Women's Refugee Commission
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OGERA UGANDA

Working with Refugees Engaged in Sex Work:

A GUIDANCE NOTE FOR HUMANITARIANS

14 Practical Steps for Field Staff

Introduction

Refugees engaged in sex work are little discussed within humanitarian circles; while there is some awareness that the practice is not uncommon, few know how to respond. The Women's Refugee Commission (WRC) developed this Guidance Note in partnership with the Organization for Gender Empowerment and Rights Advocacy (OGERA), a grassroots organization of refugee sex workers in Kampala, to raise awareness and initiate a conversation about how we ensure the protection of and access to vital services for refugees engaged in sex work.

At present, refugees engaged in sex work are an overlooked, underserved population with significant unmet health and protection needs. Humanitarian principles require humanitarian actors to proactively address these needs. In accordance with a rights-based approach to humanitarian service provision, practitioners must work towards strengthening these refugees' capacity to claim and exercise their rights, including their rights to information, health, and freedom from violence.[1] Actors across the sector, from the field level to headquarters, have a responsibility to advance the rights of this population and effectively meet their needs. This includes developing appropriate policies, referrals, and programs, while soliciting the input of affected individuals at every stage of design and implementation.

Humanitarians need not start from scratch here. A great deal of guidance and evidence on interventions for working with individuals who sell sex already exists, much of it developed in consultation with sex workers, health experts, and development actors. This Guidance Note draws upon many of these resources. It also highlights particular ones that should be consulted, assessed for applicability to humanitarian response, and adapted as necessary.[2]

Background

Refugees and others forcibly displaced❖ often have few livelihood options available to them. They face numerous barriers to formal and informal forms of employment resulting from host government restrictions on their right to work, language barriers, and discrimination based on one or more intersecting identities—such as nationality, race, disability, sexual orientation, and gender identity/expression.

No matter where they seek refuge—be it a camp or a city—they encounter challenges to securing basic needs for themselves and their families: safe shelter, enough food to eat, clothing, and medical care. Against this backdrop, many refugees and others forcibly displaced engage in sex work.

A pressing need for guidance in this area became apparent through consultations WRC conducted with refugees and service providers throughout 2015. Among the key findings of those consultations were the following:

- Refugees across contexts and demographics do sex work. They are parents, husbands, wives, youths, older persons, cisgender, transgender, gay, straight, and persons with disabilities. They live and work in cities, rural areas, and refugee camps or settlements.
- They may engage in sex work regularly, as their sole

❖*While WRC's research focuses on refugees, this Guidance Note has relevance to other forcibly displaced persons engaging in sex work, such as those who are internally displaced (IDPs).*

form of income, or occasionally as an income supplement, or as a one-off transaction for money or non-monetary items.

- Some refugees who engage in sex work self-identify as 'sex workers.' Other refugees who engage in sex work do not.
- Refugees involved in sex work lack access to vital information and services that are essential to their immediate health and safety.
- They face severe violence, including beatings, rape, and sexual torture, from a number of actors including clients and police. They are especially targeted for violence because attackers assume they are even less likely than host community sex workers to report it. Some also face violence from host community sex workers.
- Silence and stigma around the topic of sex work in refugee contexts persist amongst humanitarian responders. This heightens this population's exposure to violence, discrimination, unplanned pregnancy, and sexually transmitted infections (STIs). It is also a barrier to them accessing a range of services, especially health and gender-based violence (GBV) services.

Refugee service providers stressed a need for operational guidance on engaging this population. They want guidance on how to talk about sex work with staff and individual clients, how to provide appropriate services, and how to develop appropriate referrals.[♦,‡]

Current inaction–a failure to develop and implement policies and programmatic guidelines–is inconsistent with humanitarian principles as well as protection mandates.

What this Guidance Note Seeks to Achieve

This Guidance Note is a response to those findings. It is practical guidance for addressing the significant unmet needs and vulnerabilities of displaced persons engaging in sex work. It is a starting point. More detailed and comprehensive guidance is warranted and should be developed in the near future; it should be the product of thoughtful consultation and research, a collaborative process in which affected individuals and experts from across humanitarian and non-humanitarian communities participate.

