to say anything else on this subject?</li> </ul>
	How are sex workers treated by the authorities, for instance the police and the army?	<ul style="list-style-type: none"> <li>- What have they done?</li> <li>- Did they manage to have an effect? Did they manage to change things so that sex workers are better treated?</li> <li>- Are there police that are helpful to sex workers? If so, how do they help?</li> <li>- What do you think we as a community can do to help each other?</li> <li>- Would any of you like to say anything else on this subject?</li> </ul>
	<i>Ask this question only if sex workers said that they do face problem with the community. Have sex workers done anything to challenge these problems?</i>	<ul style="list-style-type: none"> <li>- What have they done?</li> <li>- Did they manage to have an effect? Did they manage to change things so that sex workers are better treated?</li> <li>- Are there police that are helpful to sex workers? If so, how do they help?</li> <li>- What do you think we as a community can do to help each other?</li> <li>- Would any of you like to say anything else on this subject?</li> </ul>

FACILITATION GUIDE		
Topic	Principal questions	Probing questions
2. Safety at work	Do you feel safe when you are working?	<ul style="list-style-type: none"> <li>- Once one or two participants have answered ask the others if they all agree.</li> <li>- If you do not feel safe, why not? What dangers do you face?</li> <li>- Who is responsible for these dangers?</li> <li>- Do you ever report problems to the police? If no why not? If yes do they help?</li> <li>- Are some sex workers treated worse than others? Which ones? Why?</li> <li>- Would any of you like to say anything else on this subject?</li> </ul>
	- Do sex workers help keep each other safe?	<ul style="list-style-type: none"> <li>- If yes how do they do this? Is it effective?</li> <li>- What do you think we as a community can do to help each other be safe?</li> <li>- Would any of you like to say anything else on this subject?</li> </ul>
3. Sex workers and health	Where do you go when you get ill?  <i>(NB traditional healers/witch doctors can also be included, this question is not only about doctors and health centres)</i>	<ul style="list-style-type: none"> <li>- Why do you go to this place? What do you like about it?</li> <li>- Once one or two participants have answers, ask: Do the rest of you also do this? Does anyone go somewhere different?</li> <li>- Which services do you have to pay for? Do you ever avoid services because they are too expensive?</li> <li>- Would any of you like to say anything else on this subject?</li> </ul>
	Are you happy with the treatment you get? Does the treatment always help you get better?	<ul style="list-style-type: none"> <li>- If yes, why? If not, why not?</li> <li>- When medical workers do tests or give you treatment do they explain what the tests and treatment are for? Do you understand how to take the treatments they give you?</li> <li>- Do you always take the treatments that medical workers recommend? If not why not?</li> <li>- How do the health care workers behave toward you?</li> <li>- Are some sex workers treated worse than others? Which ones? Why?</li> <li>- If there are problems, what do you think we as a community can do to stop these problems? What needs to happen?</li> <li>- Would any of you like to say anything else on this subject?</li> </ul>
	Do you use condoms? Where do you go to get them?	<ul style="list-style-type: none"> <li>- Are they easy to get?</li> <li>- Do you use both male and female condoms? Are they both easy to get?</li> <li>- If they are not easy to get, why not?</li> <li>- Do you have to pay for condoms? If yes how do you feel about that?</li> <li>- Can you get condoms at any time of day?</li> <li>- Do you carry condoms with you all the time? If not why not?</li> <li>- If there are difficulties to get condoms and lubricant, what can we do about this? What would be the best way to make sure you can always get condoms?</li> <li>- Do you ever use something to lubricate condoms when having sex? What products do you use? Do you do this every time?</li> </ul>

### 3.4 Closing the focus group discussion

Also, keep an eye on the time: if the meeting has gone for more than one and a half hours (90 minutes), you should also suggest to participants that the discussion should be closed. If they want to carry on talking, that is fine! But if they have had enough, bring the meeting to a close.

Also, if you are satisfied that there has been a good discussion covering all of the main topics even if there is time left, you should bring the meeting to a close.

