Empowering each other: young people who sell sex in Ethiopia

A case study from the Link Up project
About the International HIV/AIDS Alliance

We are an innovative alliance of nationally based, independent, civil society organisations united by our vision of a world without AIDS.

We are committed to joint action, working with communities through local, national and global action on HIV, health and human rights.

Our actions are guided by our values: the lives of all human beings are of equal value, and everyone has the right to access the HIV information and services they need for a healthy life.

About Link Up

Link Up is an ambitious five-country project to improve the sexual and reproductive health and rights (SRHR) of one million young people most affected by HIV in Bangladesh, Burundi, Ethiopia, Myanmar and Uganda. Launched in 2013 by a consortium of partners led by the International HIV/AIDS Alliance, Link Up will strengthen the integration of HIV and SRHR programmes and service delivery. It will focus specifically on young men who have sex with men, sex workers, people who use drugs, transgender people, and young women and men living with HIV.

For more information visit www.link-up.org

Acknowledgements

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Designed by: Progression

Unless otherwise stated, the appearance of individuals in this publication gives no indication of either sexuality or HIV status.

Coffee is an integral part of Ethiopian social and cultural life and is provided at the peer education sessions

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Sex workers are amongst those most affected by HIV and sexual and reproductive health and rights (SRHR) issues in Ethiopia. Stigma and discrimination towards sex workers affects their ability to access SRHR information, education and services. In 2014, the Link Up project in Ethiopia implemented a model of peer education and outreach to empower young people who sell sex (aged 15 – 24 years) and increase their access to HIV and SRHR services.

The Link Up project seeks to improve the sexual and reproductive health and rights of young people most affected by HIV. In Ethiopia, the project is led by the Organisation for Support Services for AIDS (OSSA) in partnership with Marie Stopes International Ethiopia (MSIE), Family Guidance Association Ethiopia (FGAE), National Network of Positive Women in Ethiopia, Nikat Charitable Association, Talent Youth Association, the Ministry of Health and the Ministry of Women, Youth and Children Affairs. OSSA works through its 11 branches to offer information and education in communities, to support youth-led programming and policy work, to make referrals for clinical services, and to strengthen the capacity of service providers to offer youth-friendly and high quality services.

1. Context

In Ethiopia, HIV prevalence amongst sex workers is significantly higher than the national prevalence amongst women1. Data also suggests high rates of unintended pregnancies amongst sex workers and inconsistent condom use with non-paying partners2,3.

Sex workers are not accessing adequate information and services about their SRHR in order to stay healthy, and those who have the knowledge are not necessarily accessing services.

Health is a priority for sex workers but it sits amongst many other priorities, including the need to provide food, shelter and clothing for themselves and their families.

HIV prevention programmes are increasingly recognising the different ways in which sex workers organise themselves and how they prefer to access information and services. However, existing programmes are taking place on a small scale and often in larger towns. They need to be nationally scaled up.


2. Methodology

This case study was developed using information from the project’s monitoring data and with information provided by branches of OSSA. After being involved with, and monitoring, the project, OSSA staff (nurse counsellors and the head office team) also added their observations.

3. About the project

To address these issues, OSSA implemented a peer education and outreach project with young people who sell sex, aged 15 – 24 years. Implementation started in January 2014, led by OSSA branches. In Addis Ababa, OSSA signed a memorandum of understanding with the Nikat Charitable Association, a community-based organisation that supports sex workers in Addis Ababa by providing a range of services including SRHR information and commodities, education programmes and income-generating activities. In sites outside Addis Ababa where there are no formal sex worker organisations, OSSA branches worked directly with individual young people who sell sex, identified with support from the Ministry of Women, Youth and Children Affairs.