The main audience of this Note is humanitarian actors operating at the global and field levels. This refers to staff working in health and protection and/or for the UN Refugee Agency (UNHCR) or one of UNHCR's implementing or operational partners. The Note sets forth concrete actions for working with refugees engaging in sex work, for the purpose of: meeting their immediate health and protection needs; ensuring service provision respects their rights and dignity; ensuring services and programming are evidence-based; and strengthening individuals' capacities to claim and exercise their rights. Such strengthening includes facilitating individuals' access to information and to the types of services and support they decide are most relevant for them.

Beyond humanitarian actors at the global and field levels, we hope this Note will be reviewed by a wider audience. Additional input from affected communities—namely forcibly displaced persons currently or formerly engaged in the sex trades—is essential to carrying this conversation forward. So is the expertise and perspective of various non-humanitarian stakeholders who have experience designing, implementing,

♦*For more, see WRC. 2016. Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence at 95 ("Refugees Engaged in Sex Work"). That chapter is also available as a standalone report. WRC. 2016. Mean Streets: Refugees Engaged in Sex Work.*

‡*Most of the Mean Streets consultations took place in urban contexts. Most of these were protracted displacement rather than emergency settings; accordingly, some of the recommendations below may be better suited to the former. Further exploration of what interventions can be integrated into emergency response is urgently needed, given the particular perils faced by individuals and families enmeshed in acute crises and in transit from them.*

and funding programs with sex workers. This includes local and international sex worker advocates, civil society organizations, development and health agencies, and donors.

There are 14 Practical Steps for Field Staff listed below. Some are cost-effective actions that should be taken in the short term to facilitate access to information and services critical to this population's physical safety and health. Others are aimed at ending current practices (actions or inactions) of refugee service providers, especially those which are exclusionary, perpetuate stigma, and/or violate rights.[3] In general, this guidance is intended as a floor rather than a ceiling: minimum actions that should be undertaken to begin working with this underserved population.

Examples of good practices for working with sex workers exist in development and global health sectors, but the humanitarian sector lags behind. Refugees engaged in sex work face similar vulnerabilities, violence, and access issues to non-refugees engaged in sex work. This includes violence from state and non-state actors, discrimination by service providers, and a lack of access to information necessary to claim their rights. These risks and barriers are only compounded by their refugee status.

While this Guidance Note focuses on localized interventions, it recognizes that promoting rights and protection for this population will also require broader policy changes targeting the structural inequalities and violence that constrain refugees' options in the first instance. UNHCR must continue to advance national and global policies that facilitate displaced persons' access to livelihood opportunities and sufficient social safety nets, so that nobody has to rely on sex work for reasons related to forced displacement. The humanitarian community must work towards securing refugees' full range of rights and basic needs, so that those involved in sex work can exit it, or stop selling sex, when and if they choose.[4]

Definition of 'sex work'

This Guidance Note uses the terms 'sex work' and 'sex worker' as defined by global health and development agencies:

> *Sex Worker – female, male, and transgender adults and young people (over 18 years of age) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work may vary in the degree to which it is "formal" or "organized." It is important to note that sex work is consensual sex between adults, which takes many forms, and varies between countries and communities.*❖❖,♦♦

Included within the population of refugees engaged in sex work are individuals who call themselves 'sex workers' as well as many who do not self-identify as such. All displaced persons engaging in sex work–whether they do it full-time, or to meet a particular economic need–share the same rights and are entitled to the same menu of services, information, and support.[5]

A refugee's decision to sell sex may be influenced by circumstances related to or exacerbated by forced displacement, including poverty, discrimination, and legal restrictions on their mobility or right to work.[6] For some refugees, it may be the best of very limited options, or even their only option, for earning income. Such constrained situations do not, however, vitiate

❖❖*World Health Organization et al. 2013. Implementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches for Collaborative Interventions (SWIT) at xv (internal citation omitted).*