When closing the meeting, remember to say the following things:

- Invite the participants to join you for some refreshments before leaving.

Here is a more detailed example of how you can close the discussion. You should feel free to use this script, although you are encouraged to adapt it to something that makes you feel more comfortable:

#### Example of conclusion for Focus group facilitators

"We are coming to the end of the discussion. Thank you once again for coming."

"As I said at the start, we are going to put together the answers from all the focus groups in our town, and we will share them with the health services and the other authorities in order to show them how they have to improve. I want to remind you also of what I said at the start, that when we provide this information to them we will not tell them any of your names."

"Also, it is clear that our lives are difficult and that all of us as a community must fight to get treated better. I hope we can call continue collaborating together."

"In a few weeks we will arrange a meeting in the town to share the results of our work. We would like for you to come. If you are interested, please tell us and give us your contacts so we can tell you when the meeting will be."

"Before you go we will provide you the expenses for your travel here."

"Also before you go, please join us for some refreshments. Thank you again."

### 3.5 Preparations on the day of each focus group discussion

- Which topics from the focus group discussion guide were covered?
  - o What were the main findings for each topic?
  - o Do some sex workers have more difficulties than others? Which sex workers? Why do you think this is?
- Probe, always try to find out more. If someone answers your question ask them for more information. Ask why they answered that way or why they felt that way. Also, ask the other participants if they agree. Questions like "does everyone agree with that?" or "does anyone have

a different experience?". It is very interesting to know if the participants have different experiences. Try to get details, for instance if a participant says that there is a good doctor or police officer who behaves well to sex workers, ask them to say who that is.

- If participants ask you questions, answer to the best of your ability. However, remember that this is not an education session and also that you are not expected to know everything. If the question is complex or you do not know the answer, tell participants this is the case and advise them where they can go to get more information.

### 3.6 Introducing the Focus Group Discussion

It is very important to introduce the discussion well, even though you may have already explained to the participants when you were recruiting them. Practice your introductions. Some facilitators may prefer to look at a list of things to cover in the introduction and explain them in their own words. Others may wish to read a prepared text. We have provided both below.

You should think about how you would like to introduce the discussion in a way that you are comfortable with. The main things you should explain in the introduction are:

- o To gather information that can be used to advocate on behalf of sex workers with local communities and services, as well as national decision makers
- That everything that is said in the discussion is confidential, in other words that no information that they provide can be linked to them (you will not tell anyone that they participated or provide information about them to other people).
- At this stage say to the participants that they are not obliged to stay, and ask any who would prefer not to participate to leave the room.
- Explain to the participants the arrangements for getting their travel expenses (right after the meeting).
- Keep a copy of the facilitation guide near you so you can follow what the facilitator is doing.
- As noted above, focus group teams have indicated that some of the focus group discussions are likely to take place in languages other than English, for instance in Nama, Lozi, Oshiwambo. This is encouraged since it will help both the facilitators and the participants to express themselves in the language they find most comfortable. The documenter should note down what participants are saying in whichever language they use. It is therefore important that teams chose documenters who are able to write in the language being used during the discussion.

### 3.7 Focus Group Reference Form (Form 2)

<b>FORM 2: FOCUS GROUP REFERENCE FORM</b> Please use this form to record the details of each focus group. Make several copies of the form and use one copy for each focus group. Write into the white boxes.					
<b>Details of focus group</b>		<b>Town:</b>		<b>Venue:</b>	
<b>Date:</b>		<b>Start time:</b>		<b>End time:</b>	
<b>Details of team members</b>					
<b>Name of team member who carried out recruitment:</b>					
<b>Name of facilitator:</b>					
<b>Name of documenter:</b>					
<b>Number of participants:</b>					
<b>Profile of participants:</b>					
<b>Gender</b>	<b>Age range (approximately)</b>	<b>Where they work</b>	<b>Other information</b>		
<b>Overall impressions of the focus group (notes from debriefing meeting)</b>					
<i>Add more pages if necessary</i>					
<b>Main conclusions on the three key topics</b>					
<b>How sex workers are treated in the community and by the authorities</b>					
<b>Safety at work</b>					
<b>Sex workers and health</b>					
<i>Add more pages if necessary</i>					

### 3.8 Town summary

As noted in Chapter 2, after all the Focus groups in a town have been completed, the team should have a

debriefing meeting. After this meeting fill out a Town Summary Form (Form 3 below) which summarises the activities carried out.