Initially, 25 young people who sell sex were selected to become peer educators. They undertook a three-day training course on SRHR and HIV issues, using resources developed by the Ethiopian Ministry of Health, with support from John Hopkins University in the USA. The course includes modules on relationships, pregnancy, sexually transmitted infections (STIs), HIV and violence. Life-skills – including how to address self-esteem issues, be assertive and make decisions – were also covered.
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After the training, the new peer educators led sessions in their places of work over a seven-week period. Locations included bars, hotels, restaurants and homes. The peer educators invited the young people who sell sex they knew to attend sessions in the early evening before work. The sessions, each 45 minutes to an hour long, covered a theme from the peer educator training.

The peer educators facilitate the sessions, supported by OSSA nurse counsellors who are there to back-up the peer educators and respond to any questions they are not comfortable to, or cannot, answer. Peer educators get continuous support from a peer supervisor, who in turn is supported by the nurse counsellors. The peer supervisors are selected peer educators who have shown significant leadership and responsibility in working with their peers. Their role is to encourage peer educators to participate in sessions, to respond to concerns that peer educators have, to assist with referrals and to write reports after the peer education sessions.

The peer education sessions focus on SRHR. Afterwards, if any group member would like to access contraceptive methods, STI or HIV services, counselling or other support they receive a referral slip, which they take to a designated facility. Since peer educators have to work after the sessions, the nurse counsellors often take on the coordination role. If requested, they will accompany young people who sell sex to health facilities at a time convenient for them.

OSSA has signed memorandums of understanding with health providers in the towns where its 11 branches are located. These health providers include FGAE, MSIE and public facilities. Each has been trained on STIs, long-term family planning and cervical cancer screening for young key populations.

When a young person who sells sex arrives with a Link Up referral slip at a designated health facility they are offered free services (which OSSA then pays for) and are often fast-tracked, meaning they do not have to wait.

**Recruitment of peer educators**

Peer educators are selected if they have:
- Lived in the area for more than six months
- Been educated to primary school level
- Good social skills and get along well with peers
- A willingness to volunteer

Incentives include:
- A monthly transport allowance
- Free SRHR services
- A certificate recognising their work
- Continuous support from a peer supervisor, nurse counsellors and service providers
4. Results

Through subsequent peer education trainings and outreach over a 12-month period (January to December 2014), OSSA and its partners achieved the following:

- 468 young people who sell sex trained as peer educators
- 16,087 young people who sell sex reached with peer education sessions in the community. 35% (5,635) of them received referrals for clinical services. Of those who received a referral, 30% (1,707) went to health facilities where they took up or completed services.

The most common reasons for referral were:

- Voluntary HIV counselling and testing
- Cervical and breast cancer screenings
- STI check-ups and treatment
- Opportunistic infection check-ups and treatment
- Safe abortion

Particularly good retention rates were reported for the peer educator training and the seven-week, peer educator-led sessions.

5. Challenges

Challenges shared by peer educators and nurse counsellors include:

**Challenging group dynamics** Sometimes groups did not bond and group members did not always respect their peer educator. By supporting and encouraging peer educators in their leadership role, nurse counsellors are integral to enabling them to gain respect and be heard.

**Incentivising the peer education sessions** Group members sometimes requested additional refreshments (beyond the coffee and bread already provided) to come to sessions. Peer educators had to find ways to market their sessions as friendly and enjoyable spaces for people to come to, irrespective of the refreshments on offer. Holding sessions near group members’ homes at flexible times proved a successful tactic.

**Priorities are not often SRHR-related** Group members highlighted many needs, including the need to provide housing, food and clothing for themselves and their families, plus the need to attend school or start a business. In some towns, peer educators could refer people to partner NGOs in order to address these needs but in towns where partner NGOs did not exist the sessions simply became a space to share problems and encourage one another.
Internal migration of sex workers At times, both peer educators and group members did not attend sessions because business had taken them elsewhere. In the absence of a peer educator, a nurse counsellor would step in until a new peer educator had been trained. If a group member did not attend a session, their peer educator would attempt to locate them to assess their welfare and encourage them to attend another session.
Senait’s story

