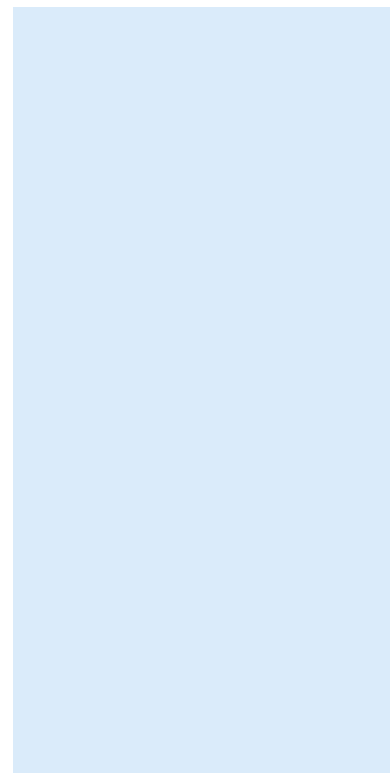


HIV and sexually transmitted infection prevention among sex workers in Eastern Europe and Central Asia

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HIV and sexually transmitted infection
prevention among sex workers
in Eastern Europe and Central Asia



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Abbreviations and acronyms

AFEW	AIDS Foundation East West
ARV	Antiretroviral
ART	Antiretroviral therapy
CIS	Commonwealth of Independent States
ENMP	European Network of Male Prostitution
IDU	Injecting drug use
IEC	Information, Education, Communication
IHRD	International Harm Reduction Development Program
IOM	International Organization for Migration
MSM	Men having sex with men
MTCT	Mother to child transmission
NGO	Nongovernmental organization
NSP	National Strategic Plan
OHI	Open Health Institute, Russia
OSI	Open Society Institute
PLWHA	People living with HIV
PSI	Population Services International
STI	Sexually transmitted infection
TAMPEP	Transnational AIDS/STI infection Prevention among migrant prostitutes in Europe
UISR	Ukrainian Institute for Social Research
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children Fund
VCT	Voluntary counselling and testing
WHO	World Health Organization

Foreword

In almost a decade, the rise in numbers of HIV- and AIDS-affected people in Eastern Europe and Central Asia has grown and is affecting ever-larger regions on these continents. The number of people living with HIV in this region reached an estimated 1.6 million in 2005—an increase of almost 20-fold in less than 10 years. With the collapse of the former Soviet Union in the 1990s, a sharp increase in the incidence of substance abuse, prostitution, HIV and other sexually transmitted infections resulted.

Increasing numbers of women are acquiring HIV from male partners who have become infected when injecting drugs. Despite this initial concentration among injecting drug users, the epidemic has now found additional momentum among sex workers and their clients. Furthermore, condom use is generally low among young people, including sex workers and injecting drug users—who are at highest risk of HIV transmission.

This best practice publication describes the experiences of, and challenges faced by, five organizations in Eastern Europe and Central Asia, which developed effective practices and implemented HIV/sexually transmitted infection prevention programmes for sex workers. These organizations operate in low resource settings with little or no support from local and national governments. The experiences drawn from these programmes can be helpful in initiating and moving forward similar projects, thus contributing to greater coverage of sex work populations and improved quality of existing projects.

Introduction

HIV and AIDS statistics and features, in 2003 and 2005

	Adults and children living with HIV	Number of women living with HIV	Adults and children newly infected with HIV	Adult prevalence (%)	Adult and child deaths due to AIDS
2005	1.6 million [990 000–2.3million]	440 000 [300 000–620 000]	270 000 [140 000–610 000]	0.9 [0.6–1.3]	62 000 [39 000–91 000]
2003	1.2 million [740 000–1.8million]	310 000 [210 000–430 000]	270 000 [120 000–680 000]	0.7 [0.4–1.0]	36 000 [24 000–52 000]

Source: *AIDS Epidemic Update, 2005*

Sex work and HIV: the current situation in Eastern Europe and Central Asia

In Eastern Europe and Central Asia, diverse epidemics are under way and show no signs of abating. The number of people living with HIV has risen dramatically in just a few years—reaching an estimated 1.6 million in 2005. Some 270 000 people were newly infected with HIV in the same year, while AIDS claimed an estimated 62 000 lives.

- Commercial sex has become an increasingly important factor in several countries' epidemics. Limited data suggest that HIV prevalence among sex workers remains relatively low. However, their sexually transmitted infection rates, which generally serve as a precursor for the epidemic's spread, are high.
- Eastern Europe and Central Asia have seen a dramatic increase in the number of sex workers due to changes in the socioeconomic and political situation in the region that limit women's economic opportunities and increase female poverty. The Russian Federation, Ukraine, Romania and Moldova reportedly have the largest number of women engaged in sex work. The Russian Federation and Ukraine are also two of the worst HIV-affected countries in the Commonwealth of Independent States.
- While the majority of people in the Russian Federation who test positive for HIV are men, women now account for a growing share of newly diagnosed infections—at 38%. The trend is most obvious in regions with the oldest epidemics, suggesting that either sexual intercourse now plays a greater role in transmission or that women are increasingly involved in injecting drug use—a driving force behind this region's epidemic.
- In the Russian Federation, HIV prevalence of approximately 15% has been detected among sex workers in Ekatarinaburg and 14% in Moscow. Through the exchange of sex for drugs, or the use of sex to support drug habits, the two pathways of HIV transmission are being linked.

- The extent of transmission from sex workers and their clients to other populations is unknown, but sex workers' rising HIV levels can provide an early warning of the epidemic's spread into the general population.
- Factors that heighten sex workers' HIV vulnerability include limited access to health, social and legal services; sexual exploitation and trafficking; harmful, or a lack of, protective legislation and policies; gender-related differences and inequalities; limited access to information and prevention means; stigmatization and marginalization; exposure to lifestyle-associated risks such as violence, mobility and substance abuse.
- These epidemics are recent. They can be halted if targeted prevention efforts address key populations at higher risk of infection, such as sex workers, injecting drug users, men who have sex with men and young people.

Defining sex work

There's no single term that adequately covers the range of sex work transactions taking place worldwide. In fact, the local context best defines the appropriate sex-work term; this definition may evolve with societal attitudes. Priority must be given to reflecting how those involved in sex work perceive themselves. Note, however, that the majority of sex workers don't define themselves as such and consider the work a temporary activity.

Sex work can be classified as either 'formal' (organized) or 'informal' (not organized). Generally, formal sex work is establishment-based and managers or pimps act as clearly defined authorities and as intermediaries between the sex work and the client.

For this document, sex workers are "female, male and transgender adults and young people who receive money or goods in exchange for sexual services, either regularly or occasionally, and who may or may not consciously define those activities as income-generating."

The term 'sex worker' is also more popular than 'prostitute'. Those involved feels it's less stigmatizing and that the reference to work better describes their experience.

Source: Sex work and HIV/AIDS, UNAIDS Technical Update, 2002

Selection of case studies

To scale up successful prevention and care activities more rapidly, UNAIDS records Best Practices—the process of analyzing and documenting existing models of good practice to see what does or does not work and why. This process provides governments, groups and communities with the immeasurable advantage of shaving months and years off the development of their own AIDS response.

This document describes the experiences of, and challenges faced by, organizations dealing with HIV and sexually transmitted infection prevention for sex workers in Eastern Europe and Central Asia, including Tais Plus (Bishkek, Kyrgyzstan); Anti-AIDS Foundation

(Penza, Russian Federation); AIDS Infoshare (Moscow, Russian Federation); Anti-AIDS Fund (Poltava, Ukraine); the New strategies of HIV/AIDS Prevention among Female Sex Workers (Kiev, Ukraine); TADA (Warsaw and Szczecin, Poland); the Association of Street Social Workers (Tatabanya, Hungary); the Hungarian Umbrella Network (Budapest, Hungary); and the Hungarian Association of Prostitutes (Budapest, Hungary).

The selected case studies were identified during UNAIDS regional meetings and consultations with Transnational AIDS/STI Prevention among migrant prostitutes in Europe (TAMPEP), Open Society Institute, and AIDS Foundation East West and chosen based on UNAIDS Best Practice core criteria—effectiveness, ethical soundness, relevance, efficiency and sustainability. Data were collected from April to September 2003 through interviews with project management and staff, service users, local experts, policymakers and law enforcement authorities during site visits. Secondary data were also used, including existing project documentation and monitoring and evaluation data.

Focus on prevention—comprehensive services for sex workers

- Prevention is a mainstay of the AIDS response, and sex workers constitute an essential focus population for HIV and sexually transmitted infection prevention programmes. HIV and AIDS prevention among sex workers calls for a three-tiered approach: preventing entry into sex work, protecting those involved in sex work, and assisting those leaving sex work.
- Programme interventions that focus on reducing the threat sex workers pose to others contribute to their stigmatization. Consequently, a more effective way to reduce the spread of HIV and sexually transmitted infections is by addressing sex workers' overall well-being and empowerment with education and other related services.
- Comprehensive services need to be tailored to a particular group's needs. When working with sex workers, it is important to acknowledge their wider concerns and priorities, which include social, legal and economic issues; address the prejudice and stigmatization they face; acknowledge the importance of empowering them; provide them with improved and more accessible health services, especially for the diagnosis and treatment of sexually transmitted infections; provide harm reduction interventions; seek their pimps' cooperation and support; and involve their clients and boyfriends—this is important given the prevalent power relations between men and women, and clients and sex workers.
- In Eastern Europe and Central Asia, only a few and mainly small scale HIV and sexually transmitted infection prevention projects for sex workers exist. However, over the past few years, nongovernmental organizations in low-resource settings, with little or no support from local and national governments, have developed and implemented effective programmes for sex workers and their clients, including those featured in this publication.

1. Executive summary

Approaches and interventions

Building a strong and ultimately long-lasting AIDS response for sex work requires a broad based approach that encourages vulnerable groups to gain control of their health. The projects reviewed revealed an array of interventions and approaches that included:

- outreach;
- drop-in centres and project hotlines;
- information, education and communication materials;
- peer education;
- medical care, including sexually transmitted infection testing and treatment;
- support for injecting drug using sex workers and people living with HIV;
- involving sex workers' clients and pimps in prevention activities;
- working with law enforcement;
- strengthening individual and institutional capacity; and
- mobilizing public, political and institutional support.

(For an overview of each project's interventions, see Annex 1.)

Outreach

Effective outreach work builds trust and lines of communication between the non-sex work and sex work community—this includes those who do not identify themselves as sex workers or who work illegally and under particularly repressive conditions. It also provides services, materials and information to those who do not or cannot attend clinics, and it reduces sex workers' social isolation through referrals to social and legal services.

All the projects agreed that outreach is the principal (and sometimes only) way to maintain continual contact with sex workers. Depending on the project's objectives, staff and financial capacities, outreach services can include prevention education, a needle and syringe exchange, the provision of condoms and basic health supplies, and psychosocial counselling.

Outreach work comes with many challenges, including the cost of outreach (paying for skilled staff and transportation); the length of time required to build trust relationships; mobilizing the support of sex worker managers and the police; and understanding the local sex industry's changing dynamics and effectively reacting to them.

Drop-in centres and telephone hotlines

Drop-in centres and telephone hotlines supplement the projects' outreach efforts. For example, hotlines allow projects to extend the time they address sex workers' queries. Drop-in centres provide a venue for educational activities, including talks on issues such as sexually transmitted infections; information and supply distribution; needle and syringe exchanges; individual or group counselling; and open discussion between sex workers about their work, dispelling their sense of isolation. Project managers stress that locations and opening hours must consider sex workers' hours and workplaces. All the assessed projects reported wanting more substantial drop-in centres. This desire was hampered by budgetary constraints.

Information, Education and Communication

Information is critical to helping people understand how HIV is transmitted and how it can be prevented. A vital activity in each of the projects reviewed was the distribution of information, education and communication materials on HIV and sexually transmitted infection prevention, as well as other health, legal and social issues. These materials should take into account the sex work community's various subpopulations, the area's traditional and cultural sexual behaviours and the various forms of sex work. Consequently, engaging sex workers in needs assessments and in the design of information, education and communication materials were found to be effective.

Information, education and communication are primarily carried out through regular outreach and peer education efforts as well as through activities in project drop-in centres. Most projects produce information, education and communication materials (often in different languages), which are frequently shared among organizations in the same country and in other countries with common language groups.

Project staff reported sex workers were unreceptive to printed information on issues such as the law and people living with HIV. Sex workers reported legal information was not useful unless it was accompanied by legal services, while project staff maintained that the lack of interest in people living with HIV material reflected the community's lack of awareness, acceptance and treatment options.

Peer education

Peer education allows the sex work community to gain increased control over its own health, meaning it no longer relies on outsiders for health-related knowledge. For example, some safe sex information is best taught by experienced sex workers. Being a peer educator often raises self-esteem and can result in sex workers' leaving the sex business.

Although each project supported the concept of sex workers as peer educators, they emphasized it to varying degrees. For example, the project in Ukraine encouraged their clients to discuss topics such as HIV and sexually transmitted infection prevention with their peers informally. In contrast, the Kyrgyzstan project's central thrust is peer education, including ongoing training and supervision. In Poland, active and former sex workers participate in peer education training in the hopes of obtaining professional employment.

Retaining peer educators in the longer term is problematic and usually also not envisaged by projects. High turnover rates mean projects continually need to recruit and train new staff, which places both time and financial pressures on them. To acknowledge the value of their work, some projects offer educators financial incentives for their outreach activities. However, other projects believe paying sex workers for these services alienates them from the very people they are supposed to educate.

Medical care

Sex workers need access to affordable sexually transmitted infection prevention and care, voluntary counselling and testing and other medical services. Good quality of care, which includes appropriate and effective treatment, referrals and ready access to the necessary drugs, influences how well patients comply with prescribed treatments and whether they return to the clinic. To improve their sex worker services, many sexually transmitted infection clinics intro-

duced new policies and training for health-care workers. Although, according to project staff, even better training of staff involved in counselling and testing is necessary.

Interventions to improve access to sexually transmitted infection services figured prominently for the assessed projects. None of the projects is involved in direct service provision; the focus is rather on building and supporting referral networks. However, according to programme managers, interventions should not be limited to sexually transmitted infections and reproductive health, but focus on sex workers' general health and well-being instead.

Innovative project approaches include special sex workers' sexually transmitted infection services and clinics (see Kyrgyzstan, Russian or Ukrainian case studies) and mobile clinic outreach (see Kyrgyzstan study). In most projects, staff, peers or pimps offer to accompany sex workers to medical services to help them overcome barriers to service use, like fear of doctors and discrimination.

However, sustaining these services is an ongoing challenge. For example, Ukraine's Anti-AIDS Foundation funds sex worker examinations at the public Sexually Transmitted Infection clinic as well as the test kits and drugs. Likewise, in Penza, Russia, the project pays for sexually transmitted infection clinic equipment and contributes to the doctor's salary. Without such financial and technical assistance, most projects agree these services would not be available. They now question just how long nongovernmental organizations will be able to finance government services. Several projects also reported a lack of affordable gynaecological services.

Support for injecting drug using sex workers

Project managers stressed the importance of having a distinct approach for injecting drug using sex workers, as they are generally in greater need of support and at higher risk of HIV infection. All the reviewed projects reported injecting drug use among its sex worker clients. However, substantial variations exist, with the Ukraine project estimating that 80% of sex workers in the project area are injecting drugs, compared with 25% in the Russian project.

While nongovernmental organizations in Ukraine and Russia established integrated sex worker and harm reduction programmes, nongovernmental organizations in the other countries refer injecting drug using sex worker clients to other organizations. Project approaches included needle and syringe exchange, basic treatment for injection injuries and infections and referrals to harm reduction, substitution therapy (where available), detoxification and rehabilitation services.

Currently, there is a profound lack of services for injecting drug users and sex workers in the region and integrating harm reduction and sex worker projects poses numerous challenges. Organizations tend to address either harm reduction or sex work. Integrating these areas means project staff must take on additional responsibilities in new fields, which they are reluctant to do. While the more educated pimps are now discouraging drug use and unsafe sex for business reasons, many injecting drug using sex workers are concealing their drug use from their managers, colleagues and outreach workers. In general, there are limited places with free or affordable services.

Support for People Living with HIV

HIV-positive sex workers need access to adequate treatment, care and support. This also includes emotional support and counselling on livelihood alternatives; protecting their

human and legal rights; planning for the future care of their families; and, in some cases, social and financial assistance for those wanting to return to their families or country of origin.

The documented case studies have limited provisions for HIV-positive sex workers (see Ukrainian case study). Project managers noted that even where projects are not yet seeing many cases, it is important to plan for the future, with the number of people living with HIV likely to increase. The Kyrgyzstan and Poland projects established relationships with medical institutions and support organizations to respond to HIV-positive sex workers' needs in the future.

According to project staff, governmental and nongovernmental support structures for people living with HIV are still extremely weak, where they exist at all.