♦♦*This Guidance Note does not use the term 'survival sex' although this term is often used within the humanitarian sector to denote the phenomenon of refugees engaging in the sex trades or otherwise exchanging sex for money or goods. A full discussion of why the term 'survival sex' is ill-suited to a rights-based framework for addressing the issue is outside the scope of this publication. It suffices to note that although the term is deployed frequently within humanitarian discourse, it is rarely if ever defined. By its own construction however, the term presents as value- and assumption-laden, offering one particular narrative on beneficiaries' behalf. It does not thereby center refugees' own perspectives or allow for the diversity of experiences and viewpoints refugees themselves express about selling or trading sex. (See WRC. 2016. Mean Streets: Refugees Engaged in Sex Work.) Situating the term 'survival sex' within other key contexts, including global health, development, and sex worker rights movements, further establishes the term as an anachronism.*

a person's autonomy or "necessarily undermine or negate" their ability to consent or to make choices for their own lives.[7]

An important exception here is "situations amounting to coercion," where a person engages in transactional sex in the face of "threats, violence or abuse of authority."[8] This includes situations where refugees are forced to exchange sex for things that are theirs as a matter of right, e.g. to cross a border, avoid eviction, or collect food aid. Appropriate responses to these situations is not a topic addressed in this Guidance Note, although evidence affirms that many refugees encounter this form of sexual violence.[9] More practical guidance for field staff on how to best respond to these coercive situations is also needed, for both camp and urban settings, under the aegis of UNHCR's gender-based violence framework and protocols.

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14 PRACTICAL STEPS FOR FIELD STAFF

This section sets forth essential aspects of a rights-based approach[10] to working with refugees engaged in sex work, as well as key components of programming.[‡‡]

As noted above, this includes persons who call themselves 'sex workers' as well as those who do not self-identify as such. All displaced persons engaging in sex work—whether full-time or occasionally—share the same rights and are entitled to the same suite of services, information, and support.[11]

Given existing stigma and bias around sex work, it is important to emphasize up front that the fundamental humanitarian principle of "do no harm" applies with equal force to refugees who sell sex, along with attendant standards around preserving confidentiality, prioritizing safety, and respecting individuals' preferred forms of assistance.

Under a rights-based approach to working with refugees engaged in sex work, practitioners will:

1. **Know international standards relating to the rights of persons engaged in sex work**. There is an ever-increasing body of evidence, policy statements, and legal analysis that affirm the rights of individuals involved in the sex trades; articulate their needs, concerns, and risks; and provide guidance on designing participatory interventions.[12]

2. **Solicit the input and perspectives of refugees engaged in sex work**, facilitating their meaningful input into the design, development, and implementation of protocols or programs designed to enhance their protection and access to services.

3. **Put the individual at the center of decisions**, so that each individual's self-expressed concerns, needs, and preferences are the drivers of individual case management and/or counseling. This includes promoting the full protection of each individual's human rights.

4. **Respect individual choice** as an essential component of a rights-based approach to supporting these refugees. This respect arises from the conviction that individuals have the competency to make choices for their own lives. Provide individuals seeking services or case management with **information** about a range of **potential options for services and referrals, so they can choose what services or programs are most relevant for them**. Some refugees may be most interested in learning where they can access knowledgeable and user-friendly sexual health services. Others may be interested in accessing peer support, or participating in a safety or peer education training. Others may be primarily concerned with leaving sex work and be most interested in alternative livelihood or vocational training programs.

[‡‡]*This Guidance Note focuses on one set of duty-bearers: humanitarian actors operating at the global and field levels, especially UNHCR and its implementing and operational partners. It outlines how these actors can take action to meet their obligations to refugees engaged in sex work. States have obligations to these individuals as well (as they do to all refugees and to all sex workers); by extension, humanitarian actors—especially those engaged in policy discussions at national and global levels—have a responsibility to advocate for host governments to meet these obligations.*

5. **Build the skills and capacities of staff to facilitate access to services and information for refugees engaged in sex work, and to do so in a nonjudgmental and non-discriminatory manner.** Staff capacity-building must:

   a. **Strike a sensitive balance** between assuming anyone can be engaged in sex work, while not asking refugees to disclose if they are. Key information about referrals and service options should be made available to all persons, without them first having to self-disclose. For those who do disclose, service providers should have on hand additional resources and referrals as well as be prepared to support them without judgment.