“My name is Senait*. I am 24 and was born in Dessie town. I’ve lived in different countries, working as a sex worker. When I found out I was HIV-positive, I was very shocked and started ART. Later on, I came to Dessie and established a life, living as a sex worker living with HIV. One day I met a woman named Almaz. She persuaded me to participate in a peer education session, which was being provided by the OSSA Link Up project. First I refused, but later I accepted after thinking it over. Then I myself became a peer educator. While doing this, I became pregnant. I was linked to the Dessie Health Centre via the Link Up project to attend antenatal care and receive free PPTCT [preventing parent to child transmission] services. Now I am eight months pregnant and hope I will have an HIV-negative child.”

*Names have been changed

6. Plans for the future

This intervention focuses on building the capacity, knowledge and self-efficacy of young people who sell sex. The knowledge and self-confidence they develop through this approach feeds into future work, projects and individual lives. This approach invests in people, who in turn share information to their friends, peers, family members and children.

In terms of sustainability, finding resources to pay the salary of the nurse counsellors is key. The nursing counsellors are critical. They coordinate group activities and are there if a young person needs help, has questions or wants to be accompanied to health facility.
Coffee is an integral part of Ethiopian social and cultural life and is provided at the peer education sessions.

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7. Lessons learnt and good practices

**Role of peer educators** Peer educators speak the same language as their peers, are good at facilitating conversation, can answer questions clearly, and talk openly about sensitive issues. They play an important role in identifying session participants as well as setting appropriate times and locations for sessions. They are often seen as role models by their peers.

**Role of nurse counsellors** The nurse counsellors are critical to this intervention. They provide peer educators with support, enhance their knowledge and instil confidence in them. Nurse counsellors provide a critical service by assisting young people who sell sex to health facilities. Young people sometimes perceive health facilities as unfriendly places. Nurse counsellors assist them in feeling comfortable, and will accompany them if asked.

**Locations and times of peer education sessions** It is important to hold sessions at times convenient to, and agreed by, group members otherwise this may become a barrier to participation. Traditionally, peer education sessions take place during the day but in this project many young people who sell sex requested early evening sessions due to working at night, as they rest and do other activities during the day.

**SRHR and HIV must be integrated** During the project, a significant number of young people who sell sex reported experiences of unplanned pregnancy and STIs as well as living with HIV. These stories remind us of the importance of integrating SRHR and HIV information and services. This means addressing a range of SRHR and HIV issues in the peer education sessions and ensuring that information, education and communication materials speak about dual protection and the use of condoms for protecting against both pregnancy and HIV and other STIs. It also means ensuring young people who sell sex know they can access a range of services at health facilities.

**Recognising the priorities of young people who sell sex** It is important to recognise that young people who sell sex may share a range of experiences and needs during peer education sessions including the need for housing, food, employment opportunities and education plus psychosocial support to respond to violence, stigma, discrimination and other issues. Collaboration with other organisations that provide health and social services is therefore critical in meeting the needs of young people who sell sex in a comprehensive way.

**Promoting good experiences** When young people who sell sex have experienced sensitised and supportive health providers, it is useful to encourage them to share their experience with their peers in order to dispel the fears others may have around accessing care in health facilities and as a way to respond to questions about which services can be accessed in facilities, and how.
8. Recommendations

Link Up’s experience demonstrates the power of peer education working with young people who sell sex to enhance their skills, knowledge and access to essential SRHR and HIV services. If sex workers are provided with the space and the resources, they can take ownership of their own health and access a broad range of health services. However, the role of nurse counsellors in supervising and supporting young people who sell sex is critical to this approach. Above all, this intervention is sustainable as it relies on leadership and resources from within the community, making scale-up and replication feasible across the country.
LINKUP

Link Up aims to improve the sexual and reproductive health and rights (SRHR) of one million young people affected by HIV across five countries in Africa and Asia. The project is being implemented by a consortium of partners led by the International HIV/AIDS Alliance.

For more information, visit www.link-up.org

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