<b>FORM 3: TOWN SUMMARY FORM</b>				
Please use this form to record the details of the activities carried out in your town. Write in the white boxes.				
<b>Town name:</b>		<b>Names of team members:</b>	1. 2. 3. 4.	5. 6. 7. 8.
<b>Details of Focus Groups conducted</b>				
<b>Focus group number</b>	<b>Profile of participants</b>	<b>Number of participants</b>	<b>Location where the focus group was conducted</b>	<b>Date focus group conducted</b>



#### **4. Documentation**

It is very important to record what is said during the Focus Groups, so that we can show the results to the relevant authorities and services in your town and also to the decision makers at national level. Also, if we record the results well, next time we do this activity we will be able to compare the results and see if things got better or worse. You will be able to have a record of what is happening in the community.

Often, Focus Groups are recorded using voice recorders or cameras. This time round we will not be able to do this, but next time we hope that we will be able to train the team members in how to do this. But for now, the Focus Groups will be recorded by taking detailed notes of the discussions. This chapter provides advice on how to take notes and record what happened in each discussion.

##### **4.1 Tips for note-taking**

- Use a notepad with lined paper to take notes, and leave a blank line after every line you write. This way you can fill in more details afterwards, if you or the facilitator remembers them.

**TOTAL:**

Summary comments on the assessment for your town:	
<i>Add more pages if necessary</i>	
Main conclusions on the three key topics	
How sex workers are treated in the community and by the authorities	
Safety at work	
Sex workers and health	
<i>Add more pages if necessary</i>	

### 3.9 Translation

If notes are taken in languages other than English it will be necessary to translate them into English so that national partners can understand the findings. If possible, the teams should do this translation. When translating, try to translate every word as literally as you can, rather than simply selecting the parts that seem most interesting.

When notes are translated, please keep both original language and translated versions and send both to UNFPA once the work is complete.

If you require help with translation or have any queries please contact UNFPA.

## 4. Town plans

The teams for each town proposed the following plans for their rapid assessment work. Please note teams are not obliged to stick exactly to the dates proposed below. They should confirm or revise the dates once they have had their initial town team meeting.

### 4.1 Oshikango

#### *Details on planned focus groups*

- Set up the venue (ensure chairs are in place, remove tables or other barriers if possible).
- Ask the documenter to go through their notes, and ask both the documenter and facilitator to add any other details they can remember that are not captured in the notes.
- Make photocopies or scans of all notes from the Focus Group discussion. Attach a copy of the Focus Group Reference Form (Form 2) to each set of notes.

### 4.2 Once all Focus Group Discussions have been completed

Once all the Focus Group Discussions in a town have been completed the team coordinator should arrange a final debriefing meeting to go over the results of the assessment work. Team members should go over the notes taken from the different discussions once more and check all of the notes are available. The following topics can be discussed at the meeting:

- o Are there any services that sex workers are not getting access to? Which ones? Why?

The results of this discussion should be written up into a short town summary report (see Chapter 4, documentation). Copies of all reports and notes should be sent to UNFPA so that they can be analysed in time for the data analysis workshop.

## 5. Facilitation

This chapter provides tips on good facilitation, as well as proposed questions for the main topics being covered by the rapid assessment. The eight topics proposed during the training workshop have been merged into a smaller number of topics, so that all of them can be covered by each focus group discussion.