Involving sex workers' clients and pimps

Studies show a client's unwillingness to use condoms is the predominant reason for unprotected sex. Sex workers reported that clients pay more for sex without condoms and often make demands for higher risk sexual practices, such as anal sex. In addition, in some countries, sex workers' daily lives are marred by their clients' violence and abuse. As such, effective HIV prevention interventions should include sex workers' clients, both to reduce the demand for commercial sex and to promote safer sexual practices. To date, most of these interventions have focused on promoting safer sexual practices rather than reducing the demand for commercial sex services. Project managers did raise concerns that outreach workers would lose their credibility if they were perceived as driving clients away.

Many of the assessed projects approach clients on an ad hoc basis. However, some of the more structured approaches include disseminating information, education and communication material (see Kyrgyzstan, Ukrainian and Polish case studies); developing health-related websites with opportunities for clients to ask questions online (see 'AIDS Infoshare' box); training sex workers to educate their clients about safer sex practices (see Kyrgyzstan and Ukrainian case studies); conducting research on clients' knowledge and behaviour (see Kyrgyzstan and Ukrainian case studies); and providing educational activities such as for truck drivers (see Kyrgyzstan and Ukrainian case studies).

Project personnel can be reluctant to work with pimps, as they do not want to be seen as legitimizing the latter's positions. Nevertheless, pimps are the gatekeepers to sex workers, and they can either make interventions impossible or use their influence with sex workers to promote safer sexual practices and regular medical examinations (see Kyrgyzstan and Russian case studies). However, notwithstanding positive examples involving pimps, project leaders emphasized the importance of directly empowering sex workers, independent of their pimps' apparent goodwill.

Working with law enforcement

The relationship between sex workers and law enforcement authorities is generally described in terms of harassment, violence, abuse and repression with respect to the police, and by fear on the side of sex workers. Even in countries where sex work is legal, sex workers are subject to arrest on charges of public harassment, loitering or drug use.

In response, projects have developed strategies to address the law enforcement agencies' negative attitudes and practices. These strategies include educational training and seminars on issues such as harm reduction and the relevant national and international laws, developing Codes of Conduct (see Kyrgyzstan), as well as establishing and maintaining contact

with local (senior) police officials and the Ministries of Interior Affairs to raise awareness of the project's work.

In Ukraine, the project lawyer is informed by the local police and participates in police raids to observe and act on human rights violations. Projects also educate sex workers about their rights and on how to deal with the police. However, sex workers' fear of the police can defeat efforts to educate them about their rights. In most countries, much remains to be done to reduce violations of sex workers' rights by police officers.

Strengthening individual and institutional capacity

The emergence of nongovernmental organizations addressing the needs of sex workers is a relatively new phenomenon in Eastern Europe. Only a few individuals working in the field today have long-term experience. It should not be surprising that there is limited organizational capacity in government and civil society to address this daunting challenge given the rapid expansion of sex work and the new dynamics imposed by epidemics of intravenous drug use and HIV.

All projects have prioritized strengthening individual and institutional capacities, including staff, peer educator and volunteer development; self-organization of sex workers in interest groups; and national and cross-border collaboration with like-minded nongovernmental organizations. Monitoring and evaluation activities are undertaken by all projects, including baseline surveys and routine data collection on project activities. Some projects also carry out research on knowledge, attitude and behaviours of sex workers and their clients. Sex workers are frequently trained in data collection and use of data (see Ukraine and Kyrgyzstan case studies).

Investing in these efforts is a major challenge, particularly for under-resourced nongovernmental organizations with high staff turnover. Obstacles to self-organization of sex workers can reportedly be competitiveness among sex workers and their heterogeneous background (e.g. migrant versus local sex workers). More substantial monitoring and evaluation activities are beyond the means of most projects. Project leaders reported that while they were encouraged by the progress they have been able to make locally, much broader actions were required if success was to be achieved at a national scale.

Mobilizing public, political and institutional support

Programme managers reported that among their most significant challenges was building and operating their programmes in a hostile social and political environment. There is profound stigma attached to AIDS, sex work and drug use. Prevailing negative views about sex workers result in limited willingness to invest in improving their living and working conditions. Harm reduction, social welfare and individual empowerment approaches have not been broadly embraced. Civil society traditions are weak and partnerships between nongovernmental organizations and government services are rare.

Consequently, programmes have needed to focus part of their efforts on creating awareness and promoting a more positive environment for acceptance and collaboration. All of the organizations reviewed place high importance on ongoing advocacy efforts with governments and the media to gear up services for sex workers, changing public attitudes towards marginalized social groups and mobilizing support for programme intervention. Approaches include participation in political committees, public awareness campaigns, and building partnerships and referral networks with nongovernmental organizations and government organizations.

Despite progress, serious challenges remain. Government officials are reluctant to partner with nongovernmental organizations, especially those funded by western organizations. Nongovernmental organizations, in turn, are intimidated by government structures.

Lessons learnt

While lessons learnt will be described in the following pages, there were several that merit emphasis here, including these.

- For interventions to be successful, a relationship of trust is needed between the sex worker community and project staff, which takes time and effort to build and maintain.
- Having in-depth knowledge of the programme's potential sex worker clients and their customers is necessary for the project's design. Sex workers do not comprise a homogenous group. Giving sex workers an opportunity to express their needs and participate in programme planning, implementation, monitoring and evaluation is strongly recommended.
- Sex workers should be seen as people with diverse needs and special vulnerabilities. Prominent among these reported vulnerabilities were the lack of safe working conditions and police harassment. Consequently, decriminalizing sex work as a measure to protect sex workers from further exploitation was also a common theme. If law reform is not possible, policies that contribute to a safer sex industry need to be identified and implemented, including improving police, courts and government administrations' responses to violence against sex workers.

Conclusions

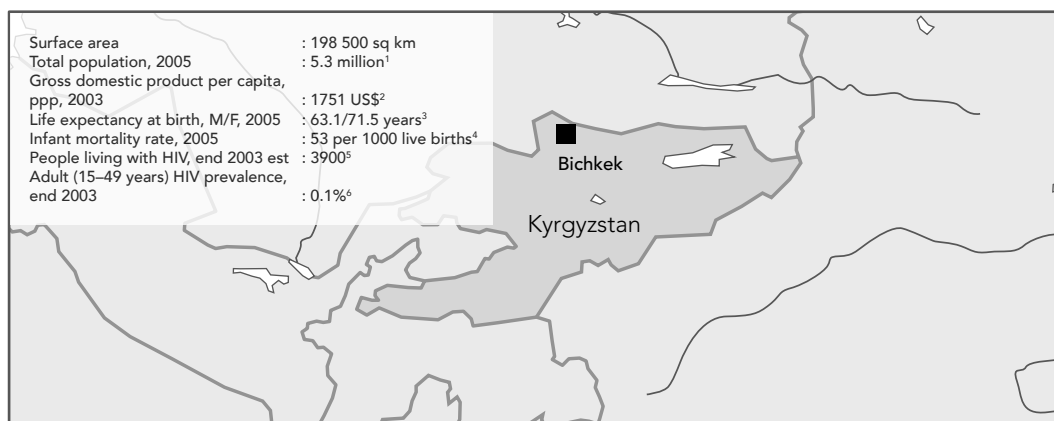
Over the past 15 years, Central Asia and Eastern Europe's socioeconomic and political changes have resulted in an increasing number of sex workers and the epidemic has grown as a consequence of this.

Within this environment, numerous nongovernmental organizations formed to address sex workers' needs. Each did so in hostile social and political climates, which presented their own particular challenges. In countries such as Hungary, sex work laws (or the rigorous and sometimes erratic application of those laws) infringe on sex workers' rights, driving them underground and away from the very services designed to help them. For the majority of projects, insufficient funding leaves them struggling to conduct their most basic interventions, let alone the essential monitoring and evaluating activities that illustrate their successes and viability for future funding.

Despite all this, the projects continue to provide their clients with comprehensive services, as experience has shown that two of the best ways to halt the epidemic's spread are through intensive prevention efforts and the protection of sex workers' rights. As the Hungarian project manager pointed out: *"In many ways, our organization is the last anchor for these women. Their social safety networks are dysfunctional or don't exist anymore. They've lost contact with their biological families, and they can't expect much help from their pimps. As a social worker, I see as the most important aspect of our work that we offer a supportive basis to these women, a relationship where financial interests and dependency play no role."*

2. Case studies of HIV and sexually transmitted infection prevention projects for sex workers

Tais Plus, Bishkek, Kyrgyzstan



Introduction to the project

The nongovernmental organization Tais Plus was founded by sex workers and female pimps in the year 2000 to strengthen HIV and sexually transmitted infection prevention efforts for sex workers and their clients. “*Tais Plus was not only successful in their work with sex workers,*” says a UNDP regional office representative, “*but it moved the whole HIV prevention agenda forward for other vulnerable groups. They are always open to try out new things.*”

Tais Plus’ multisectoral approach is its largest strength. However, the project’s success also lies in its dedicated staff; the sex-workers-centred project interventions, which included peer education; its collaboration with government; and the long-term financial and technical support of UNDP and other international partners. These interventions gave sex workers a voice in the political arena; built on their capacity through training; and involved them in activity planning, implementation, monitoring and operational research. Broad coverage of sex workers operating in different settings is one of the major achievements.

In 2002, Tais Plus and the Anonymous Sexually Transmitted Infection Centre for sex workers in Bishkek won the regional Jonathan Mann award for their contributions in responding to Central Asia’s epidemic. In the same year, Tais Plus opened a second branch in Jalal Abad, a city in the south of the country.

Context

Country situation

With the Soviet Union’s disintegration, Kyrgyzstan faced severe economic problems. The transition from a command to market economy proved harsh and socially costly.

¹ UNFPA (2005). State of the World Population 2005. The promise of equality. Gender Equity, Reproductive Health and the Millennium Development Goals. UNFPA, New York.

² UNDP (2005). Human Development Report 2005. International cooperation at a crossroads. Air, trade and security in an unequal world. UNDP, New York.

³ UNFPA (2005). Op.cit.

⁴ Ibid.

⁵ UNAIDS (2004). 2004 Report on the global AIDS epidemic. UNAIDS, Geneva.

⁶ UNDP (2005). Op.cit.

Unemployment and poverty have also resulted in increased sex work and injecting drug use levels, both of which fuel the epidemic's spread.

The first HIV case was detected in the late 1980s. Since then, the number of reported cases has increased and the country currently faces a rapidly expanding epidemic, especially among key populations such as sex workers and injecting drug users. As of June 2003, there were 364 reported HIV cases—302 attributable to injecting drug users. Rising sexually transmitted infection levels reflect widespread unsafe sexual behaviours.

Kyrgyzstan's government developed its first National Strategic Plan in 2000 in collaboration with the UN Theme Group and the Republican Multisectoral Coordination Committee on AIDS. It was based on a comprehensive analysis of the country's HIV situation and response. In 2003, building on the first National Strategic Plan the country adopted its second State Programme on the Prevention of HIV/AIDS and Sexually Transmitted Infections (2001–2005); sex workers, injecting drug users and young people are its priority areas.

In 2003, to mobilize more resources, Kyrgyzstan applied for and received a grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria, which also prioritizes HIV prevention among sex workers. Finally, the UN joint response programme focuses on sex workers, with increased emphasis on legal and social support for sex workers and HIV-positive people.

The situation of sex workers

In Kyrgyzstan, sex work is a rapidly growing employment sector due to high levels of female poverty and unemployment. In 2003, there were an estimated 1700 sex workers in Bishkek. *“I was a teacher,”* says a Tais Plus staff member, a former sex worker, *“but within a year and a half of the Soviet Union's breakdown, my salary was worthless because of inflation. I had two small kids and no money. I saw no other way but to become a sex worker. Within two weeks of a woman starting in the business, she knows what gang rape is, experienced violence from clients and the police, and is invited to drink alcohol. People think girls enjoy having sex with clients, but it's their work. I can tell you, it's not fun.”*

A 1997 study found the sex work community in Bishkek, Kyrgyzstan's capital, had four subgroups:

- elite sex workers, who serve wealthy clients;
- the organized sector—these are sex workers in firms, hotels and saunas—account for 30–40% of sex work interactions;
- the semi-organized sector accounts for 50–70% of all sex workers: these are sex workers, the majority with pimps, who work in groups on the streets; and
- homeless and other similar groups, who are paid very little, or exchange sex for food and drinks.

On average, Bishkek's sex workers start at 18 years and the majority are in their early twenties. However, in some parts of Kyrgyzstan, parents sent eight-year-old daughters into sex work, and some girls under the age of 10 were diagnosed with sexually transmitted infections acquired through sex work. To avoid legal problems, Bishkek pimps usually do not employ anyone under the age of 18.

Tais Plus estimates 10% of all Bishkek's sex workers have come from other regions and countries, mainly Kazakhstan, Tajikistan and Uzbekistan—that's approximately 200 new women a year. These migrant sex workers need to register in Bishkek and carry a passport.

However, a 1999 Tais Plus study found only one in ten sex workers had passports. In 2002, with the help of Tais Plus, this number had increased to 30%.

Many sex workers have experienced gang rape, battery and assault from their clients and sometimes the police. For these reasons, they mostly work in groups and often under a pimp's protection. Bishkek's sex trade, which occurs mainly at night, is organized by female pimps or 'mamotschkas', usually former sex workers who have several girls working for them. *"The girls keep half their income and we receive the other half,"* says one mamotschka. *"In return, we protect the girls and look after their health, hygiene and make sure they look nice."*

Project staff realized quickly the mamotschkas' importance in sex workers' lives and involved them in HIV and sexually transmitted infection prevention interventions. To date, the project has trained 33 mamotschkas on how to teach sex workers to use condoms and go for regular health examinations. They receive information on penalties for involving minors in sex work. Ten mamotschkas are active project volunteers. Tais Plus also works with 'contact persons'—women who link sex workers with clients—and sauna owners, some of whom provide customers with free condoms and information materials as part of their services.

A survey among Central Asian sex workers also found sex workers' perceive that their most prominent problems are children, money and the police, not HIV or sexually transmitted infection, pregnancy and access to free gynaecological services. *"I started working in the sex business 'cause I had two small children and no money,"* said one sex worker. *"With the work I had, a small stall with some things to sell, I could just buy some bread, milk and a little more. Then the money was finished."*

Legal situation

Under the current Kyrgyzstan law, sex work is neither a crime nor an administrative offence although there remain inconsistencies with current legal practice. The criminal code forbids forcing someone into sex work or organizing places of prostitution. Law enforcement authorities continue discriminatory practices towards sex workers though, with regular raids and forced sexually transmitted infection tests. The police also regularly extort money from sex workers by threatening them with arrest, citing the violation of passport regulations and laws on hooliganism and vagrancy as the grounds. Project volunteers and staff are also subject to harassment, such as the confiscation of their papers by police. Project staff members say sex workers subjected to violence by pimps or clients do not turn to the police, as they don't expect help and see any contact with the police as potentially dangerous.

Tais Plus' president reports these incidents to the head of the HIV-prevention working group at the Ministry of Internal Affairs. To help the police better understand sex workers' rights, the project holds workshops and disseminates leaflets. It also developed a Code of Conduct for police interventions with sex workers and other key populations, based on findings from surveyed police academy students. During the project assessment in September 2003, the Ministry for Internal Affairs was reviewing the document. However, multiple efforts to change law enforcement practices towards sex workers have yet to produce desirable results.

To make sex workers less vulnerable to police harassment, the project helps them obtain passports and registration cards and organizes information sessions on issues such as how to behave during detention. In 2003, for a limited time, the project also hired a lawyer to provide legal advice during outreach.

In May 2003, political level discussions were also under way to legalize sex work. Nevertheless, Tais Plus' advisor was sceptical: "*Legalization has various meanings. In the local situation, legalization wouldn't ensure international standards. It would entail registration and mandatory testing, as this is what the Ministry of Justice wants. Taxing sex work is also problematic.*"

Project interventions

Since 1997, UNDP and UNAIDS supported the development of interventions to prevent the spread of HIV and sexually transmitted infections among female and male sex workers and their clients in Bishkek, the capital of Kyrgyzstan. Starting with a systematic assessment of the sex industry in Bishkek, a team of experts, including active and former sex workers, expanded prevention activities over the following years.

In 2000, this led to sex workers wanting to register their own organization that would represent their interests and carry out further projects. The nongovernmental organization Tais Plus was registered by 25 female sex workers and mamotschkas (female pimps) after contributing half a dollar each. One of the former sex workers became president of the organization. Today, from its small Bishkek apartment, three paid Tais Plus staff members—the president, volunteer coordinator and an assistant—work alongside a significant number of sex workers and other volunteers to conduct the project's HIV and sexually transmitted infection prevention activities. A university professor, one of the pioneers in the area of HIV prevention for sex workers, serves as project advisor.

Since its initiation, Tais Plus has recruited more than 50 volunteers from diverse backgrounds, including sociologists, medical doctors, nurses, psychologists, journalists and police officers. These volunteers offer support based on their expertise. They are supervised closely by project staff members, who put much effort into motivating them with incentives.