   Tip! Health and GBV practitioners should ensure their "intake" questions create a safe space—confidential and nonjudgmental—for persons to disclose whether they engage in sex work and/or have related needs or concerns.

   b. **Openly address the issue of refugees engaging in sex work.** Inform staff that this population, although traditionally overlooked or hidden, is a 'beneficiary population' falling under UNHCR's mandate. Trainings should cover:

      - The rights of refugees engaged in sex work, considering the roles of duty-bearers such as police, lawyers, and judges.
      - The need for holistic, non-discriminatory, and evidence-based approaches to working with these refugees.
      - Building evidence around the service needs of refugees engaged in sex work and the risks they face, using tools, best practices, and guidance from other sectors.
      - Information related to the local legal, social, cultural, and institutional constraints that may increase vulnerabilities for this population or barriers to their accessing services.

   c. **Combat stigma and bias amongst staff, and enforce standards of non-discrimination.** Stigmatizing attitudes, including silence around the issue of refugees engaging in sex work, are barriers to people accessing the services and information they need—and to which they are entitled. Staff should be oriented to non-discrimination standards and codes of conduct, and how these apply to beneficiaries engaged in sex work.

   Personal beliefs around sex or sex as an income-generating activity are not a justification for inaction with respect to this population. Nor can they factor into counseling, referrals, or other aspects of rights-based service provision.

   d. **Enforce confidentiality.** Failure to preserve confidentiality violates case management protocols and increases an individual's risk of violence.

   e. **Explore opportunities for local and regional experts to do capacity-building trainings for staff.** Identify opportunities through the mapping exercises discussed below. Local, national, and regional human rights organizations, including sex worker advocates, have specialized knowledge relevant to the health and protection concerns of these refugees. Their expertise should be sought, even if they do not have experience with humanitarian response.

6. **Identify, map, and reach out to local, national, and regional sex worker-led organizations.**

   These organizations have expertise relevant to the health and safety of refugees involved in sex work. This likely includes information about: risk mitigation and safety strategies; peer support; peer education trainings; sensitive sexual and reproductive health (SRH) care providers; sensitive GBV service providers; and law enforcement.

   Tip! Ask whether any programs or interventions by and for sex workers are taking place in your region, and what opportunities there may be for refugee inclusion, or for building linkages with humanitarian actors.

7. **Identify, map, and reach out to local organizations and service providers who have experience working with local sex worker communities**.❖❖❖ Explore opportunities for refugee participation.

   Examples: local SRH providers, lawyers, human rights organizations, and safe spaces (drop-in centers).

   Tip! Ask whether any programs or interventions with sex workers exist in your region. Discuss what barriers may exist to refugee inclusion, such as language barriers or cost-sharing needs, and potential workarounds.[13]

   Tip! Local affiliates of the International Planned Parenthood Federation (IPPF) and regional UNAIDS offices may have useful information about potential resources.

8. **Know local laws around sex work**, including prostitution laws and other laws that may be used to criminalize sex work (e.g. loitering laws).♦♦♦ Find out from local actors whether/how these laws are enforced.

   Know how these laws interact with laws governing refugees' asylum/legal status in a country.

   Develop protocols for responding to instances where a refugee is arrested for selling sexual services. Who can a refugee sex worker call if they are arrested? Can local legal service providers with experience handling these cases share their knowledge with refugee legal service providers? Offer referrals?

9. **Develop referral pathways for legal, health, and support services, as well as information handouts for refugees engaged in sex work.** These referral pathways and handouts will be informed by knowledge acquired through Steps 6, 7, and 8 above. Information handouts should look to sensitize individuals about their rights, relevant host country laws, safety tips, and critical SRH information.