### 5.1 Tips for facilitating focus group discussions

The most important thing to remember is that focus group discussions should be as natural as possible. When you have a set of questions in front of you it is very easy to become formal and to feel like you need to go through every question. But in fact, the questions are only there to help you get the participants discussing. Sometimes one question is enough to get people talking for a long time, and that is fine. The following tips were discussed during the training workshop:

- Try to keep eye contact with the participants. Keep looking around the room, looking each in the eye to try to bring them into the discussion.
- The aims of the assessment:
  - o How sex workers are treated in the community and by the authorities
- Explain the ground rules: you would like to keep phones on silent (facilitators in particular must turn their phones off!), and that you would like participants to talk one at a time in order to give everyone a chance to speak.
- Thank the participants for joining the discussion
- and for their inputs.
- Write down as much as you can. Sometimes when taking notes it is tempting to not write down things that seem irrelevant. But even irrelevant things can turn out to be important, especially to someone else. Also, do write down any questions that the participants ask. It is very interesting to know what things interest the participants.
- Try to think of some abbreviations for some terms that may be used a lot, to save you time. For example, instead of police you can write "Pol", health services can be "HS", health care workers can be "HCW", Condom can be "Con", Human rights can be "HR", and discrimination can be "Disc".
- Five focus groups will be conducted.
- Obtain refreshments and cash for travel reimbursements, and condoms/lubricant/leaflets if possible.
- Ask the facilitator and documenter to share their overall impressions of how the session went:
  - What was learned from the assessment?
  - Be relaxed. Remember, the participants are like you, and you are all working together to try to find ways to improve your lives
  - Acknowledge what people are saying, show you understand and are interested.
- o To provide sex workers in the five towns the opportunity to discuss the difficulties they are facing in their lives, in terms of discrimination, human rights, and getting health services
- o Safety at work
- Explain that you are running several meetings like this and that in a few weeks time you will present the findings in the community. They are welcome to come to this presentation and if they are interested in doing so they should let you know afterwards.
- Remind the participants that you will compile a report of all the discussions and the information will be used to discuss with different officials and service providers about how to improve what they are doing. Tell them also that it is important for

them and you to work together to push for change and for better treatment.

- Try also to make notes on how participants are reacting. Are they all participating? Are any of them uncomfortable or unhappy?
- If your facilitator asks you for help, do what you can to assist.
- They will all be conducted with female sex workers.
- Prepare materials, for instance copies of forms, registration forms, and facilitation guides in the relevant language.

## 5.2 After each focus group discussion

Conduct a short meeting between the coordinator, the facilitator, and the documenter, and any other available team members. Cover the following subjects:

- o Did all the participants contribute?
- o What are the main difficulties that sex workers in this town are facing?
- Be impartial. In other words don't judge participants for what they say. If they say something that you don't think is true, or that is hurtful, try not to react to it. You are there to listen, not to examine people, or to test them, or to judge whether they are good or bad or right or wrong.
- If you are struck, trying to express an idea, ask your documenter for help.
- o To provide sex workers the opportunity to identify ways of facing and solving these challenges
- o Sex workers and health
- Offer the participants an opportunity to ask you questions about what you explained.
- Remind the participants that you will be planning a feedback meeting in the town which anyone can attend. If they would like to attend they should tell you and leave you their contact details so that you can tell them the date and time.
- While your facilitator is introducing the section, use the Focus Group Reference Form (Form 2)

to note down the time and date, the place, the number of participants, their sex, age range and all the other details.

- After each focus group, during the debriefing meeting check whether you can add anything that you remember hearing but did not write, and also ask the facilitator if they can remember anything else that was said.
- Four discussions will be conducted with sex workers not in other employment, and one with sex workers who are in employment.
- All focus groups will be conducted in Oshiwambo.
- The proposed venue is the SFH office in Oshikango.

### *Schedule*

4<sup>th</sup> October: One discussion at 10 am and the other at 2 pm.

6<sup>th</sup> October: One discussion at 10 am and the other at 2 pm.

8<sup>th</sup> October: One discussion at 3 pm (with sex workers in employment).

### **Recruitment**

Recruitment will begin the week of 28<sup>th</sup> September 2011.