In 2002, Tais Plus estimates Bishkek had 1300 street and 400 semi-organized sex workers. During the project's first year, it reached 15% of sex workers. In 2001 and later, an estimated 80–90% of these two groups participated in prevention programmes.

Outreach is the project's primary method for reaching sex workers, their clients and pimps. However, services are also provided at the project's office and through referrals to nongovernmental organizations and governmental organizations. Tais Plus interventions include:

- HIV and sexually transmitted infection prevention education for female and male sex workers and their clients;
- psychosocial counselling;
- assistance with legal, social and administrative affairs;
- providing health, social and legal information;
- condom provision;
- referrals to free sexually transmitted infection and other medical services;
- referrals of injecting drug using sex workers to harm reduction and free substitution therapy programmes;
- training and supporting peer educators and support to self-help groups;

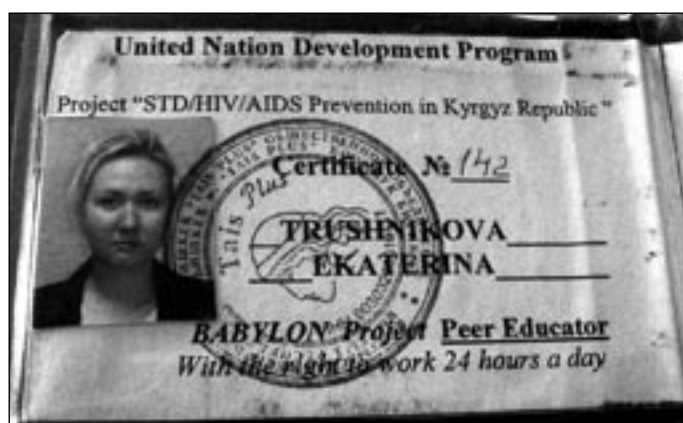
- involving pimps, contact persons and sauna owners in HIV and sexually transmitted infection prevention activities;
- 24-hour telephone hotline for sex workers; and
- primary prevention for young people (see ‘Primary prevention’ box on page 52).

Peer education and outreach

The cornerstone of Tais Plus’ work is peer education—sex workers educating other sex workers. At the time of the assessment, the project had eight core volunteers with designated peer education and outreach duties; three male volunteers work with male sex workers.

Peer educators are responsible for information, education and communication activities at their own ‘pyatak’—sex workers’ street pick-up places. In addition, twice a week, they reach out to other pyataks as well as saunas, hotels and apartments frequented by sex workers. They maintain this regular contact to raise awareness, provide safer sex information materials and condoms in individual and group sessions, enquire after the women’s needs, and explain the project’s services. On outreach, volunteers use project identification cards so sex workers know they are not competitors. Peer educators also take on other tasks such as accompanying sex workers to medical appointments.

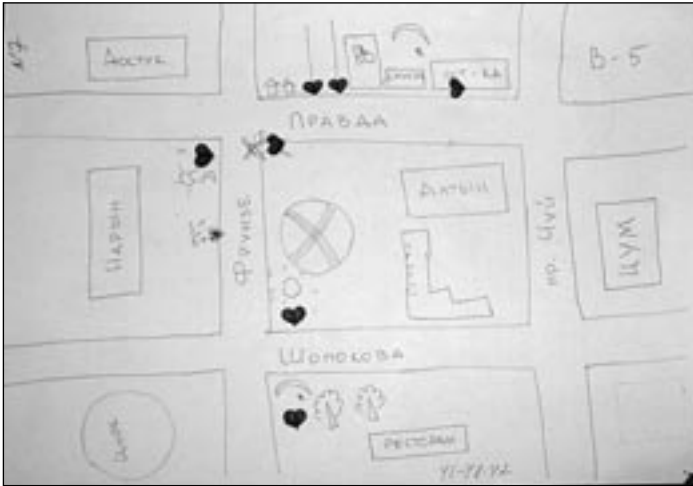
Peer educators organize training sessions and use games to test the sex workers’ knowledge on sexually transmitted infection, HIV and handling condoms. To further strengthen their relationships with sex workers, staff and volunteers use innovative means such as distributing paper hearts decorated with cartoons and loving words on Valentine’s Day to let them know someone cares for them. Staff and volunteers frequently organize parties and picnics for sex workers, volunteers and their children.



A project identification card of a peer educator

Project staff and volunteers meet weekly to plan outreach and related activities. Sex worker volunteers document their peer education work regularly, including the number of contacts, condoms and information materials distributed or needed. Volunteers directly contacted some 460 sex workers through individual information sessions (400 street sex workers and 60 organized sex workers in the organized sector) and indirectly contacted 980 sex workers with information materials and condoms (850 street sex workers and 130 organized sex workers). Direct contact was also made with 51 sauna and hotel personnel; indirect contacts were made with a further 100 saunas.

Surveying and mapping Bishkek’s sex industry is a crucial part of Tais Plus’ work; the collected data are vital for project planning and allow the organization to monitor each pyatak’s condom and information supply. As such, volunteers map the number and location of pyataks regularly, as well as the number of sex workers, including the new recruits; the number of mamotschkas; and the demand for condoms and information, education and communication material. With little money to conduct these monitoring and evaluation activities, the project optimized their resources by involving sex workers in data collection. This was done under the guidance of a Bishkek university professor.



Location map of a pyatak

Project management says there is an ever-increasing demand by sex workers to become peer educators. For many, just being a volunteer team member is incentive enough. However, core volunteers have received small monetary incentives, depending on the work they did and the project's financial situation. If more funding were available, Tais Plus would prefer to pay fixed salaries to sex workers involved in outreach activities to raise their profile to professional outreach workers.

Ongoing information, education and communication activities are needed as it takes months to bring new sex worker recruits' knowledge levels to those of their longer-term colleagues. Countries such as Kazakhstan, Tajikistan, and Uzbekistan have very few nongovernmental organizations providing services for sex workers; in many places, there are no organizations at all. As such, when these women come to work in Kyrgyzstan, they have had none or little exposure to HIV and sexually transmitted infection prevention.

Capacity-building of sex workers and support to self-help groups

Since March 2000, Tais Plus has trained 20 sex worker volunteers, although not all of them are involved in peer education and outreach. Volunteers, including the eight core sex worker volunteers, are active in different ways including representing Tais Plus officially at events such as international conferences; taking blood samples from the sexually transmitted infection clinic to the AIDS clinic; checking the safety of stored condoms; operating as consultants on sex worker issues; participating in field studies; and assisting in interactions between Tais Plus and the government.

Apart from the core volunteers with their designated tasks, all others give as much of their time and support as they want. Tais Plus equips them with project photo identification cards, indicating their assignment and project involvement. The police accept these as registration cards. Both volunteer and outreach workers have participated in educational mini-seminars on everything from health psychology, principles of outreach work, HIV and pregnancy to make-up. In 2002, 45 such mini-seminars were conducted by specialists including medical doctors, psychologists and nurses, as well as hairdressers and make-up artists. Volunteers also receive communication training, and some learn activity planning and motivation techniques.

For Tais Plus, the most important effect of sex workers volunteering is their acceptance by the broader community. Their social status increases as volunteering provides opportunities to discuss their needs with government officials. Although getting women out of the sex business is not the project's main aim, many volunteers have reintegrated into society. For example, one volunteer became the project's outreach coordinator, as well as working as a discotheque manager.

Motivated by Tais Plus, the sex worker volunteers formed a self-help group. All group members contribute to charity collections to help colleagues pay for funerals, training or rent. Social cohesion and mutual support make it attractive to join the Tais Plus as a volunteer.

Condom provision

Condom donations to the project can be quite sporadic, sometimes covering all of the sex workers' needs, other times coming nowhere close. For example, at the beginning of 2003, the project's condom donations met an estimated 12% of sex workers' needs. In August 2003, it met 60%. The project does not provide too many free condoms, as project staff members believe it creates a dependency on an unstable flow. Instead, it promotes the importance of condom use to higher-income sex workers, while fully supplying the lower-income group. In 2003, Tais Plus and PSI conducted a six-month condom social marketing pilot project.

In September 1999, more than 200 sex workers were asked if they used condoms during their last two to three sexual intercourses. The results showed that during sexual intercourse with more than 500 clients, sex workers used condoms only 13% of the time. Sex workers reported clients refused to use them. In 2000, the survey was repeated, with 81% of respondents saying condoms were used with commercial clients in the previous week—adjusted data suggest 60% is more realistic. In 2002, the same survey found 89.6% of 465 sex workers used condoms with their last client.

Information, education and communication materials

A Tais Plus survey on the information needs of street and semi-organized sex workers found that the groups wanted more information on professional ethics, self-protection, sexually transmitted infections (including graphic presentation of symptoms), primary prevention of drug use, pregnancy and contraception and how to deal with ruptured condoms. Based on these findings, volunteers assessed other organizations' existing information materials, found the majority were inadequate and produced 74 new publications—booklets, brochures and posters—in Farsi, Kyrgyz and Russian. Tais Plus II also produced information, education and communication materials in Uzbek. These materials were field tested twice through focus groups and interviews with sex workers. *“The girls don't have a lot of time for reading and they don't understand difficult medical terms. But they do appreciate clear language and a nice design.”*⁷

The survey showed sex workers were not interested in the theme 'protection of rights', especially with the absence of legal services. They also showed limited interest in material explaining about care for people living with HIV—most likely because they are uninformed about the epidemic's spread in their community.

Materials for raising client awareness were also produced, including T-shirts, car pendants, and material on the price and quality of different condom brands. Outreach workers and volunteers received training materials on condom use, including an instruction manual on condom demonstration techniques.

Some IEC materials produced by Tais Plus



⁷ Bashmakova LN, Kurmanova GU, Kashkarev AA, Shapiro BM (2003). AIDS in Kyrgyzstan: Five years of resistance. Bishkek. UNDP.

Referrals to free sexually transmitted infection and other medical services

In 1999, an existing sexually transmitted infection clinic was partially converted into Bishkek's Anonymous Sexually Transmitted Infection Centre. In the morning, it is a government clinic that serves a general clientele and charges for its services. In the afternoon, this close collaborator of Tais Plus has nongovernmental organization status and provides free venereological examinations and sexually transmitted infection treatment to sex workers only. Anything beyond these aforementioned services are subject to payment, including treatment for HIV-infected people. The same doctors work in the morning and afternoon, with the costs split by the state and WHO.



A sex worker consulting at the anonymous STI clinic

Working principles were established, emphasizing the voluntary basis of consultations, free treatment for everybody, confidentiality, no discrimination or recrimination, and a friendly and supportive attitude towards clients. Volunteers, including mamotschkas, accompany sex workers to the clinic, particularly those attending for the first time. They explain the clinic's procedures and address any of the sex workers' questions or fears.

The clinic also staffs a mobile ambulance service that targets newly recruited street sex workers, sometimes even at a mamotschkas' request. The service offers consultations by outreach workers and medical doctors, as well as onsite blood tests for syphilis and HIV.

A nurse, one of TADA's volunteers, is getting a blood sample from a sex worker in the mobile ambulance.

Street sex workers flock to a mobile ambulance by the STI clinic that offers consultations and onsite blood tests.



In 2003, the Anonymous Sexually Transmitted Infection Centre registered 1198 visits. Today, attendance levels remain high, with the number of sex workers visiting the clinic steadily increasing. However, many sex workers still do not use the clinic's services or collect test results done by the mobile ambulance.

In 1998, 2000 and 2002, a comparative assessment was conducted on the availability and accessibility of the medical establishment's existing gynaecological services. The assessment showed adequate gynaecological services are still too expensive for the majority of sex workers to access. The quality and coverage of voluntary counselling and testing services also remain limited. To increase HIV testing numbers, the project wants to enhance the area's ability to provide anonymous voluntary counselling and testing services, with adequate pre- and post-test counselling.

Support to injecting drug using sex workers

According to Tais Plus, Bishkek has an estimated 40 injecting drug using sex workers. To ensure this hard-to-reach population receives services, Tais Plus collaborates with a nongovernmental organization that provides syringe and needle exchanges. The nongovernmental organization keeps in close contact with five women and indirectly reaches about 15 others. During outreach, two Tais Plus volunteers, former injecting drug users, provide individual peer education sessions and distribute brochures on safe behaviour.

Tais Plus also has an agreement with a substitution therapy programme (Methadone), which ensures unlimited and free programme access for injecting drug using sex workers. In 2003, two injecting drug using sex workers participated. However, Tais Plus says the programme may close because of funding shortages.

Prevention activities for male sex workers

In 2001, the project began providing services to male sex workers, with contact being made primarily through the owner of a callboy agency. Today, three peer educators are in close contact with, and provide condoms to approximately 10 sex workers, with an additional 18 contacted more erratically.

However, in mid-2003, the project changed its intervention strategy after a series of violent police attacks on male sex workers. The project now organizes legal support so male sex workers can file lawsuits.

HIV and sexually transmitted infection prevention education with sex workers' clients

"Any man with money could be a client of female or male sex workers," says a project staff member. "To address clients, one has to address the whole male population." As such, the project conducts activities for sex workers' clients at city markets, taxi stands and truck drivers' bases. Project staff and volunteers encourage sex workers to share their knowledge on safe sex with their clients. Between October 1999 and March 2000, it implemented a safer sex campaign for long distance truck drivers. In 2000, sex worker volunteers developed a simple data collection form and carried out a basic survey among clients—some even interviewed their own clients—to find out why their clients refuse to use condoms. They collected information such as the clients' nationality, age, occupation, civil status and alcohol consumption. Findings revealed that the main reason for unprotected sex was that both sex workers and clients were drunk before and during intercourse, which explained the difficulty in negotiating condom use. The survey was repeated in 2003.

The project also began a pilot intervention with two male doctors, who helped prepare a 'how-to' leaflet on condom use and conducted surveys on client behaviour. Their knowledge of the male psychology proved useful in the predominantly female nongovernmental organization. *"It was important to know that clients don't avoid meeting with male outreach workers,"* says the project's advisor. *"They don't hesitate to discuss some sexual details, and don't leave pyataks or refuse sexual contacts immediately after discussing sexually transmitted infections."*

Social mobilization and advocacy

Over the years, Tais Plus has developed a strong political voice. Staff, sex workers and volunteers are frequently invited to ministries' working group meetings and represented on various political committees, including a multisectoral government committee on HIV prevention headed by the prime minister. They are also involved with the Ministries of Justice and Interior Affairs committees on human rights and legislation for vulnerable groups. In addition, the Tais Plus advisor is on the Global Fund's coordination mechanism, which ensures the projects' voice in country strategies and fund distribution.

Project staff developed relationships with journalists in the hopes of influencing public attitudes towards sex workers. *"My attitude changed through the interaction with Tais Plus,"* says one of the five journalists who now produce sex-work-related stories on a regular basis. *"In my stories, I make a point of writing that sex workers are vulnerable people and we need to protect their health."*

Tais Plus invites journalists who write negative articles to observe the project's work. It trains sex workers to protect themselves from unwanted filming, which, in the past, has had negative consequences. And, on memorial days, such as International Women's Day, it organizes special events (e.g. street theatre) and press conferences to reach the general public.

Partnerships, networks and capacity-building

Tais Plus prioritizes building relationships with local and national government institutions and nongovernmental organizations. For example, one of the project's major achievements was supporting the establishment of Bishkek's Anonymous sexually transmitted infection Centre for sex workers. The project currently holds a supervisory role; it monitors the clinic's accounts and registration records, and it helps with fundraising efforts. Sex workers assess the clinic's quality of services and report their findings to Tais Plus. The project also has an ongoing relationship with the national and local AIDS Centre. *"The strategy is to stimulate action by partners,"* says the project advisor, *"to get structures up and running, and then let others take them over and own them."*

Sharing its experiences with other organizations is also important to Tais Plus. The project helped develop, and now maintains contact with sex worker interventions in countries such as Kazakhstan, Tajikistan, Turkmenistan and Uzbekistan. Project experiences were also shared with Central Asian organizations. Over time, and with Tais Plus' support, new nongovernmental organizations working with sex workers were founded in Kyrgyzstan, including Tais Plus II in Jalal Abad in 2002. The project has also shared its information resources with the nongovernmental organizations Rainbow and Podruga.