   Be sure to assess the capacity and willingness of referral organizations to engage refugees. Identify and address potential barriers, and facilitators, to refugee inclusion.[14]

10. **Mainstream the rights and service needs of refugees engaged in sex work across programs**, including health, legal, livelihood, and GBV programs, as well as needs assessments. Develop strategies for communicating to beneficiaries that nonjudgmental services are available and confidentiality will be respected. Develop strategies for making information available to individuals without requiring them to first disclose they do sex work.

    a. **GBV practitioners:** Ensure GBV practitioners and counselors are trained and sensitized to serve refugees who experience rape, sexual assault, or other violence in the course of selling or trading sex.[15,16]

❖❖❖ *See WRC. 2016. Service Provision Mapping Tool: Urban Refugee Response ("Refugees Engaged in Sex Work").*

♦♦♦ *For a global map of legal frameworks that criminalize sex work, searchable by country, see the Institute of Development Studies, Map of Sex Work Law, available at http://spl.ids.ac.uk/sexworklaw*

Tip! Integrate questions related to sex work into Risk Assessments, to learn what risks these refugees face, and work with them on developing risk mitigation strategies.[17]

b. SRH practitioners: Ensure SRH practitioners and health providers are trained and sensitized to serve refugees engaged in sex work. Identify entry points for inclusion in all clinical services.

Safe, confidential, and non-stigmatizing access to SRH services must be assured for this population, from the earliest days of an emergency.

Establish an essential services package for persons engaged in sex work, and integrate it into all service delivery models—both minimum initial SRH service packages provided in the earliest days of an emergency, as well as more comprehensive SRH response.

Tailored SRH is critical, given the particular needs of sex workers with respect to family planning and contraceptive services, HIV/STI prevention and care, and maternal health.

Inclusion of this population's needs requires:

i. Making condoms and lubricants available in sufficient quantity (evidence supports access to both male and female condoms for sex workers);[18]

ii. Providing essential information about safe sex and sexual health, and sex worker-tailored counseling around protection. This includes information about how to use male and female condoms and lubricants;[###]

iii. Screening for HIV and other STIs and appropriate counseling, treatment, and follow-up;

iv. Providing holistic care that includes pregnancy, maternal, and prenatal health. It is essential to recognize that individuals doing sex work have many of the same SRH needs as non-sex workers. They have similarly diverse family planning intentions, and both planned and unplanned pregnancies.[19]

Components of mainstreaming initiatives should be developed from existing good practices **established in the literature on interventions with sex workers**. A wealth of practical guidance already exists, largely outside of the humanitarian sector. It should be applied to humanitarian contexts with the input of affected communities and non-humanitarian experts.

A list of resources and sample good practices is provided in **Annex A: Additional Resources** and **Annex B: Selected Good Practices.**

The resources in Annex A contain protocols, best practices, sample interventions, case studies, empirical research, and program evaluation data. These should be modified as appropriate for humanitarian contexts. The selected good practices in Annex B are diverse. They touch upon a wide range of sex workers' health and protection needs. Since not many examples of effective interventions with refugee sex workers exist, most of these practices were drawn from non-humanitarian resources. They should be adapted and integrated into humanitarian service delivery.

[###]*Participants in a recent peer education training for refugee sex workers in Kampala shared that a critical learning for them was how to use condoms and negotiate their use with clients. This training is part of a collaboration between Reproductive Health Uganda and WRC in piloting interventions with refugee sex workers. Program components and evaluation data will be published in a forthcoming case study.*

11. **Conduct targeted outreach and tailored interventions to address the needs and concerns of refugees engaged in sex work.**

    Refugees engaged in sex work are a hidden population. Targeted outreach is necessary to ensure they have meaningful access to information and services. It is also necessary for ensuring that service provision is aligned with their particular needs and lifestyles (e.g. work schedules), and the particular vectors of violence and discrimination they face.

    Targeted outreach can promote both health and protection. Indeed, many best practice interventions for sex workers are holistic, addressing both health and protection concerns within one intervention. Mobile clinics, nighttime clinics, peer outreach, and peer education trainings are examples; some of these could potentially be conducted in collaboration with local actors, such as local sex worker organizations.

    Field staff should solicit refugees' input to ensure existing mainstream refugee programs are accessible to refugee sex workers. Where they are inaccessible, modifications should be explored. Examples might include arranging crèches or day care for parents who work at night, or offering skills-training (e.g. vocational or language classes) at times when they will most likely be able to attend.

    Targeted outreach and interventions should be adapted from existing good practices. See Annex A: Additional Resources and Annex B: Selected Good Practices.