## 5.3 Katima Mulilo

### *Details on planned focus groups*

- Four focus groups will be conducted.
- They will all be conducted with female sex workers.
- One discussion will be conducted with sex workers working at the service station areas; one discussion will be conducted with sex workers working in hotels; two discussions will be conducted with sex workers working in bars.
- The discussions with sex workers from service stations and hotels will be conducted at the Roadside wellness centre. The discussions with sex workers from the bars will be conducted at Cowboy Centre.

- All focus groups will be conducted in Lozi.

#### *Schedule*

3<sup>rd</sup> October: briefing meeting with all team members at SFH office.

4<sup>th</sup> October: recruitment of sex workers

7<sup>th</sup> October: 9am, Focus group with sex workers from service stations; 3pm focus group with sex workers from hotels.

11<sup>th</sup> October: Focus group with sex workers from the bars. *Time?*

13<sup>th</sup> October: Focus group with sex workers from the bars. *Time?*

14<sup>th</sup> October: Debriefing meeting at SFH office.

#### **5.4 Kalkrand**

##### *Details on planned focus groups*

- Three focus groups will be conducted
- One group of male sex workers and two groups of female sex workers will participate.

- Proposed venue is a friend's house (to be confirmed).

- All focus groups will be conducted in English, Nama or Afrikaans

#### *Schedule*

- 1<sup>st</sup> week of October: recruitment
- 14<sup>th</sup> October: 9am (one focus group)
- 15<sup>th</sup> October: 11.15am (one focus group)

#### **5.5 Walvis Bay**

##### *Details on planned focus groups*

- Seven focus groups will be conducted. Two in town, one in Narraville and four in Kuiseb.
- All Focus groups will take place in the SFH office in Kuiseb.
- All Focus groups will take place in English.
- Groups will be split between male sex workers and female/transwoman sex workers.

## Schedule

- To prepare presentations to be made at the national meeting

<b>Day one: Monday 31 October</b>			
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>	<b>Fac.</b>
8.30-9.00	Registration	<ul style="list-style-type: none"> <li>- Participants register for the workshop</li> <li>- Set up of venue (café style, as for the training)</li> </ul>	Karin
9.00-10.30	1. Introduce the aims of the workshop and programme, as well as information on the national meeting	<p>1.i Introduction to the aims of the workshop</p> <ul style="list-style-type: none"> <li>- Ask participants to get up and go and find one person, preferably someone not from their town. They should discuss in turn what each of them did during the participatory assessments – the roles they played, how they felt about it.</li> <li>- Participants come back to plenary and in turn, they introduce what their partner said about the assessment process.</li> <li>- Make sure any new participants who were not at the first meeting are introduced to the group.</li> </ul> <p>1.ii Short presentation on the aims of the workshop</p> <ul style="list-style-type: none"> <li>- The aims follow on from the training. Now that we have done some assessment work, we want to see how it went. And we want to know what people told you and what this means for programmes in your areas.</li> <li>- On Wednesday and Thursday there is a national meeting in Windhoek itself: the meeting will involve people from the partners and organisations working on human rights, health and HIV. We want to show them what you have been doing. We hope that some of you will present your work and your findings. The different organisations present will also make presentations and that will give you an opportunity to know what they are talking about.</li> <li>- During the current workshop, we will prepare the presentations you will make at the national meeting. We will also have a session to discuss what is going to happen at the national meeting so you can be prepared.</li> <li>- We'll primarily be talking in English but that's because some of us don't know any of the other languages spoken in Namibia. If you prefer to talk in your preferred language, you can, and we can ask someone to translate. The most important thing is that you feel comfortable. We want people to participate as much as possible and to understand there are no right or wrong answers to questions.</li> <li>- At the beginning of Tuesday we want one or two of you to give a quick review of the day before.</li> <li>- Final point. As with the training we have aimed to create a safe space. Everything that you say stays confidential.</li> <li>- Do you have any questions?</li> </ul> <p>1.iii Basic practical information on the workshop and arrangements for the national meeting</p>	<p>Abel</p> <p>Matt</p> <p>Karin</p>