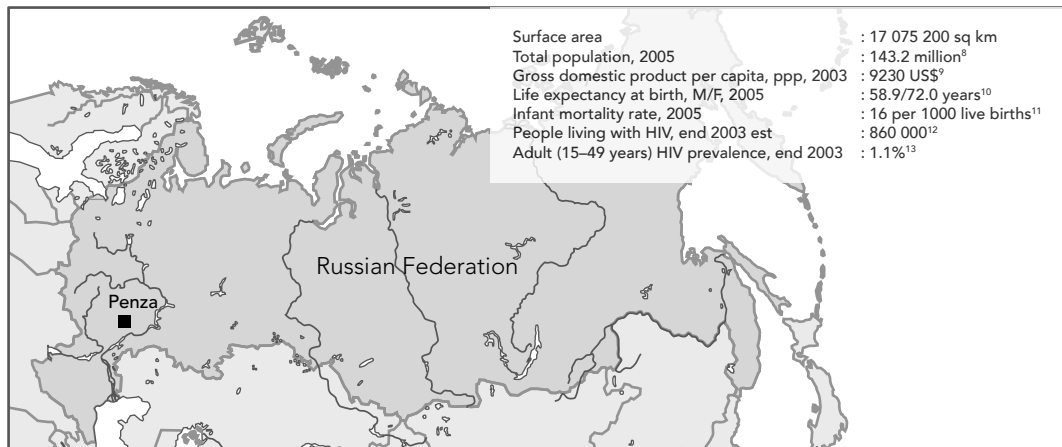
In August 2003, Tais Plus began the 'Spider project', a national network of AIDS service nongovernmental organizations, which aims to empower nongovernmental organizations through information exchange and mutual support. The network is represented on ministe-

rial working groups such as the Ministries of Justice and Internal Affairs, where the network's director and project advisor gives advice on sex worker interventions and legislation.

Resources

In 2003, Tais Plus' activities were financed by the Kyrgyzstan Government, the Soros Foundation, the British Council, TIDES Foundation, European Network of Male Prostitution, Population Services International, UNAIDS, UNESCO and UNFPA. However, the UNDP regional office is its main funding agent. "*Tais Plus don't just ask for money,*" says a UNDP regional office representative. "*They do surveys and pilot interventions, and then, if they work, they ask.*" UNDP's support may be reduced when the Global Fund grant is distributed.

Anti-AIDS Foundation, Penza, Russian Federation



Introduction to the project

In 2001, Penza's Anti-AIDS Foundation expanded its existing HIV prevention programme to deal with HIV and sexually transmitted infection among sex workers. The project quickly learned that its most important asset is gaining the trust of sex workers, that developing this trust would take time and that an essential part of its development would be choosing the right staff.

The project's strengths lie in its well-developed outreach work, integrated sex worker and harm reduction programme, extensive referral network, and strong partnerships with various municipal and regional authorities. Anti-AIDS Foundation's representation on political committees and its ongoing dialogue with public authorities also facilitates advocacy and supports social mobilization for the improvement of sex workers' social and legal positions. "NGOs need to make the government aware of their work," says a Ministry of Youth Affairs representative, "not run away or fear them. NGOs in Penza have broken the ice with the government."

Context

Country situation

In March 1997, the Russian Federation officially registered 3623 HIV cases. By the end of 2004, that number rose to approximately 300 000. The actual number of total infections is much higher: an estimated 860 000 people (420 000–1 400 000) were living with HIV by the end of 2003. With its population's seropositivity rate estimated between 0.6–1.0%, Russia's concentrated HIV epidemic disproportionately affects sex workers, injecting drug users, men who have sex with men, and prisoners. For example, sex workers' seropositivity rates are between 5–15%, and as high as 48% among those injecting drugs. In early 2004, more than 80% of all officially reported HIV cases since the beginning of the epidemic had been among drug injectors.

⁸ UNFPA (2005). Op.cit.

⁹ UNDP (2005). Op.cit.

¹⁰ UNFPA (2005). Op.cit.

¹¹ Ibid.

¹² UNAIDS (2004). Op.cit.

¹³ UNDP (2005). Op.cit.

However, the epidemic is moving into the general population—newly registered heterosexually transmitted cases rose from 4.7% in 2001 to 17% in 2003.

At the beginning of 2003, Penza province had 771 known HIV cases: the majority became infected at a young age through injecting drugs (63.9%); heterosexual transmission (28.8%); homosexual transmission (0.5%); and vertical transmission (0.8%). Some 6% did not know how they became infected. In May 2003, 10 HIV-positive people needed treatment, but only pregnant women were receiving it.

According to Penza's deputy mayor, the province's health promotion and prevention budget, which includes HIV and AIDS, is very limited. The 2003–2007 AIDS programme is part of a wider prevention plan that includes sexually transmitted infections, tuberculosis and diabetes.

The situation of sex workers

In June 2003, Anti-AIDS Foundation had carried out several surveys estimating Penza city's sex work population and found that it had stabilized at 350. Approximately 25 to 30 women work at each of the five main 'pick-up spots' in public bath houses, bars and restaurants; a further 5–10 women work at one of the city's 20 'leisure firms'.

Economic and social poverty are the main reasons that drive women into sex work. Some female sex workers say they were abused as children. They are generally girls from children's homes; students who need money for their education; young women from families with many children and little income, or who live under hard conditions and have difficulty finding a job; young single mothers without support; and school teachers, often single mothers, who supplement their teaching incomes to support their families.

Sex workers are generally 15–35 years old, with the majority between 18 and 25. One-quarter entered the sex industry before 16 years of age, a fifth between 16 to 17 years, and half between 18 and 25 years. One-third have worked in the sex industry for less than a year, a third for one to three years, and another third for more than three years. Most sex workers are unmarried. Nearly one in five are employed outside the sex industry, 10% as students.¹⁴

So far, the majority of sex workers are Russian nationals from Penza city's surrounding towns and villages. However, a recent influx of new recruits came from children's homes in Penza city.

The sex industry is hierarchically structured, with male pimps paying female pimps, called mothers or 'mamotschkas', to look after sex workers' health and well-being. The majority of sex workers have pimps, who generally take half their income. On average, sex workers earn 150 ruble¹⁵ (US\$ 5) for oral sex and 350 ruble (US\$ 11.5) for vaginal sex. Sex workers say they drink to cope with their work and that their clients are also usually drunk during intercourse. When asked about their needs, sex workers mentioned access to medical services, including condoms; the legalization of their profession; and more humane treatment by their pimps.

By mid-2003, none of the project's sex workers accessing the clinic had tested positive. Freelance sex workers often inject drugs, a practice the organized sex industry rejects. Six injecting drug users participating in Anti-AIDS Foundation's harm reduction programme were HIV-positive.

¹⁴ Sergey Oleynik (Anti-AIDS Foundation President) (2003). A harm reduction project oriented towards sex workers, Newsletter. Harm Reduction in Russia, English Issue, AIDS Foundation East-West (AFEW).

¹⁵ In 2003, US\$ 1 is equivalent to approximately 30 Russian ruble (RUR).

Legal situation

In Russia, sex work is not legalized, but it is considered an administrative rather than a criminal offence. Police can detain sex workers for 24 hours and impose fines of 100–150 rubles (US\$ 3–5). But this rarely happens. “*One thing I learned is to never fight prostitution,*” says a high-ranking police officer, “*You’ll never win.*” But fewer arrests and fines mean police officers have less income and often become paid bodyguards in the sex work community. Most sex workers say they have been coerced into sex with police officers and other bodyguards. In 2002, a newspaper article about this led the police chief to call for an internal investigation and the halt of such practices.

The Anti-AIDS Foundation currently develops brochures and conducts educational seminars for high-ranking police officials, with similar efforts planned for the lower ranks. During outreach, staff members also introduce themselves and the project to police. These efforts may actually be influencing police attitudes, as a pimp was recently charged with mistreating a sex worker—the first time such an arrest was made.

Project interventions

In 1995, Anti-AIDS Foundation began delivering HIV education activities in Penza city. In 1997, the nongovernmental organization started its work with injecting drug users, eventually initiating a harm reduction programme in 1999. In 2001, the nongovernmental organization cautiously expanded once again to deal with HIV and sexually transmitted infection prevention among sex workers. The Foundation is headed by a president—the founder of the nongovernmental organization and a former director of the government AIDS Centre—and a project management director. It employs 15 people; four provide services to sex workers, including two psychologists. Other staff members are frequently involved in the sex worker project. Volunteers, including psychology and social work students, assist during outreach.

At assessment time, the project had 2700 registered injecting drug users and sex worker clients. For 11 months in 2002, it managed to reach 286 sex workers and had 1155 contacts with sex workers on the streets and at its consultation centre. In 2002, 86 sex workers took part in the syringe exchange programme.

In 2003, Anti-AIDS Foundation and the Sexually Transmitted Infection Clinic were the sole providers of HIV and sexually transmitted infection prevention and harm reduction services to the sex work community. These services included:

- HIV and sexually transmitted infection prevention education for female sex workers and their clients;
- psychosocial counselling;
- assistance with legal, social and administrative affairs;
- providing health, social and legal information;
- condom provision;
- referrals for free sexually transmitted infection services and other medical services;
- harm reduction interventions for injecting drug using sex workers;
- involving pimps in HIV and sexually transmitted infection prevention interventions; and
- primary prevention for young people (see ‘Primary prevention’ box).

Outreach

Anti-AIDS Foundation's primary focus is its outreach work. A team of three, including at least one psychologist, goes on outreach three times a week, between 22:00 to 02:00, alternating between the street pick-up places, apartments, saunas and firms. They distribute condoms, syringes and education materials. They also provide counselling and discuss HIV and sexually transmitted infection prevention.

While in the first phase of the project, emphasis was placed on street sex workers, but by its assessment in 2003 (eight years later), the Foundation's attention was directed towards the leisure firms. Several owners were asking the project to organize regular health examinations for the sex workers, including sexually transmitted infections—quite an accomplishment, since both pimps and sex workers were suspicious of the project when it first began. Outreach staff now know most of the sex workers and contact them directly or through their pimps.

In the beginning, it took time to gain the trust of sex workers. Over a six-month period, the same outreach workers visited the sex workers regularly, explaining the project's aims and services, and providing free condoms. "*Distributing condoms is the best way to break the ice,*" says an outreach worker. "*As soon as there was trust on this point, the word spread.*" An essential element was the careful selection of empathetic staff dedicated to the project's work. "*On all power levels, it's not money that matters but personnel,*" says Anti-AIDS Foundation's director. "*If you have money but not the right staff, you won't be successful.*"

But this hard won trust can be lost in a moment. Once, after gaining access via Anti-AIDS Foundation, journalists violated sex workers' privacy by filming them. If staff had not already built a solid relationship with sex workers, the incident could have ended the project.

During outreach, Anti-AIDS Foundation also provides information on the Sexually Transmitted Infection Clinic services and the harm reduction programme to the clients of sex workers. Approximately 25% of surveyed sex workers report their clients used drugs.

For monitoring purposes, a monthly outreach report is prepared, including where staff conducts outreach, the number of sex workers contacted, the number of condoms and syringes distributed, and their discussions with sex workers. Behavioural change was monitored indirectly through conversations between outreach and sex workers; rising condom use; decreasing syphilis, gonorrhoea and hepatitis B rates; and an increasing number of sex workers receiving regular medical examinations at the clinic. It is believed that pimps also began prohibiting anal sex because of Anti-AIDS Foundation's outreach work.

Condom provision

An Anti-AIDS Foundation survey reported 90% of sex workers' clients say they use condoms consistently. However, 15% of sex workers questioned for the same survey say clients refuse to use condoms regularly, often offering to pay more for sex without them. Approximately 3% of sex workers indicated they had unprotected sex for other reasons.

Anti-AIDS Foundation limits the amount of condoms they distribute during outreach, at the mobile syringe exchange and at the consultation centre, only covering 30–40% of sex workers' needs. The project believes its established sex worker clients should pay for their own condoms, leaving it free to distribute condoms solely to new street sex workers. In addition, to encourage more frequent visits to its centre, Anti-AIDS Foundation offers a greater number and higher quality of condoms there than during outreach.

Administrative assistance

In June 2003, project staff learned that one of the most pressing needs of sex workers was help with official documents. Subsequently, the programme developed relationships with the relevant government ministries. *“Girls in the sex business should have good social conditions to work in, but many girls don’t have papers or insurance,”* says a Ministry for Youth Affairs representative. *“We help with documents, education or with flats. Also we know public opinion is important, so we work with the media to create an environment where sex workers who want to leave sex work can have an easier entry into working life.”*

Consultation centre

Anti-AIDS Foundation’s small consultation centre, located close to the city centre, is open eight hours a day, five days a week. It provides a syringe exchange, condoms, psychosocial counselling, information, education and communication materials, and educational activities such as training seminars on personal hygiene. In 2001, 149 sex workers attended the project’s

21 seminars. The following year, Anti-AIDS Foundation organized 12 more seminars for new recruits. Training is often held on demand by sex workers or pimps.



The project staff of the Anti-AIDS Foundation at the consultation centre for sex workers

Sex workers who use the consultation centre receive membership cards with a coded number, which facilitates medical referrals. For monitoring purposes, the centre registers sex workers with a number code, their first name, sex, birth date, the firm they are employed with, the first letter of their pimp’s name, and the first letter of the district where they live and work. The number of centre visits, distributed condoms and sexually transmitted infection clinic referrals are also recorded.

Referrals to free sexually transmitted infection and other medical services

Anti-AIDS Foundation believes the government should provide sex workers with medical care. As such, it facilitates sex workers’ access to these services, including the AIDS Centre for free voluntary counselling and testing and the sexually transmitted infection clinic for free dermato-venereological examinations and sexually transmitted infection testing, including HIV, syphilis, gonorrhoea, trichomoniasis, chlamydia, candidosis and gardnerella vaginitis. Sex workers say these tests would cost them 1000 ruble (US\$ 33). The treatment of sexually transmitted infections is not free, however. Anti-AIDS Foundation believes, *“If (sex workers) take the risk and get sick, (they) have to deal with the consequences.”*

Medical examinations show sex workers’ sexually transmitted infection levels are 50 times higher than other women’s, and multiple infections are typical. In 2001, 48.7% of examined women had at least one sexually transmitted infection. Sex workers were nonethe-



The dermato-venereologist catering to the needs of sex workers at the STI clinic.

less reluctant to visit the clinic. Informed by Anti-AIDS Foundation interviews with sex workers, the clinic dedicated a dermato-venereologist solely to sex workers and, at the sex workers' request for anonymity, housed the clinic in a separate building. The dermato-venereologist also joined Anti-AIDS Foundation staff on outreach to introduce the clinic's services.

To further increase clinic attendance, the project began instructing sex workers to collect their medical referral slips at its consultation centre. Prior to this, sex workers' received these number coded slips during outreach, but only 30% were using the services. Since changing its approach, attendees have increased and the clinic's clientele now includes sex workers' clients, pimps and injecting drug users. In 2003, however, Anti-AIDS Foundation and the clinic were still looking for ways to provide sex workers with gynaecological services.

Anti-AIDS Foundation, the sexually transmitted infection clinic and the Ministry of Health see their collaboration as a major achievement, especially considering the clinic's initial hesitation and difficulty in

servicing sex workers and the sex workers' reluctance to use these services. *"These are groups with high levels of infection, which are difficult to access and difficult to register,"* says the head of the clinic. *"The clinic had been trying for a long time to gain access and was finally most successful through the nongovernmental organization."* To encourage further collaboration between Anti-AIDS Foundation, the clinic and the AIDS Centre, the Russian Ministry of Health purchased an outreach bus for the institutions to share.

During the project's initial stages, Anti-AIDS Foundation paid for any sexually transmitted infection testing and equipped the sex worker clinic with financial support from International Harm Reduction Programme, Open Society Institute and Open Health Institute. At assessment time, it still covered part of the doctor's salary.

Support to injecting drug using sex workers

Penza's sex industry is extremely competitive. Today, the more educated pimps discourage drug use and unprotected sex to make their businesses safer and, thus, more attractive to clients. However, according to Anti-AIDS Foundation, at least 25% of the city's sex workers inject drugs, with the majority providing sexual services to finance their drug consumption. Women carefully conceal their drug use from their pimps, colleagues and, often initially, outreach workers.

Bearing this in mind, outreach workers discreetly distribute sterile syringes to injecting drug using sex workers. In 2001, 1700 injecting drug users visited the stationary syringe exchange—more than 300 were women. During 2002, the project distributed nearly 36 000 syringes to sex workers, with a maximum of 20 syringes per person for one week. However, in 2003, the number of injecting drug using clients dropped to 600. Project staff members say this is because of decreasing drug quality and accessibility, as well as Anti-AIDS Foundation's interventions.

With the integration of the injecting drug users and sex worker programmes, the programme increased the comprehensiveness of its services. For example, the mobile outreach team now provides identical services to both key populations through consultations, medical assistance, distributing sanitary wipes and condoms, and the syringe exchange. However, the project was expanded cautiously. *“A step-by-step analysis is necessary to avoid serious mistakes,”* says Anti-AIDS Foundation’s project director.

Social mobilization and advocacy

Anti-AIDS Foundation has built strong partnerships with various municipal and regional authorities. In 2002, a provincial interdepartmental committee was created to increase the coordination of government departments in developing their AIDS responses. Anti-AIDS Foundation’s president serves as the committee’s deputy head, with representatives from the relevant ministries, the sexually transmitted infection clinic, the AIDS Centre and other nongovernmental organizations.