    Example: Reproductive Health Uganda, a Kampala-based affiliate of the International Planned Parenthood Federation, conducts peer education trainings for refugee sex workers. Initial trainings took place in Kampala, but in response to participants' feedback they were expanded to a refugee settlement outside of the city. Trainings are holistic, covering a range of topics including: human rights, community mobilization and outreach, GBV, advocacy, family planning, HIV/STI screening, and life planning and parenting.

    Facilitators had previously conducted peer education trainings with Ugandan sex workers, but had never before worked with refugees. Accordingly, they consulted with participants to modify content to reflect refugee sex workers' particular concerns and experiences.[20]

12. **Ensure funding proposals are inclusive of this population and gaps in service delivery they experience,** so that adequate resources—human and financial—can be allocated to respond to their needs. Consideration of their needs and service gaps must also become a standard part of emergency preparedness plans.

    Tip! Are sufficient resources being requested and allocated for necessary staff capacity-building? For peer education trainings, or appropriate cost-sharing with specialized service providers?

13. **Facilitate peer support amongst refugees engaged in sex work and provide tangible support—technical and financial—to community-led protection efforts.**

    Interventions should follow a *community empowerment* model wherever possible. Community empowerment is "both an intervention in itself, and also essential to effective [programming];"[21] it is a "process whereby sex workers take individual and collective ownership of programs in order to achieve the most effective [program impacts and] responses, and take concrete action to address social and structural barriers to their broader health and human rights."[22]

    Service providers should undertake a risk assessment/context analysis to determine what types of community or peer support strengthening are appropriate in a given environment. In some settings, there may not be a 'community' to speak of: refugees engaged in sex work may be isolated from each other and/or from relevant host community networks, some of whom may not have the capacity for or interest in engaging refugees. In other settings, individual refugees may be interested in knowing each other, to share health or safety information, and humanitarian actors can facilitate these peer linkages. In still other places, there may be a community of refugees engaged in sex work that humanitarian actors can support directly. These communities may be informal—such as a loosely knit group of peers who work or live together—or they may have a formal organizational structure.

    In certain humanitarian contexts, it may not be appropriate, preferred, or even safe to default to a community empowerment model. This may be the case, for instance, during the first phase of emergency response, or where doing so could put people at risk, or where an individual is only seeking personal care.

14. **Gather information related to the experiences of refugees involved in sex work, especially their risks (e.g. patterns of violence) and service needs (e.g. access to essential health services).** Research on the experiences of refugee sex workers is needed to inform holistic, tailored interventions. It is also needed to better understand the interrelation of refugees' and sex workers' rights.

    Any data collected or shared by service providers must be de-identified and stripped of information that could lead to an individual's identification. This is imperative for preserving confidentiality and guarding against placing individuals at risk of harm. Any research should align with the principle of *do no harm*.[23] Efforts should be made to make research as participatory as possible, and it is encouraged to engage refugees doing sex work as researchers in the data collection process.

Conclusion

Refugees who do sex work are overlooked and underserved. They incur violence, health risks, stigma, and discrimination—all while their significant health and protection needs go unmet.

The full scope of their needs and the most effective ways to address them remain unknown. More research is needed to understand the experiences of refugees engaged in sex work and how they mirror or diverge from those of host community sex workers.

That said, current research gaps do not justify inaction. Minimum policies, protocols, and programming can be put into place to safeguard the basic rights of refugees engaged in sex work; to mitigate their exposure to violence and discrimination (including when accessing mainstream refugee services); to empower them to assert their rights; and to build service providers' skills and capacities to work with them.

This Guidance Note sets forth concrete steps humanitarian actors should take to start working with this population. These actions are critical to start closing service gaps, mitigating risk and marginalization, and safeguarding rights. Intervention specifics may vary depending upon local context (e.g. protracted displacement vs. emergency response, urban vs. camp settings) and current modes of humanitarian service delivery (e.g. the segregation of protection and SRH sectors). But all field operations, across contexts, should start building capacities and sensitizing staff.