<b>Day one: Monday 31 October</b>			
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>	<b>Fac.</b>
10.30-11.00	Break		
11.00-11.45	2. Establish ground rules, assess expectations and concerns of participants	<p>2.i Discussion on ground rules for the workshop</p> <ul style="list-style-type: none"> <li>- During the previous workshop we set a number of rules that were by and large kept to.</li> <li>- Ask participants to list the rules and suggest they be kept for the current workshop. Discuss any changes proposed by participants and adopt changes if agreed.</li> </ul> <p>2.ii Facilitated discussion on fears and expectations.</p> <ul style="list-style-type: none"> <li>- Also during the first workshop, we discussed everyone's expectations and concerns for the workshop.</li> <li>- Ask participants to discuss with their neighbor their expectations and concerns. After a few minutes ask participants to share some of their ideas and note them on flipcharts.</li> <li>- Ask for clarifications if necessary; then sum up.</li> </ul>	Abel  Matt
11.45	3. Evaluate the process of the rapid assessments	<p>3.i Group work by town to assess how the exercise went</p> <ul style="list-style-type: none"> <li>- Before we talk about the findings we want to know how the activity went, and how everyone felt about it. This is important so that if it is done again things can be improved or changed.</li> <li>- Teams will work by group.</li> <li>- First task is to note down all the activities that were done: the number of FGs conducted, the number of sex workers in each, the profiles of sex workers reached in each discussion.</li> <li>- Next, fill in a table that outlines the <i>Strengths</i> (the good points) and the <i>Weaknesses</i> (the things to be improved).</li> <li>- Ask participants what sorts of things should be examined? Suggest Recruitment, facilitation, documentation, teamwork, coordination and logistics. Draw up a table on the board as a model.</li> <li>- Teams work for an hour to conduct this analysis.</li> </ul>	Matt
13.00-14.00	Lunch break		
14.00-15.00	3. Evaluate the process of the rapid assessments (continued)	<p>3.ii Feedback and plenary discussion</p> <ul style="list-style-type: none"> <li>- Ask each team to feed back on their work. Encourage other participants to ask questions</li> <li>- After each team has fed back, lead a discussion on how best to make improvements.</li> <li>- Explain that the next day will be focussed on analysing the findings themselves and preparing to present them.</li> </ul>	Matt
15.00-15.30	Break		



<b>Day one: Monday 31 October</b>			
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>	<b>Fac.</b>
15.30-17.00	4. Sex workers discuss issues defined by them	<p>4. Sex worker only session.</p> <ul style="list-style-type: none"> <li>- It is seldom that so many sex worker leaders from so many towns in Namibia come together, so we think it is important for the participants to have some time to discuss on their own, without the UN agencies, SFH or consultants.</li> <li>- Participants can use the time to discuss whatever they like. It can be about this project but it does not need to be. If there are too many things that participants wish to discuss, they could also split into groups with one group taking each topic.</li> <li>- Because time is limited, it is suggested that participants begin by choosing someone to chair or facilitate. Remember, chairs have to listen and make sure everyone gets a say – so you don't necessarily want the most talkative person as the chair.</li> <li>- It is up to the participants whether they feed back on the discussion to some or all of the facilitation team. They may wish to keep the discussion confidential, or to share some of the discussion with only some of the facilitators. It is up to them to decide. Try to find a consensus – if some people are uncomfortable with feeding back but others think it is important, try to agree a way of feeding back that is acceptable to all.</li> <li>- Try not to spend too much time discussing what you are going to use the time to talk about! You're not going to be able to talk about everything, so just use this opportunity as best you can.</li> </ul>	Matt

<b>Day two: Tuesday 1 November</b>			
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>	<b>Fac.</b>
8.30-9.00	5. Reminder of the previous day	5. A participant volunteers to summarise the previous day's work; others are invited to add thoughts on the training so far.	Abel