In 2003, the Ministry of Youth Affairs developed a new provincial programme to deal with HIV spread and drug abuse among young people; it includes a component on preventing girls from entering sex work. Several nongovernmental organizations were involved in the programme’s implementation. *“NGOs manage to break people’s lack of trust more easily than government,”* says a Ministry representative. *“NGO need to make the government aware of their work, not run away or fear them. NGOs in Penza have broken the ice with government.”*

Anti-AIDS Foundation projects have the support of Penza city’s administration and the province’s Ministry of Health. *“We recognized that collaboration between nongovernmental organizations and government institutions is critical,”* said Penza’s deputy mayor. *“Penza’s HIV situation is more under control than other regions, which Anti-AIDS Foundation helped achieve.”* The deputy mayor now wants to introduce substitution therapy, partially as a consequence of an Anti-AIDS Foundation-facilitated visit to Monar, a Polish nongovernmental organization that provides harm reduction services to injecting drug users.

According to the president, Anti-AIDS Foundation’s good contacts with the local media facilitate media presence.



An interview with an AAF staff by the local media

Partnerships, networks and capacity-building

Anti-AIDS Foundation’s president believes joint efforts between like-minded nongovernmental organizations bring about more-effective results. As such, Anti-AIDS Foundation has built strong partnerships with other Penza nongovernmental organizations. For example, Anti-AIDS Foundation maintains an information centre on harm-reduction and HIV prevention and care issues at the Centre of Epidemiological Control. The centre includes a library with national and international scientific publications, internet access and information,

education and communication materials. Anti-AIDS Foundation is also a member of a national network that provides services to sex workers. This network also includes Moscow's AIDS Infoshare (see AIDS Infoshare box).

In 2003, Anti-AIDS Foundation initiated the Healthy Generation network to provide professional training to sex workers and more comprehensive services to key populations, including HIV and sexually transmitted infection prevention and harm reduction initiatives. The network, which has a relationship with the Ministry of Social Welfare, includes nongovernmental organization representatives, government organizations, the Sexually Transmitted Infection clinic, the AIDS Centre and family planning associations.

Staff development is also a high priority for the project. Staff members are frequently sent for further training in areas such as fundraising, and given a chance to advance with the project. They are also encouraged to publish their work experiences in the relevant journals.

Resources

The local government, which has previously provided the project with in-kind support, currently funds the new provincial AIDS programme. At assessment time, Anti-AIDS Foundation was receiving US\$ 30 000 per year for the injecting drug users and sex work programme: 25–30% goes towards staff expenses; US\$ 11 500 to syringes and swabs; US\$ 1500 to information, education and communication materials; and US\$ 1000 per year to condoms. PSI also provides condoms, which are paid for with financial support from International Harm Reduction Programme, Open Society Institute and Open Health Institute.

Until now, the project has had no significant funding shortfalls. However, there are areas of shortages, so the project is constantly looking for additional international funding. For example, the harm reduction programme did not have enough syringes. The local government is seen as a reliable source of future funding.

AIDS Infoshare, Moscow, Russian Federation

In 1997, AIDS Infoshare, a Moscow nongovernmental organization, began providing outreach services to street sex workers. The police estimates the sex worker population in Moscow at 120 000, many of whom come from countries such as Belarus, Kazakhstan, Moldova and Ukraine. In 2003, AIDS Infoshare's ten outreach workers contacted some 500 female sex workers per week. To cater to injecting drug using sex workers, AIF collaborates with an nongovernmental organization involved in harm reduction interventions. Outreach activities are carried out jointly. Referrals to collaborating organizations also ensure medical and psychological support.

In a span of eight years, sex workers have become increasingly involved in the project's activities. This includes the development of funding proposals and research activities, with the project training a number of sex workers to conduct peer assessments and interviews. Sex workers also provide informal peer education, help outreach workers contact their peers, lead outreach training seminars and write articles for AIF's quarterly newsletter, *Truth of the street*. At the time of the assessment, 500 sex workers were participating in a sexual risk behaviour survey conducted by Baltimore's Johns Hopkins University in conjunction with a local sexually transmitted infection clinic.

Anti AIDS Fund*, Poltava, Ukraine



Introduction

The Anti AIDS Fund is a Poltava nongovernmental organization that has an integrated sex worker and harm reduction programme. Its well-developed outreach activities, support to peer education and sex workers' self-organization efforts, work with sex workers' (potential) clients, and comprehensive support of sex workers through medical, legal and psychological counselling qualified it for Best Practice documentation. One of the sex workers stated: *"The AAF people are the first and only ones who take care of us. We wouldn't have condoms or syringes without them. Nobody else is interested in us."*

Anti AIDS Fund's project leader says effective and sustainable fundraising is vital, especially if projects are to afford reliable, knowledgeable staff dedicated to improving sex workers' living and working conditions—the key to providing quality services. However, despite repeated efforts to find new funding options, some of the nongovernmental organization's services had to be reduced due to insufficient resources.

Context

Country situation

In 1987, Ukraine detected its first cases of HIV. Since 1995, the virus has spread dramatically, primarily through transmission among injecting drug users. Nowadays, the country has the highest HIV prevalence in Europe, with an estimated 1.46% of its adult population infected. As at the end of December 2005, since the beginning of the epidemic, Ukraine had officially registered 88 525 cases of HIV infection.²² From 1996 to the end of 2005, 59% of people were infected through injecting drug use, 25% through heterosexual transmission and 12% through mother-to-child transmission. There has been a significant increase in sexual transmission of HIV, particularly among women, who now account for 40% of all cases of HIV-

¹⁶ UNFPA (2005). Op.cit.

¹⁷ UNDP (2005). Op.cit.

¹⁸ UNFPA (2005). Op.cit.

¹⁹ Ibid.

²⁰ Ministry of Health of Ukraine, et al. (2006). Report on the National Consensus Estimates on HIV and AIDS in Ukraine at the end of 2005.

²¹ Ibid.

²² Ministry of Health of Ukraine (2006). HIV-infection in Ukraine: Information Bulletin No. 25.

* now known as Public Health Fund

infection in Ukraine.²³ Ukrainian women's health clinics routinely test pregnant women for HIV; women found to be HIV-positive receive antiretroviral treatment to prevent transmission to the child. This intervention has enabled the national rate of mother-to-child transmission to be reduced to 8.2%.²⁴

In 2005, sentinel surveillance conducted in thirteen Ukrainian cities identified alarmingly high and varying rates of HIV prevalence among injecting drug users, ranging from 9.6% in the city of Sumy to 66.4% in the city of Mykolaev. Sentinel surveillance in 2005 among sex workers in eight cities found prevalence rates ranging from 8% in Kyiv to 32% in Mykolaev.²⁵

Poltava's HIV prevalence is lower than in many other Ukrainian regions, with adult prevalence of 77 cases of HIV per 100 000 population, and a total of over 1200 cases of HIV reported in the region. However, the results of sentinel surveillance in 2005 in the city of Poltava found that HIV prevalence among commercial sex workers was 25%, even higher than the sentinel prevalence finding of prevalence of 19.6% among injecting drug users²⁶

Injecting drug use is still the driving force of Ukraine's epidemic, but high rates of sexually transmitted infections, early sexual debut, multiple partners and low-levels of condom use are contributing to Ukraine's rapid move towards a large-scale, generalized HIV epidemic. An expansion of the national response to HIV is urgently needed. However, this requires additional resources. In 2005, Ukraine was approved for continued funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria under its existing grant of up to US\$ 92 million until third quarter of 2007, but even these extensive resources are covering only a fraction of the needs for prevention, treatment, care and support.

The situation of sex workers

Poltava has an estimated 600 sex workers: 300 work on the highways, another 300 work in bars and other establishments. Despite repeated efforts, Anti AIDS Fund has almost no access to the latter group. Staff members believe it is because these women do not want to be identified as sex workers. Instead, the project leaves condoms and information materials in sex worker populated areas. The staff know of only two male sex workers.

Anti AIDS Fund surveys report most sex workers finish secondary school (completed at the age of 16), and about 40% go to technical colleges for training in tailoring, hair dressing or nursing. Women earn an average of US\$ 60 a month from these jobs, less than what they earn from sex work. However, project staff say sex work is the only income source for some women.

Non-injecting drug using sex workers attract wealthier clients, earn between US\$ 20 to 50 for sexual intercourse, and sex generally takes place in hotels. Highway sex workers earn US\$ 10–20 for sexual intercourse and US\$ 1–3 for oral sex, and sex is performed in cars. On average, women have five or six clients a shift. However, some have 10–12 clients, which is called 'non-stop service'.

Most sex workers come from Poltava, with 10–20% joining from nearby villages. They range from 16 to 40 years old. The majority work on the road for two to three years, but approximately 40% work for five years or more. For two to three weeks each summer, local highway sex workers are joined by sex workers from other cities, or 'running girls'. With such a fluctuating composition, prevention activities to reach new sex workers must be ongoing.

²³ Ibid.

²⁴ Ukraine: National Report on the Follow-up to the UNGASS Declaration of Commitment on HIV/AIDS (2005).

²⁵ Ministry of Health of Ukraine (2006). Op.cit.

²⁶ Ibid.

Nearly 80% of the project's sex worker clients inject drugs, with the majority starting in the sex trade to finance their drug consumption. However, non-drug injecting sex workers are reportedly on the rise.

Legal situation

In 2001, Article 303 of the Ukrainian criminal code criminalized sex work, carrying a punishment of public work of up to 120 hours or fines ranging between 50 to 500 Hryvnia²⁷ (US\$ 10–100). Pimping is subject to three to five years in jail. Using violence, threats or property damage, blackmail or fraud to persuade someone into prostitution is punishable with fines ranging from 500 to 1000 Hryvnia (US\$ 100–200) or one to three years in prison.²⁸

Criminalizing sex work impacted sex workers' rights negatively. *"The women have the status of criminals yet there are more cases of violence from clients,"* says a network coordinator. *"Pimps have more power over the women, and a client can avoid paying by threatening to report the sex worker to the police. The police also harass the women more now, and the women have to pay them more bribes."*

Project staff say high-ranking police officers are aware of this behaviour but have not taken concrete measures to deal with the problem yet. For its part, Anti AIDS Fund organized several police training sessions on national and international laws and regulations regarding drug use and sex workers, principles of tolerance towards these vulnerable populations, harm reduction, and safety measures for arresting HIV-positive people.

The project also lobbies police—perhaps to some effect. At a meeting of high-ranking police officers, the police said, *"We believe prostitution shouldn't be regulated through criminal law (Art 303). Prostitution isn't a problem in itself, but a negative side effect of poverty and drugs..."*

Project interventions

The Poltava nongovernmental organization Anti AIDS Fund was founded in 1995. Over the years, it introduced innovative HIV prevention and care approaches for key populations, including sex workers (since 2000), injecting drug users, youth and people living with HIV and their families.

At the time of its assessment, the Anti AIDS Fund team consisted of three social workers, a psychologist, a lawyer and a medical doctor, who also served as the prevention team coordinator and fundraiser.

Project staff members provide services primarily during outreach. However, services are also provided from the project's office, located on the outskirts of Poltava. For further support, the project refers sex workers to government institutions and nongovernmental organizations. In May 2003, Anti AIDS Fund had 194 registered highway sex workers using their services, which included:

- HIV and sexually transmitted infection prevention activities for female sex workers and their clients;
- psychosocial and legal counselling, including that for families of people living with HIV;

²⁷ In 2003, US\$ 1 is worth approximately 5 Hryvnia (UAH).

²⁸ The wage of a person in Ukraine is about 345 Hryvnia per month (US\$ 67), the minimum salary is 185 Hryvnia (US\$ 36) and the not taxed minimum income is 17 Hryvnia (US\$ 3).

- providing health, social and legal information;
- condom provision;
- basic medical support during outreach and home visits, and referrals to free sexually transmitted infection, gynaecological and other medical services;
- harm reduction interventions for injecting drug using sex workers and referrals to free detoxification and drug rehabilitation;
- psychological and basic medical care and support for HIV-positive sex workers, and referrals to institutional care and treatment;
- supporting limited peer education efforts and a self-help group; and
- primary prevention for young people (see 'Primary prevention' box on page 52).

Outreach

Anti AIDS Fund provides outreach services to street sex workers for 2–3 hours, twice a day, five times a week, along a 15-kilometre stretch of the Kyiv-Kharkiv highway, as well as Reshetilovka and Khorol's surrounding areas. The project hopes to extend its coverage to call services and railway stations in Poltava, as well as other cities in the region.

During each outreach session, staff members contact 20–30 sex workers, providing condoms, syringes, and medical, legal and psychological counselling. The doctor and psychologist also do home visits when sex workers are too sick to work. For example, during the assessment, the psychologist paid regular visits to a pregnant sex worker.

Gaining the sex workers' trust is an important achievement, say Anti AIDS Fund staff. Sex workers generally have little contact with other people and interactions with Anti AIDS Fund staff members are important because they represent the society that rejects them. However, staff members say the sex workers trusted them immediately, with the women appreciating a chance to speak about their needs. This trust increased with the provision of legal services and high quality products such as condoms, sanitary pads and contraceptives.

For monitoring purposes, outreach workers record the number of sex worker contacts, as well as the sex workers' sex, age, workplace, the duration of counselling and a short description of problems and needs. Between January and May 2003, the project registered 20 new sex workers—an increase of four sex workers a month, which staff considered a substantial boost. Staff members also observe an increase in sex workers' self-esteem during their involvement with the project.



AAF medical doctor interacting with a highway sex worker during an outreach session.

The project reports increased sex worker knowledge on HIV and safer sexual practices, with 80% of the interviewed sex workers answering knowledge questions correctly, compared with 60% in 2002 and 40% in 2001. Project staff also cited a decrease in the frequency of vaginal and anal intercourse, which the staff psychologist says indicates the highway sex workers' are less willing to engage in sexual risk behaviour. Project staff members also say sex workers now take better care of their hygiene.

Legal counselling and support

Anti AIDS Fund offers sex workers free legal counselling, with sex workers consulting the project's lawyer primarily on issues concerning drug use, civil rights violations and administrative rights (problems with their apartments and social services).

Anti AIDS Fund's lawyer advocates for the rights of sex workers and injecting drug users with civil rights organizations and government officials. For example, an agreement was reached whereby Anti AIDS Fund staff members are informed of future raids on sex workers, which includes testing the women for HIV. The lawyer reports that such actions violate the women's rights and are against AIDS laws; the police disagree. Still, with this agreement in place, Anti AIDS Fund staff can act as observers, which reduces the time that the women are in jail from a few days to a few hours.

Aside from this, the lawyer campaigns for sex workers unfairly charged with drug use and informs HIV-positive sex workers about their rights and responsibilities. Poltava already had two cases where doctors in state clinics refused to treat HIV-positive women. The lawyer also advises sex workers facing court charges. At the moment, he does not defend them in court, but the project plans to engage a lawyer to do so as soon as its budget permits.

In the lawyer's experience, sex workers are reluctant to learn more about sex work laws. *"The level of information on legal issues varies, women from the villages know little, but those from the city, with higher education, know more. However, they don't want to discuss their legal situation, because they fear the police. In their opinion, it's better to bribe the police than defend a case in court."* However, the lawyer says when police notice that the women know their rights, they treat them more correctly.

The Anti AIDS Fund lawyer is also involved in two projects with the 'All Ukrainian Harm Reduction Association', a network of 25 Ukrainian organizations involved in harm reduction interventions. These are: a) information management and b) support for the decriminalization of the possession of small amounts of drugs and the introduction of methadone programmes. At the end of 2003, the lawyers involved in this initiative participated in a hearing in parliament.

Medical support

According to Anti AIDS Fund, sex workers have poor health due to alcohol and drug use, venereal diseases, exposure to violence and poor hygiene. As such, Anti AIDS Fund built an extensive referral network to facilitate sex workers' access to health-care facilities, including the sexually transmitted infection clinic and AIDS Centre. This is quite an achievement, since sex workers would otherwise find these services too expensive.

Project managers also say government HIV and sexually transmitted infection prevention activities targeting sex workers were only implemented at the Fund's initiative and with its support. For example, prior to Anti AIDS Fund's collaboration with the sexually transmitted

infection clinic, the clinic did not have enough equipment, testing kits or drugs. The project now funds the sex workers' venereal examinations, the test kits, drugs and condoms, with good results. Each week, approximately 10 sex workers visit the venereologist. During one week in May 2003, five women were diagnosed as HIV-positive, four women had syphilis and one woman tested positive for both HIV and syphilis.

Moreover, sex workers say they would not go for medical check-ups if not for Anti AIDS Fund. In the first half of 2002, 59 women attended the clinic, while in the second half, the number rose to 74. In May 2003, 20 women used the clinic's services, and Anti AIDS Fund estimates 60% of all highway sex workers now attend the clinic.

The project also collaborates with the regional AIDS Centre and the 5th City Clinic, where sex workers get free gynaecological examinations and treatment and HIV tests. An agreement with the 5th City Clinic and a mental hospital provides sex workers with free detoxification (plasmapheresis method) and drug rehabilitation (12-step programme), which is important for the project since 80% of its clients are injecting drug users.