<b>Day two: Tuesday 1 November</b>			
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>	<b>Fac.</b>
9.00-10.30	6. Findings of the rapid assessments are analysed	<p>6.i Group work per town included in the rapid assessment</p> <ul style="list-style-type: none"> <li>- Taking each focus group topic in turn, teams discuss the main findings. Ask in plenary for participants to remind of the main themes, and what was discussed under each.               <ul style="list-style-type: none"> <li>- How sex workers are treated in the community and by the authorities                   <ul style="list-style-type: none"> <li>o How are sex workers treated in the community?</li> <li>o Are sex workers discriminated against?</li> <li>o Do you think sex workers rights are respected?</li> <li>o Have sex workers done anything to challenge these problems?</li> <li>o How are sex workers treated by the authorities, for instance the police and the army?</li> <li>o Have sex workers done anything to challenge these problems?</li> </ul> </li> </ul> </li> <li>- Safety at work               <ul style="list-style-type: none"> <li>o Do you feel safe when you are working?</li> <li>o Do sex workers help keep each other safe?</li> </ul> </li> <li>- Sex workers and health               <ul style="list-style-type: none"> <li>o Where do you go when you get ill?</li> <li>o Are you happy with the treatment you get? Does the treatment always help you get better?</li> <li>o Do you use condoms? Where do you go to get them?</li> </ul> </li> <li>- For each theme participants should discuss for town:               <ul style="list-style-type: none"> <li>• What sorts of answers / reactions did they hear very often from participants?</li> <li>• What other answers / reactions did they hear, even from just one or two participants?</li> <li>• For each theme, what were the differences between the different types of sex worker you met with? Did some types of sex worker face more problems than others? Which ones, why?</li> <li>• What good examples came out – e.g. of sex workers fighting discrimination, or of health personnel and communities treating sex workers well. Why do you think this happened?</li> </ul> </li> <li>- Tell teams they will be feeding back. Team members, not SFH, should feed back. More than one team member can do each feedback.</li> </ul>	Matt
10.30-11.00	Break		

<b>Day two: Tuesday 1 November</b>			
<b>Time</b>	<b>Aim of the session</b>	<b>Details</b>	<b>Fac.</b>
11.00-12.30	6. Findings of the rapid assessments are analysed (continued)	6.ii Plenary feedbacks and discussions <ul style="list-style-type: none"> <li>- Each team feeds back on its findings. Questions and answers after each feedback.</li> <li>- Plenary discussion:             <ul style="list-style-type: none"> <li>o Did anyone learn anything new from these findings?</li> <li>o Was anyone surprised by what they heard?</li> <li>o Are there differences between different types of sex workers? Why?</li> <li>o Are there differences between the situations in different towns? Why?</li> </ul> </li> </ul>	Matt
12.30-13.30	<i>Lunch break</i>		
13.30-14.30	7. Participants discuss recommendations for their towns	7. Town discussions on recommendations <ul style="list-style-type: none"> <li>- Town team work:             <ul style="list-style-type: none"> <li>• What needs to change in your town to improve the lives of sex workers?</li> <li>• What activities are needed in order to try to get this change?</li> <li>• Who needs to do those activities?</li> </ul> </li> <li>- Presentation and discussion of results in plenary</li> </ul>	Matt
14.30-15.00	9. Participants receive an overview of the national meeting	9. Explanation of the national meeting <ul style="list-style-type: none"> <li>- Purpose</li> <li>- Participants</li> <li>- Different presentations</li> <li>- What else to expect (including potentially stigmatising attitudes)</li> </ul>	Matt
15.00-15.30	<i>Break</i>		
15.30-17.00	8. Teams develop and simulate presentations	8. Each team develops a presentation and decides on who will present it <ul style="list-style-type: none"> <li>- UNFPA/UNAIDS team and SFH assist with writing up of slides</li> <li>- Feedback from facilitators and participants</li> <li>- Agreement on the order in which towns will be presented</li> </ul>	Matt
17.00-17.30	9. Evaluation and final thoughts	9. Participants are given an opportunity to evaluate and reflect on the workshop and the whole process, and to discuss their personal next steps	



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