Through home visits or directly on the road, Anti AIDS Fund provides psychological and medical support to HIV-positive sex workers, including drugs for opportunistic infections. However, the more serious cases are referred to collaborating governmental institutions. Staff members stress the need for future planning, as the help projects provide an ever-increasing number of HIV-positive people who depend on wider nongovernmental organization and government support structures.

Registered sex workers receive a project registration card, which allows them quicker access to services such as free hepatitis, HIV and sexually transmitted infection tests (syphilis and gonorrhoea), as well as free syphilis treatment. This system allows for test results to be given anonymously, including for HIV. It is also hoped that the police may eventually recognize the registration card as the official documentation of sex workers.

In the future, the project plans to organize a network of sex worker friendly clinics, and, with more funding, a clinic dedicated to sex workers, hygienic roadside rooms for women to shower during work, and a safe injecting room.

Support to injecting drug using sex workers

Anti AIDS Fund provides a needle exchange programme during outreach and through its two stationary needle exchange points—one in the city centre, the other in the suburbs. Anti AIDS Fund estimates 50% of its injecting drug using sex workers frequent the stationary points, which are staffed by a social worker and a doctor or psychologist four hours a day, five days a week. Volunteers, who are former injecting drug users themselves, including three sex workers, often circulate between the two points, motivating their peers to use Anti AIDS Fund's services.



An AAF volunteer (at right) sharing information materials at one of the street needle exchange points

HIV and sexually transmitted infection prevention activities for sex workers' clients

During outreach, Anti AIDS Fund frequently interacts with sex workers' clients, informing them about high quality condoms and other safer sex issues. The project also conducted an in-depth study on long distance truck drivers' HIV awareness levels, as well as a lecture series for staff of transport companies, army bases and law enforcement agencies. In fact, it is believed that these lectures may have attracted the government's attention to the project's work.

Depending on the project's future funding situation, Anti AIDS Fund would like to launch a social advertising safer sex campaign that targets potential sex workers' clients; it would include highway billboards and information, education and communication materials at parking places and gas stations.

Supporting self-help groups and peer education efforts

Project staff say sex workers are highly competitive and often do not recognize the advantages of working together. For example, animosities can exist between local and migrant sex workers, or between injecting drug using sex workers and non-injecting drug users. As such, motivating them to form self-help groups is difficult work. But with Anti AIDS Fund's continued encouragement, three non-drug using sex workers formed 'Tri Kumi' (Three godmothers). The group members serve as peer educators; distribute condoms, syringes and information, education and communication materials among the sex worker community; and encourage colleagues to use Anti AIDS Fund's services. They also support each other financially when poor health, childcare, pregnancy or police incarceration prevent them from working.

The group enjoys a good relationship with Anti AIDS Fund's psychologist, who sees the Tri Kumi's formation and work as a sign of trust between sex workers and the project.

Information, education and communication materials

Anti AIDS Fund surveys indicate that sex workers need a broad range of information, so it produced health-care and legal brochures and leaflets, as well as a directory of organizations that provide medical, emotional, legal and social support.

Social mobilization and advocacy

Anti AIDS Fund's project coordinator reported: "*We organize round tables with government officials, health-care providers, law enforcement agencies and social services to show the work and progress of the project. Continuous open dialogue with government officials is necessary to move the agenda.*"

The project maintains a website for public relations, but it also seeks local media coverage. For example, in the first half of 2003, the local newspaper carried three stories that called for the development of sex worker prevention activities, as well as more tolerance towards them.

Partnerships, networks and capacity-building

The Anti AIDS Fund coordinator says joining a network increases a project's funding chances, as donors are more likely to finance a network of projects than a single one. As such, Anti AIDS Fund is a founding member of the All Ukrainian Harm Reduction Association,

as well as a member of the 18 Cities Network of nongovernmental organizations (see ‘New strategies of HIV/AIDS prevention among female sex workers’ box on page 43).

Anti AIDS Fund also collaborates regularly with Médecins Sans Frontières, the East-West Foundation, Svet Nadezhdy, the National People Living with HIV Network, and La Strada Ukraine. For example, the project conducts training for staff of civil rights organizations on topics such as, ‘The principle of humanity and tolerance towards HIV-infected persons’ and ‘HIV prevention in the work of law enforcement agencies’, with training materials from Médecins Sans Frontières. The project conducts lectures at the local detention centres and high schools as well.

Anti AIDS Fund staff is encouraged by the organization’s management to participate in training seminars, national and international conferences, and workshops.

Resources

Open Society Institute and International Harm Reduction Development Programme have supported Anti AIDS Fund’s HIV prevention efforts among female sex workers since 2000, and the Elton John Foundation since 2002. OSI gave the sex worker project US\$ 11 000 for two years—30% for the clinic doctor and staff salaries and the rest for supplies. Funded by the Open Society Institute, HIV test kits are distributed to the clinics where sex workers receive free tests.

The Elton John Foundation gave US\$ 19 000 for HIV and sexually transmitted infection prevention activities for injecting drug users and sex workers for one year. UNDP offers support through the Ukrainian Institute for Social Research, including condoms, medical supplies, sanitary pads and contraceptives. UISR also partly finances two social workers and research activities. The local government does not provide financial support.

The project leader says effective and sustainable fundraising is vital, especially if projects such as Anti AIDS Fund are to afford reliable, knowledgeable staff dedicated to improving sex workers’ working and living conditions—the key to providing quality services. Therefore, he spends a lot of time identifying new funding opportunities and writing proposals. Even so, Anti-AIDS Foundation services have been reduced at the time of the assessment due to insufficient funding.

Ukrainian 18 Cities Network—New strategies of HIV and AIDS prevention among female sex workers

In 1999, the 'New strategies of HIV/AIDS Prevention among Female Sex Workers' network began. The first project of its kind in Eastern Europe, it involved nongovernmental organizations from 11 cities in Ukraine.

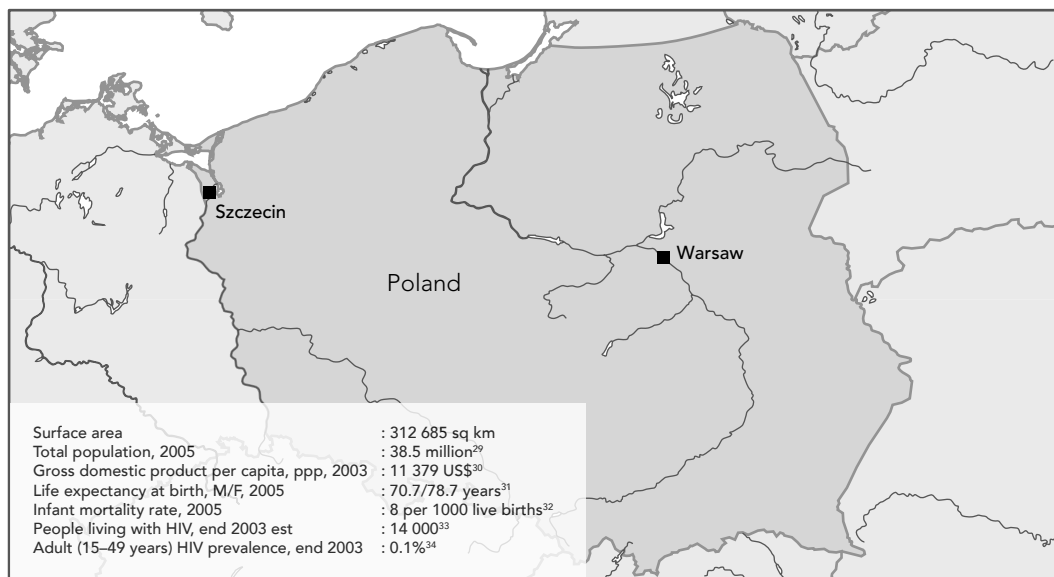
Now in its second phase, and with financial and technical support from UNAIDS and UNDP, the network includes 18 member nongovernmental organizations in 18 Ukrainian cities. It aims to decrease female sex workers' susceptibility to HIV by:

- identifying female sex workers' needs and interests and promoting self-support approaches;
- facilitating sex workers' access to HIV and sexually transmitted infection prevention services, including legal counselling and human rights information; and
- increasing prevention programmes' coverage as well as a nongovernmental organization's potential to operate in the field of female sex workers.

Initially, competition for involvement in the network was fierce, as participation meant increased access to funding. However, coordinators stress that the network's success depends on the careful selection of partners who are willing to promote and become involved in network activities. The selection criteria for partners of the 'New strategies of HIV/AIDS Prevention among Female Sex Workers' network included the nongovernmental organization's current sex worker interventions; well-established contacts with health-care facilities, local governments and law enforcement agencies; and active participation in local networks. The nongovernmental organizations that were chosen also worked with high-risk groups other than sex workers.

The Ukrainian Institute for Social Research coordinates the network by distributing funds; facilitating continual communication and information exchange (including network meetings and a monthly newsletter with new and ongoing activities); sharing lessons learnt; performing advocacy and lobbying activities; working with the media; promoting member nongovernmental organizations at the local and national political level; and developing and supervising the implementation of common methodologies and research tools for research activities.

TADA, Szczecin and Warsaw, Poland



Introduction

TADA is a nationwide organization with five branches. For almost a decade, the Polish nongovernmental organization has provided consistent services to a diverse client group, including male and female sex workers of all ages, in different employment settings. “*One of TADA’s strengths is its flexibility in reacting to sex workers’ needs,*” says a project co-founder who is now in a leading government position. “*Flexibility and a constant modification of work methods are important.*”

Long-standing cooperation with nongovernmental organizations from neighbouring countries, including Germany and Ukraine, to address cross-border sex business, as well as significant investments in establishing a peer education programme have also qualified this organization for Best Practice documentation.

However, a serious lack of social support for Polish sex workers means the nationwide programme operates on a limited budget, resulting in a lack of office space and equipment, a shortfall in condom supplies and information, education and communication materials, and low staff salaries.

Context

Country situation

Poland has a mature epidemic driven by injecting drug use. Of all reported infections, 58% are among injecting drug users—a key population who are systematically screened in treatment centres, outpatient clinics and residential homes. All other groups are tested on a voluntary basis.

²⁹ UNFPA (2005). Op.cit.

³⁰ UNDP (2005). Op.cit.

³¹ UNFPA (2005). Op.cit.

³² Ibid.

³³ UNAIDS (2004). Op.cit.

³⁴ UNDP (2005). Op.cit.

However, in the last few years, an increasing number of HIV cases are occurring through heterosexual transmission. Growing unemployment and a substantial increase in sex work contribute to rising sexually transmitted infection levels, including HIV. By the end of April 2004, Poland reported 8760 HIV-positive people, 1418 living with AIDS and 690 AIDS-related deaths. The Gdansk region, Katowice and Warsaw have the majority of infections.

In western Poland, the Szczecin region had an estimated 500 HIV-positive people,³⁵ with approximately 30% receiving antiretroviral treatment. More than half of the newly tested HIV-positive people are asymptomatic. There has reportedly been an increase of HIV infections among women, from 10% in the beginning of the epidemic to 35% in 2003.

Society-wide HIV prevention and education programmes and larger-scale surveillance are needed to contain Poland's epidemic. The Ministry of Health implemented a multisectoral National Programme for HIV Prevention and Care for People Living with HIV (1999–2003), which is coordinated by the National AIDS Centre. The country's National AIDS Bureau also established 60 HIV testing points, and voluntary counselling and testing is promoted through the campaign, "Test yourself".

The situation of sex workers

The number of people working in Poland's sex industry, and especially Warsaw's, is reportedly at an all-time high. However, there are no reliable estimates on the number of sex workers plying the streets, highways, railway stations, clubs and agencies. The Warsaw police estimate Poland to have up to 900 sex work agencies, but others put the figure at 3000, with at least 14 000 call girls and sex workers. In Warsaw, most female sex workers have pimps, who receive half their earnings. Male sex workers generally work independently.

The Szczecin region has one of Poland's highest unemployment rates, which has led an increasing number of women to sex work. Police estimate there are 1000 female sex workers in the region. As of June 2003, Szczecin city had approximately 350 women involved in sex work. TADA believes its work has stabilized this region's sex worker numbers.

The majority of sex workers are from the Szczecin region, as well as Russia and Ukraine. However, in the summer, they are joined by sex workers from all over Poland. Women also frequently work in Germany, where they earn significantly more money. Women work on the streets, the surrounding highways and with the estimated 40 escort agencies advertising their services in the region—police believe this number is at least three times higher.

According to TADA, there is a stable group of 40–50 longer-term sex workers on the highways who generally work in groups and without pimps. They average 2–3 clients a day, receiving 50 Zlotych³⁶ (US\$ 13) for oral sex and 100 Zlotych (US\$ 26) for intercourse. Most of the women have regular customers, often truck drivers who come from Szczecin or other countries, particularly Germany. TADA staff members believe most use condoms. However, a National AIDS Bureau survey of sex workers reported four cases of syphilis, as well as two cases of HIV. Staff members say many of the highway sex workers abuse alcohol, but none inject drugs.

³⁵ Based on records of the local infectious disease clinic at the time of the assessment in September 2003.

³⁶ In 2003, US\$ 1 is approximately equal to 3.84 Poland Zlotych (PLN)

Legal situation

In Poland, pimping, trafficking in women and maintaining places where sex work occurs are punishable with three months to five years in jail. The penalties for aiding in child prostitution are much higher.

On the whole, the police in Warsaw are not interested in TADA's work and allow the project to conduct its outreach undisturbed. In the past, TADA Warsaw offered the police HIV- and sex-work-related training. The Szczecin police do not interfere with the sex workers, but, on occasion, TADA has asked police to assist those being harassed. Szczecin's Ministry of Health frequently organizes HIV prevention workshops for the police, which sometimes includes TADA.

As sex work is not legal, many women are not eligible for social security benefits or free health care. This means sex workers need private health insurance to access the public health-care system. However, many do not have any insurance.

Project interventions

In 1995, with the financial and technical help of UNAIDS and UNDP, TADA was created to work with Poland's key populations, primarily sex workers. To change social attitudes towards this group, the project aims to raise HIV awareness among the media and decision-makers.

"We had to learn by doing," says TADA's co-founder, who now occupies a high-level position in the local government. *"In the beginning, there were barriers, and developing contact with sex workers was difficult."*

Over the next few years, TADA established branches in the cities of Białystok, Gdansk, Warsaw and Zielona Góra. The city of Poznań also implemented TADA's programme approach. All the branches have similar overall goals, but the local situation dictates its detailed objectives and activities. For example, the Zielona Góra office focuses on agency sex workers whereas the Warsaw office has a more wide-ranging clientele that includes male and female sex workers of all ages, working in various locations.

During the project assessment, the staff situation included:

- Białystok: two outreach workers;
- Gdansk: one coordinator, two outreach workers and one volunteer;
- Szczecin: a national coordinator, a secretary, two outreach workers (one of whom is also the local coordinator) and four volunteers;
- Warsaw: one coordinator, eight outreach workers and two volunteers; and
- Zielona Góra: one coordinator, two outreach workers and a consultant (professor in sexual pedagogy).

This case study focuses on the Warsaw and Szczecin branches—the Warsaw office because it has the largest programme, Szczecin because it is the administrative centre.

Both offices are located in the city centre and easily accessible to sex workers. Both provide services during outreach and at their respective drop-in centres. For further support, they also refer women to government institutions and nongovernmental organizations. TADA interventions include:

- HIV and sexually transmitted infection prevention education for female and male sex workers;
- psychosocial counselling;
- providing health, social and legal information;
- condom provision;
- referrals to free sexually transmitted infection services, gynaecological and other medical services;
- limited needle and syringe exchange for injecting drug using sex workers, and referrals to harm reduction programmes;
- training and supporting peer educators; and
- primary prevention for young people (see ‘Primary prevention’ box on page 52).

Outreach

In 1996, TADA Warsaw began its work with street sex workers. Over time, these street sex workers moved to the agencies, bringing TADA’s work with them. Nowadays, it is the agency owners who approach TADA for prevention help.

Staff members work in four outreach teams, each focusing on a specific target group differing by sex, age and place of work. Every team goes on outreach twice a week in the evening. They provide psychosocial counselling and prevention education, distribute information materials, condoms, lubricants and, for injecting drug using sex workers, limited amounts of needles and syringes. Surveys indicate TADA Warsaw contacts 4000–5000 sex workers each year. In 2003, staff provided services to 200 sex workers in 20 agencies, 80 female street sex workers and 40 male sex workers at the railway station. “*Building trust between the project staff and sex workers is the biggest piece of work,*” says a staff member.

TADA Warsaw does not provide services to highway sex workers, who are reportedly migrants forced into sex work by foreign crime syndicates. As such, many do not speak Polish. However, TADA collaborates closely with La Strada, a nongovernmental organization that works in human trafficking. The interviewed outreach workers also had no contact with sex workers’ clients, but male staff involved pimps and taxi drivers in HIV and sexually transmitted infection prevention discussions.

In Szczecin, staff go on outreach three times a week, providing individual support and counselling to sex workers on the streets and highways, in escort agencies, clubs, saunas and hotel bars. During the project’s assessment, it provided services to more than 80 sex workers, approximately half of them working on the highways. TADA Szczecin does not have access to apartment-based sex workers, who advertise their services in local news-



Two highway sex workers availing the services of outreach workers (2nd & 4th from left) from TADA Szczecin

papers. Nor were there organized contacts with sex workers' clients or pimps. Pimps, however, reportedly know of TADA's work. *"The individual support is important, so that sex workers know we are here for them,"* says project staff.

To offer sex workers more comprehensive services, TADA collaborates with nongovernmental organizations and government organizations. For example, TADA Szczecin has a long-standing relationship with Abendrot, an HIV prevention outreach team from Anklam, Germany. Once a month, staff members from both projects go on outreach together to Szczecin's highways and streets, while TADA attends official planning meetings in Germany. Abendrot also provides TADA with information, education and communication materials in Polish, Ukrainian and Russian, as well as lubricants and condoms. This help allows the Szczecin project to occasionally cover 100% of sex workers' condom needs, in comparison to Warsaw, where an irregular condom supply causes frequent problems.

With limited funds to conduct systematic programme evaluations, outreach workers assess their own work during staff meetings. They also submit quarterly reports with the number of contacted individuals and groups, distributed condoms and information materials and counselling sessions at the drop-in centre. The reports also include discussions with sex workers about their needs; a description of the centre's clients; and information on staff-attended and organized events, training sessions and conferences.

Drop-in centre

TADA Warsaw's small drop-in centre is located in the city centre. Open Monday to Thursday from 07:30 to 21:00, the centre offers sex workers a place to relax, speak with each other and get counselling from project staff. *"Two years ago, I spent most of my time at the railway station,"* says a 23-year-old male sex worker. *"Another sex worker told me about TADA, and now I come here almost every evening. I can talk about my problems with somebody and I feel less alone and depressed."* A 21-year-old male sex worker confided: *"Before I came here I thought that I am not good. But since I come to TADA I feel better about myself, I am not worse than other people."*



Male sex workers and outreach staff at TADA Warsaw's drop-in centre

Female and male sex workers come on different days, with more men than women visiting. Occasionally, various experts are invited to speak. Every two weeks, an internist offers medical help, including advice on sexually transmitted infections. Despite outreach and sex workers' efforts, the centre is quite dilapidated, and a limited budget makes renovations impossible.

TADA Szczecin's drop-in centre is open four days a week, from 10:00 to 15:30. Sex workers generally come for condoms and lubricants. Staff members also organize a weekly support group, although they experience difficulties in mobilizing sex workers to attend. *"I met*

TADA on the street regularly and also visited the drop-in centre for condoms and lubricants,” says a sex worker who trained to be a peer educator with TADA. *“Girls can talk with the outreach workers about their situations; how it is to be a prostitute. They feel respected.”*

Referrals to free sexually transmitted infection services and other medical services

In Warsaw, TADA’s collaboration with an internist allows for sex workers without health insurance to attend the infectious disease department for free examinations and treatments. TADA also has agreements with two gynaecologists and a psychologist to provide free services to sex workers.

In 2003, medical doctors, in conjunction with staff from the various Warsaw nongovernmental organizations, formed an association to encourage sex workers and young people to use voluntary counselling and testing services. Association staff accompanies clients to government voluntary counselling and testing centres for testing and results, providing counselling, when necessary. In Poland, free antiretroviral therapy is available.

WHO and various country projects also began organizing sexually transmitted infection consultation and treatment centres in Poland, Belarus and Ukraine. In Lublin and Bialystok, TADA Szczecin helped establish sexually transmitted infection consultation centres at two government voluntary counselling and testing centres, where WHO-funded dermatovenereologists provide sex workers with free medical check-ups; sex workers must pay for their own treatment. To raise awareness of these services, TADA organized campaigns and distributed leaflets. Other than this, no other medical services for sex workers exist.

Support to injecting drug using sex workers

In Poland, approximately 10% of sex workers are injecting drug users. TADA refers injecting drug using sex workers to Monar, a Polish nongovernmental organization that provides harm reduction services. In Warsaw, TADA distributes a limited number of syringes and needles, which the National AIDS Bureau provides.

Peer education capacity-building

TADA, together with the nongovernmental organization La Strada, implemented ‘Fenarete’, a European project that creates employment opportunities for former and active sex workers to become peer educators in organizations working with sex workers and trafficked women and on women’s rights.

Peer educators help sex workers gain control over their work and daily lives by disseminating information on prostitution laws, HIV and sexually transmitted infection prevention, contraceptives and safer sex; offering advice on harm reduction in professional sex work; increasing sex workers’ self-esteem; and enabling contact with nongovernmental organizations and government institutions.

From January 2002 to December 2003, the European Commission funded the project, which was implemented in 23 countries in Central and Eastern Europe, as well as the European Union. The curriculum was specifically adapted for the Polish participants. Two eight-day training courses covered:

- Health issues, such as contraception, pregnancy, abortion and sexually transmitted infections;

- Legal issues, such as the legal aspects of sex work and trafficked person's rights; and
- Social issues, such as the different types of social insurance, job market information and career prospects.

“It changed me,” said a sex worker who participated in the training. *“I feel better now, psychologically better, better as a woman and better as a prostitute. After the meeting, I registered as unemployed and got an identity card. I don't get unemployment benefits, but at least I have social insurance. I'd like to work as a peer educator and get paid for it.”*

Coordinators say finding willing course participants was difficult. It is believed that this was due to the length of the courses, which created child-care difficulties and lost income opportunities. However, during the course, all sex workers' costs were covered. Eight of the ten initial women finished both courses—coordinators felt one participant's psychological problems were too severe and another just did not have the necessary skills to become a peer educator. As a result of the course, participants wanted to start a sex worker association—TADA and La Strada said they would help set up the necessary structures.

Information, education and communication materials

One of TADA's primary objectives is developing and disseminating information, education and communication materials. As such, the project interviewed sex workers to see what materials they wanted. Based on these findings, TADA produced brochures in Polish and Russian on sex work, HIV, sexually transmitted infections and harm-reduction. They also produced cigarette lighters, T-shirts, hats and beer mats. TADA Szczecin's German partners supply materials in Polish and German for sex workers' clients. However, the project says sex workers still lack appropriate information, education and communication material.

Social mobilization and advocacy

Working among policymakers towards increased awareness about sex workers' needs for HIV and sexually transmitted infection prevention is an integral part of TADA's work. Workshops and press conferences are organized on a regular basis.

“Media reports are still too sensational,” says a TADA co-founder. *“But sometimes they give good information on a more human basis.”* Hoping to change social attitudes towards marginalized groups even more, TADA works with the mass media regularly. It takes journalists on outreach to give them insights into the project's work and sex workers' needs, assists in writing articles, and participates in press conferences. TADA is also planning a redesign of its website as interest in it has been growing.

Partnerships, cross-border collaboration and capacity-building

TADA collaborates with local government organizations and a number of nongovernmental organizations providing similar services to sex workers, as well as injecting drug users and people living with HIV. This includes organizations in other countries, such as Germany or Ukraine. The nongovernmental organizations have their staff go jointly on outreach, share information materials, help each other overcome condom shortages and share offices and drop-in centres. Training for outreach workers and volunteers are also organized jointly. The national

coordinator of TADA on its collaboration with German nongovernmental organizations says: *“In previous times, it was paradoxical because one organization didn’t know what the other was doing. But sex business exists across the border, German clients come to Poland for commercial sex, and Polish sex workers also operate in Germany. Now, there is good coordination between German and Polish activities.”*

Resources

For nearly a decade, TADA’s nationwide programme has provided its diverse clientele consistent services with the financial help of the National AIDS Centre, some local governments, and, occasionally, the Soros Foundation. However, Poland’s serious lack of social support for sex workers means TADA’s funding situation is generally quite precarious. For example, all of TADA’s employees, including the coordinators, have additional jobs. *“We need other work to survive. This is unprofessional and not efficient,”* says an outreach worker.

Despite this, staff remain dedicated to their work and continue to provide outreach services even when there is not enough money to pay their salaries. However, without more secure, long-term funding TADA cannot expand or improve its programme. The coordinators hope that entry into the European Union will improve their financial situation.

Primary prevention

Nearly half the global population is less than 25 years old, representing one of the largest youth generations in modern history. These people have never known a world without AIDS.

Although the documented projects concentrate their efforts on HIV and sexually transmitted infection prevention interventions to improve sex workers' living and working conditions, many also promote safer sexual behaviour among young people and the prevention of their recruitment into sex work. Their efforts focus on vulnerable youth living in children's homes or on the street as well as young people in general.

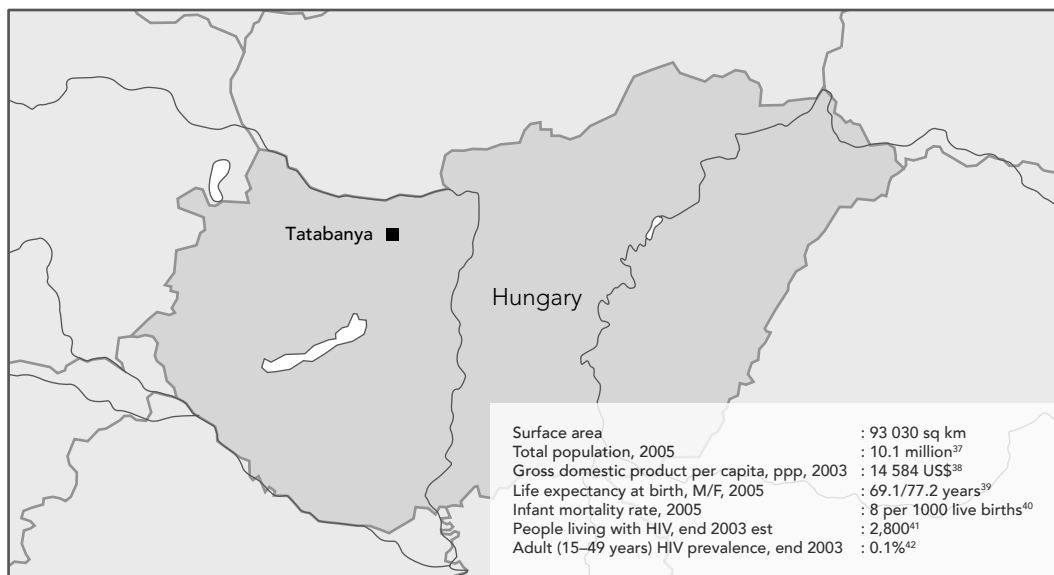
In Eastern Europe and Central Asia, injecting drug use is the predominant transmission mode among this population, but infection rates through unprotected heterosexual sex are rising. However, the epidemic's most striking feature is the age of those infected—more than 80% are under 30. These young people are especially vulnerable to infection, having grown up in countries with mass unemployment, economic insecurity and rapidly changing social norms. Yet they also represent the greatest hope for changing the course of the epidemic. Experience shows us that countries that have encouraged safer behavioural choices among young people have decreased their national HIV prevalence.

Knowledge and information are young people's first lines of defence, and the assessed projects have taken bold steps to address these information needs, including HIV and sexually transmitted infection information campaigns and booths at concerts and festivals (Poland); peer education training for young people in prisons and children's homes (Penza, Russia); train-the-trainer programmes in secondary schools to prevent human trafficking (Hungary); and prevention seminars in schools and colleges (Penza, Russia and Ukraine).

In 1999, Tais Plus' staff implemented 'Healthy Lifestyles', a school curriculum that addressed nutrition, drugs, sex education, sexually transmitted infections and HIV. It was taught in Kyrgyzstan schools for students 12 years and older. However, in 2003, several newspaper articles claimed the programme taught children to be immoral. The case went to court, with the court deciding in favour of the curriculum. The programme has yet to be re-established.

In several countries, programmes are hampered by what adults believe young people should know. Many adults, including political leaders, find it difficult to acknowledge young people's sexuality, and they fear sex education leads to promiscuity. However, various global studies have consistently found little evidence of this. Successful young people's AIDS and sexual health education initiatives allay adults' fears by considering social norms, cultural practices, and gender roles and expectations.

The Association of Street Social Workers, Tatabanya, Hungary



Introduction

Founded in 1992, the Association of Street Social Workers in Tatabanya has provided HIV and sexually transmitted infection prevention services to Hungarian sex workers through street outreach for more than 10 years, with only two short breaks. “*The nongovernmental organization in Tatabanya was the first to provide services for sex workers,*” says the coordinator of the Hungarian Umbrella network (see box on page 59). “*Other organisations in the country have followed their example using similar approaches.*” Similar to the other assessed projects, it provides these comprehensive services in collaboration with other like-minded nongovernmental organizations and government institutions.

Having gained the sex work community’s trust, the project has also successfully reintegrated several women into society. However, it faces a series of challenges, including sex work laws that infringe on sex workers’ human rights and a serious funding shortfall. Without more financial support, especially from the local government, the sex worker project will have little chance of expanding, and its current programme will have limited impact. City and state authorities are called upon to provide complementary prevention and health-care services.

Context

Country situation

In recent years, Hungary’s HIV incidence has remained relatively low and stable. By mid-2003, the country reported 1073 HIV cases, 436 AIDS cases and 253 AIDS-related deaths. The majority of reported infections are among homosexual or bisexual men and heterosexual

³⁷ UNFPA (2005). Op.cit.

³⁸ UNDP (2005). Op.cit.

³⁹ UNFPA (2005). Op.cit.

⁴⁰ Ibid.

⁴¹ UNAIDS (2004). Op.cit.

⁴² UNDP (2005). Op.cit.

women, with relatively fewer injecting drug using cases. Moreover, HIV-positive injecting drug users contracted the infections abroad or were foreigners. Closer analysis of heterosexual cases also recently revealed 32% were from countries with generalized epidemics.

In Tatabanya, Hungary, the Association of Street Social Workers' project staff members know of one injecting drug user and one HIV-positive sex worker.

The situation of sex workers

In 1993, when the project's sex worker component began, it dealt primarily with street and highway sex workers from countries such as Romania and Ukraine. But in the mid-90s, the police evicted the foreign sex workers, which means 80–90% of Tatabanya's sex workers are now Hungarian; the remaining 10–20% are from a nearby refugee camp.

Sex workers range from 13 to 57 years old and operate in groups along Tatabanya's major roads and highways. A project survey of sex workers' drug consumption in 2001 found that survey participants took illegal (psychotropic) and legal (alcohol, nicotine, analgesics and tranquillizer) drugs. However, the project coordinator says sex workers who inject drugs are not currently a problem. Project staff members also report that their clients have had numerous abortions and sexually transmitted infections.

During the project's assessment, 15–18 women worked the 40-kilometre stretch of the major road between Tatabanya and the neighbouring town of Bicske—three of the sex workers were under the age of 18. It is believed that pimps seduce the girls from Tatabanya's poorer, surrounding areas—many of the girls have eight or fewer years of schooling. Staff members say intimate relationships generally evolve between sex workers and pimps. On this part of the road, police do not abuse the sex workers, but pimps are occasionally violent.

“In Hungary, prostitutes live like slaves,” says Agnes Földi, president of the Hungarian Association of Prostitutes, an organization representing the interests of male and female prostitutes. *“And the current law is the biggest obstacle to safer work for them. The women are at the mercy of their pimps... I'd like a prostitution law similar to Germany's and a red light district*

like Amsterdam's. If we had that, we could teach the women how to be more confident, to live without pimps. We'd encourage them to stay in the business for a short time, then start a new life.”



Agnes Földi, president of the Hungarian Association of Prostitutes

The majority of women work for about six months, but some stay one to three years. They work from 07:00 to 20:00, generally have four to six clients, and earn 8000–20 000 Forint⁴³ (US\$ 38–94) a day. Pimps and sex workers split the earnings. Roughly 60% of the customers are from Tatabanya, with the remaining 40% being transitory. Sex takes place mainly in cars.

⁴³ In 2003, US\$ 1 is equivalent to approximately 211 Hungary Forint (HUF).

The project says sex workers do use condoms, unless they need money urgently. Then, they will have unprotected intercourse and charge more. At least two women offer anal sex, for which they also charge higher prices. Once a month, a third of the women see private gynaecologists, with the pimps paying for any necessary treatments. Project staff encourages the other sex workers to attend the public clinic for free examinations.

There are also eight to twelve highway sex workers, but with seasonal fluctuations, the number can rise to 20. Staff members do not make contact with these migratory sex workers. These women are generally sold to pimps from different regions and are not connected with Tatabanya's health services.

The majority of highway sex workers are from other parts of Hungary, primarily Budapest. They have regular clients, roughly 80% of whom are German truck drivers.

The project's more stable clients working on the highways tend to be single mothers from Tatabanya. These women have their own gynaecologists and take better care of themselves. They also choose to pay location fees instead of having pimps.

At the time of the project's assessment, staff members were not providing services to highway sex workers—only the second time in the project's 10-year history that its services were interrupted. Apparently, new pimps began working the road, and the project had not made any contact with them yet.

Legal situation

Sex work in Hungary is regulated by a 'limited abolitionist system', with Article LXXV of 1999 introducing the concepts of 'protected' and 'tolerant' sex worker zones. In protected zones, sex work is not a criminal offence, but violating the administrative rule of prostitution results in fines ranging from 30 000 to 1 million Forint (US\$ 140–4700).

Within these protected zones, sex workers and clients are prohibited from offering or accepting sexual services; this includes sex work in brothels, massage parlours, bars or clubs. To get around this, women are often officially employed as serving staff or dancers and work illegally as sex workers. However, it is a crime to promote or live off the earnings of sex work, which includes the provision of infrastructures such as brothels.

In 'zones of tolerance', sex work as an individual activity is legal under certain conditions: one, sex workers must possess a valid identity card; two, they must undergo non-anonymous monthly (gonorrhoea) and quarterly (hepatitis B, HIV, syphilis, trichomonas, chlamydia) medical examinations at government dermato-venereological institutions. These institutions issue medical certificates documenting sex workers' health status and, when necessary, refer the sex workers for free medical treatment. However, to access these services, sex workers need a national health insurance card, which, for various reasons, many do not possess. As such, sex workers rarely undergo the necessary medical tests and get the certificate, meaning the exact number and health of sex workers is not known. For example, since 1999, an estimated 100 medical certificates were registered, yet the country has an estimated 30 000–40 000 sex workers.

Local governments are responsible for allocating the zones of tolerance, which are mandatory in settlements that have more than 50 000 people and an established public prostitution area. Despite this, only two cities—Miskolc and Nyiregyhaza—have defined zones of tolerance. In both areas, the local community protested them intensely, with Nyiregyhaza's

zone eventually dissolving. Tatabanya's local government denies the city has sex workers and unilaterally decided 'zones of tolerance' were unnecessary.

The law also does not elaborate on the zone's infrastructure needs, such as their minimum requirements or who is responsible for their upkeep. As such, Miskolc's zone has very little infrastructure, is not connected to the town and is ruled by street gangs.

"The legal changes in 1999 resulted in chaos, as no one knows how to deal with the legal consequences" says the project coordinator in Tatabanya. *"Sex workers are entirely at the mercy of the police, and prosecution depends on the mood of the police officer on duty. Even social workers on outreach could be subject to prosecution."*

Abuse of sex workers by clients and police reportedly increased with implementation of the new law. In Budapest, outreach workers temporarily lost contact with many sex workers when a 'Sexual Moral Protection Squad' began enforcing the recent changes to the law with heavy police controls, driving many street sex workers into private flats and rooms. Telephone hotlines and leaflets left in places frequented by the sex work community serve as the only forms of communication between nongovernmental organizations and sex workers.

Project interventions

In 1992, the Association of Street Social Workers began providing services to people living on the streets of Tatabanya, a city of 74 000 people located 30 kilometres east of Budapest. A year later, it expanded its services to include HIV prevention for sex workers—the first of its kind in Hungary. Other organizations have since followed suit.

Today, the project's core is its HIV prevention programme, which is complemented by its homeless, street children and injecting drug user components. The Association employs eight full-time people, four part-time people and six civil servants. Four staff members look after the sex worker project part-time. With more funding, one full-time staff member would work exclusively with the sex workers and their clients, going on outreach several times a week.

All the project's interventions for sex workers and their clients take place during outreach, including:

- HIV and sexually transmitted infection prevention education for female sex workers;
- psychosocial counselling;
- providing health, social and legal information;
- assistance with legal, social and administrative affairs;
- provision of condoms and hygienic tissues;
- referrals to free sexually transmitted infection, gynaecological and other medical services; and
- primary prevention for young people (see 'Primary prevention' box on page 52).

Outreach

"With regard to street work, it's important that the project's aims are clear and can be communicated to the project's clients," says the project coordinator. *"One of the sex workers' first questions is: 'What do you do? What can you give us?'"* Street outreach begins with an assessment of the system, the dynamics and the places. *When making contacts one has to recognize the narrow time boundaries within which the social worker can do their work and*

has to know when to retreat. In our work, continuity is very important. One should always keep appointments. The presence of outreach workers can give sex workers a sense of security. When we do outreach we always take condoms with us, which creates a basis for interaction.”

As such, the project developed comprehensive objectives for their sex worker project, including a daily objective to build and maintain contact with the target group; a short-term objective to limit sex workers’ mental and physical damage; and a long-term objective to reintegrate sex workers into society.

Over the past 10 years, the project established regular contact with more than 200 sex workers and frequently contacted an additional 200. With the project’s help, six sex workers left the business; with the combined effort of several organizations, 12 others started new lives. The project views these women’s reintegration into society as its biggest successes.

Project staff members go on outreach once a week to the main road and highway surrounding Tatabanya. They provide psychosocial support, information materials, hygienic

tissues and six condoms per sex worker per week. The women do ask for more condoms, but staff members believe they can afford any additional condoms themselves. Staff educates sex workers on health issues such as HIV and sexually transmitted infections and help with social, legal, medical and administrative matters, such as obtaining documents, identification cards and certain prescription drugs.

Staff records each outreach visit, including the number of contacts, the problems sex workers reported and how the problems were addressed. Staff also records data on each client, including a case description. Every two years, these cases are reviewed and their progress evaluated. However, project staff members say it is difficult to assess the inter-

ventions’ success, as this varies from sex worker to sex worker, with outcomes ranging from staff having made closer contact with a sex worker to having facilitated social reintegration.

Legal, social and administrative assistance

The local police control the road where the sex workers offer their services. As it is difficult to prove a woman’s involvement in sex work, they impose fines for disturbing the traffic or public nuisance instead. These fines are a major problem for sex workers. They are generally quite large, and to pay the debt, sex workers must continue working on the streets.

“I’ve been working road number one for one and a half years,” said a 17-year-old female sex worker, *“I left home because of family problems. I’ve had problems with the police. I was also arrested once and got a fine of 350 000 Forint (1 644 US\$). That’s why I have debts. I’d much prefer to work in a zone of tolerance, where the police would leave me alone.”*

Social workers often provide sex workers with legal advice and support. This includes helping with written requests to the police to reduce fines or payment options, which takes a considerable amount of staff time.



A project staff of the Tatabanya Association of Street Social Workers on an outreach activity with a sex worker.

The project coordinator says the local police also have a “*complete lack of understanding*” about the sex worker project and have threatened to initiate legal investigations against the project, saying its work promotes and stimulates prostitution. Staff held educational talks for police officers, but more in-depth training is still being organized.

Medical and psychological support

“*There are a lot of prejudices against sex workers,*” says a project staff member. “*People think they choose this work because they like having sex, that they earn a lot of money and don’t need help. This isn’t true. Most sex workers I know had very bad experiences and don’t care for their bodies.*”

The project informally facilitates sex workers’ access to health and social services. For example, the project established contacts with staff at the public clinics, as well as the public sexually transmitted infection clinic, so that referred sex workers could obtain services. The project manager estimates 80% of project clients have regular dermato-venereological examinations—approximately 50% of the examined women had a sexually transmitted infection and one had hepatitis. Staff members make the appointments and accompany sex workers to the clinic. They also help sex workers obtain health cards, as examinations and treatment are free for Hungarians who have one.

For sex workers who want to leave the business, the project facilitates counselling sessions to prepare the women for reintegration into society. Frequently, the collaborating psychologists provide these services free of charge. In addition, to further expand its counselling and support services, the project would like to establish its own 24-hour hotline.

Advocacy, networks and capacity-building

The project maintains contact with the majority of governmental institutions dealing with medical and social issues and regularly liaises with the Hungarian association of sex workers to arrange legal support for sex workers. It also advocates the improvement of sex workers’ living and working conditions through its involvement in the Hungarian Umbrella Network, founded in 2000 by three Hungarian nongovernmental organizations and the Sex Education Foundation (see ‘The Hungarian Umbrella Association’ box on the next page). Regular staff training is also ensured through the Umbrella Network.

Resources

The Association runs programmes for homeless people, street children, drug users and sex workers. Yet, the project coordinator says the project’s sex worker component is the most difficult for which to raise funds. Instead, the organization tries to make its activities less dependent on funding by nurturing good connections and developing partnerships with helpful people and institutions, such as the sexually transmitted infection clinic. It also runs several projects simultaneously to distribute staff responsibilities.

The sex workers’ HIV prevention programme is seriously underfunded, with only 8% of the Association’s annual budget. To mobilize more support, the project plans to raise politicians’ and the general population’s awareness of sex workers’ needs. Without more support, especially from the local government, the project will have little chance of expanding, and its current programme will have limited impact. City and state authorities must also provide complementary prevention and health-care services.

However, the project does receive donations; it participates in national and international calls for proposals; and the Soros Foundation financed scholarships for two social workers. It also has a small budget from the local authorities. However, this funding is not dedicated to sex worker projects.

The Hungarian Umbrella Network

The Hungarian Umbrella Association was formed in response to the 1999 changes to the prostitution laws. The network links Hungarian organizations dealing with sex workers to facilitate information exchange and training; support condom distribution; and produce information, education and communication materials. For example, the network developed and distributed information, education and communication materials in Hungarian, Romanian and Russian.

The members include the Sex Education Foundation as coordinator and four Hungarian nongovernmental organizations: Tatabanya's Association of Street Social Workers, Nyiregyhaza's Periphery Association, Miskolc's Sunshine for Life and the Hungarian Association of Prostitutes. Each organization provides counselling for sex workers on issues such as hygiene, contraception, safer sexual practices, harm reduction and sex workers' legal rights. In addition, they promote peer education programmes and facilitate contact with other social support organizations and health-care providers.

For its staff, the network provides the organizations' social workers with post-graduate training, drawing on the contributions of scientists and various technical experts. For a year, social workers also had once-a-month access to a psychologist who supervised group discussions of case studies. The Soros Foundation offers financial and technical support.

In 2000, the Hungarian Association of Prostitutes was founded and joined the umbrella network. The Association represents the interests of female and male sex workers in Hungary. It actively lobbies for sex workers' rights. Facilitated through good media contacts, sex workers frequently represent the association on TV and in other media.

Ms Agnes Földi, the association's spokesperson is in regular contact with some 100 sex workers throughout Hungary acting as contact persons to the local sex worker communities. *"We talk on the phone once a week", explains Ms Földi, "about what is going on among the sex workers, their needs, problems with the police, court cases, etc. It is basically moral, mental and social support that we provide."*

Annex 1: Overview of project interventions

Projects	Tais Plus	Anti-AIDS Foundation
Country	Bishkek, Kyrgyzstan	Penza, Russian Federation
Interventions	<ul style="list-style-type: none"> * HIV and sexually transmitted infection prevention education for female and male sex workers and their clients *outreach * developing and distributing information, education and communication materials, and condoms * psychosocial, legal and administrative counselling * referrals to free sexually transmitted infection and other medical services * referrals of injecting drug using sex workers to harm reduction and free substitution therapy * involving pimps in prevention activities * training and supporting peer educators and support of self-help groups * 24-hour telephone hotline * primary prevention for young people 	<ul style="list-style-type: none"> * HIV and sexually transmitted infection prevention education for female sex workers and their clients *outreach * psychosocial counselling, and administrative support * developing and distributing information, education and communication materials and condoms * referrals to free sexually transmitted infection and other medical services * harm reduction interventions for injecting drug using sex workers * involving pimps in HIV and sexually transmitted infection prevention interventions * primary prevention
Strengths	<ul style="list-style-type: none"> * multisectoral approach * sex workers' involvement in management, activity planning, monitoring and research activities * firmly established peer education concept * capacity-building and empowerment of sex workers through ongoing volunteer training * well-developed outreach approach * long-term financial support from international community * extensive referral network with nongovernmental organizations and government institutions * representation on political committees and ongoing dialogue with public authorities 	<ul style="list-style-type: none"> * access to different sectors of the sex industry * integration of harm reduction and sex worker project * strong collaboration with local sexually transmitted infection clinic * strong partnerships with various municipal and regional authorities * representation on political committees and ongoing dialogue with public authorities * regular assessments of sex worker community
Challenges	<ul style="list-style-type: none"> * recurrent funding shortfalls * providing ongoing information, education and communication activities to new sex workers * lack of affordable gynaecological services * limited quality and coverage of voluntary counselling and testing * working with the police to address persecution of sex workers 	<ul style="list-style-type: none"> * lack of affordable gynaecological services *expanding services to include legal and administrative support * limited space at consultation centre interferes with confidentiality

Anti AIDS Fund†	TADA	The Association of Street Social Workers
Poltava, Ukraine	Warsaw and Szczecin, Poland	Tatabanya, Hungary
<ul style="list-style-type: none"> * HIV and sexually transmitted infection prevention education for female sex workers and their clients *outreach * developing and distributing information, education and communication materials, and condoms * basic medical support during outreach and home visits, and referrals for sexually transmitted infection, gynaecological and other medical services * psychological and basic medical care and support for HIV-positive sex workers, and referrals to institutional care and treatment; * harm reduction interventions for injecting drug using sex workers, referral to free detoxification and drug rehabilitation * psychosocial and legal counselling, including for People Living with HIV's families * support to self-help group and peer education efforts * primary prevention 	<ul style="list-style-type: none"> * HIV and sexually transmitted infection prevention education for female and male sex workers *outreach * developing and distributing information, education and communication materials, and condoms * psychosocial counselling * referrals to free gynaecological, sexually transmitted infection, and other medical services * support for injecting drug using sex workers through limited needle exchange and referrals to harm reduction programmes * capacity-building through the training and support of peer educators * primary prevention 	<ul style="list-style-type: none"> * HIV and sexually transmitted infection prevention education for female sex workers *outreach * distributing information, education and communication materials, condoms, and hygienic tissues * referrals to free sexually transmitted infection, gynaecological and other medical services *psychosocial counselling *assistance with legal, social, and administrative affairs * primary prevention
<ul style="list-style-type: none"> * well-developed outreach approaches * comprehensive support through medical, psychosocial and legal counselling * integration of harm reduction and sex worker project * extensive referral network with nongovernmental organizations and government institutions * involved in prevention and research activities concerning sex worker's clients * involving sex workers in research activities 	<ul style="list-style-type: none"> * a nationwide programme with five branches * flexible in accommodating the needs of a diverse client group, including male and female sex workers of all ages, working in different settings * well-developed outreach approaches * innovative training programme for peer educators * cross-border HIV prevention activities with collaborators in neighbouring countries 	<ul style="list-style-type: none"> * outreach to sex workers for more than one decade * gaining sex workers' trust with dedicated and knowledgeable staff * enhancing the reintegration of several sex workers into society * extensive referral network with nongovernmental organizations and government institutions
<ul style="list-style-type: none"> * insufficient funding * no access to sex workers in hotels, bars and restaurants * difficult to organize self-help groups particularly with injecting drug using sex workers * increasing need for care and support for people living with HIV, including palliative care 	<ul style="list-style-type: none"> * insufficient funding and social support resulting in low staff salaries, a lack of office space, and shortfalls in condoms and information, education and communication materials * low interest in self support groups in TADA Szczecin * TADA Warsaw does not reach sex workers on highways, who are mainly migrants 	<ul style="list-style-type: none"> * insufficient funding * prostitution laws that infringe on sex workers' rights * mobility of migrant sex workers on the highways makes outreach and referral to services difficult

† now known as Public Health Fund.

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UNAIDS, as a cosponsored programme, unites the responses to the epidemic of its ten cosponsoring organizations and supplements these efforts with special initiatives. Its purpose is to lead and assist an expansion of the international response to HIV/AIDS on all fronts. UNAIDS works with a broad range of partners – governmental and nongovernmental, business, scientific and lay – to share knowledge, skills and best practices across boundaries.

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- provides information about what has worked in specific settings, for the benefit of others facing similar challenges;
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Summary

The socioeconomic and political changes in Eastern Europe and Central Asia have resulted in a dramatic increase in the number of sex workers as women's economic opportunities are limited and poverty levels increase. Limited data suggest that HIV prevalence among sex workers remains relatively low in the region. However, sexually transmitted infection rates, which generally serve as a precursor to the epidemic's spread, are high.

Several factors heighten sex workers' HIV vulnerability including limited access to health, social and legal services; sexual exploitation and trafficking; violence, stigmatization and marginalization; a lack of protective legislation; substance abuse; and limited access to information and prevention measures. Prevention is a mainstay of the AIDS response, and sex workers as well as their clients constitute an essential focal population for HIV and sexually transmitted infection prevention programmes. However, only a few and mainly small-scale projects for sex workers exist in Eastern Europe and Central Asia.

The aim of this study is to describe the experiences of and challenges faced by five nongovernmental organizations in Eastern Europe and Central Asia, which developed effective practices and implemented promising HIV and sexually transmitted infection prevention programmes for sex workers and their clients. The programmes' key objective was to decrease sex workers' vulnerability by improving their overall well being and supporting their empowerment. All organizations operate in low-resource settings and their experiences can be helpful in initiating and moving forward similar projects.

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