In particular, responsibility should be delegated for developing and implementing:

- Inclusion strategies
- Tailored programs and services, especially GBV and SRH
- Referral pathways
- Information sheets
- Linkages with experts (local, national, regional)
- Peer support, peer education, and peer outreach initiatives

Taking action to meet the needs of these refugees, and to de-stigmatize sex work within humanitarian response, is imperative. Refugees who engage in sex work are entitled to the same protections as all refugees. That they sell sex to meet their economic needs is not an issue to be politicized. Nor can the humanitarian community's willingness or ability to respond depend upon host nation laws or social norms. Working with refugees engaged in sex work—to advance not only their health and safety but all of their rights—goes to the heart of the humanitarian community's commitment to human rights.

Notes

1. See Global Network of Sex Work Projects (NSWP). 2013. *Consensus Statement On Sex Work, Human Rights, and the Law* (setting out human rights prioritized by sex workers and grounding them within international human rights treaties), available at http://www.nswp.org/resource/nswp-consensus-statement-sex-work-human-rights-and-the-law

2. See Annex B: Selected Good Practices for examples of programming with sex worker populations in development contexts. Additionally, a recent report by CHANGE provides an overview of best practices for advancing the sexual and reproductive health of female sex workers. CHANGE. 2016. All Women, All Rights, Sex Workers Included, available at http://www.genderhealth.org/files/uploads/All_Women_Alll_Rights_Sex_Workers_Included_Report.pdf

3. WRC. 2016. *Mean Streets: Refugees Engaged in Sex Work*, available at https://www.womensrefugeecommission.org/gbv/resources/document/download/1286

4. See Amnesty International. 2016. *Policy on State Obligations to Respect, Protect, and Fulfill the Human Rights of Sex Workers*, available at https://www.amnesty.org/en/documents/pol30/4062/2016/en/

5. See Annex A: Additional Resources.

6. Neither the SWIT nor this Guidance Note address the issue of minors who sell sex. See WRC, *Mean Streets: Refugees Engaged in Sex Work*, supra note 3 at fn. i (highlighting the complexity of circumstances in which refugee minors are involved in the sex trades and the need for thoughtful, nuanced responses that meet their individual needs).

7. Amnesty International. *Policy on State Obligations,* supra note 4 at p. 15.

8. Id.

9. See, e.g., WRC. 2016. *Mean Streets: Identifying and Responding to Urban Refugees' Risks of Gender-Based Violence* at p. 21 ("Urban Refugees and Sexual Coercion"); Human Rights Watch. *Lebanon: Syrian Women at Risk of Sex Trafficking* (July 28, 2016) (noting a lack of referral pathways in place for Syrian victims of sex trafficking) at https://www.hrw.org/news/2016/07/28/lebanon-syrian-women-risk-sex-trafficking

10. A human rights-based approach is "a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights." Office of the United Nations High Commissioner for Human Rights. 2006. *Frequently Asked Questions on a Human Rights-Based Approach to Development Cooperation* at p. 15, available at http://www.ohchr.org/Documents/Publications/FAQen.pdf

    Within the UN system, "essential attributes" of human-rights based approach are (1) fulfilling human rights is "the main objective" of policies and programs; (2) identifying "*rights-holders* and their entitlements and corresponding *duty-bearers* and their obligations," and working "towards strengthening the capacities of rights-holders to make their claims and of duty-bearers to meet their obligations"; (3) "principles and standards derived from international human rights treaties" guide all phases of programming. Id. at p. 15-16 (emphasis in original). See also Inter-Agency Standing Committee. 2015. *Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Settings* at p. 46 ("Humanitarian actors, along with states…[are] 'duty-bearers' who are bound by their obligations to encourage, empower, and assist 'rights holders' in claiming their rights.") (IASC Guidelines), available at http://gbvguidelines.org/

11. For examples, see Annex B: Selected Good Practices.

12. See Annex A: Additional Resources.

13. For a discussion of likely barriers to refugee inclusion in host community programs, see WRC. 2016. *Service Provision Mapping Tool: Urban Refugee Response*, available at https://www.womensrefugeecommission.org/gbv/resources/1353-urban-gbv-tools

14. Id.

15. See World Health Organization et al. 2013. I*mplementing Comprehensive HIV/STI Programmes with Sex Workers: Practical Approaches for Collaborative Interventions* (SWIT) at Chapter 2: Addressing Violence against Sex Workers (setting forth core values and principles in addressing violence against sex workers, as well as good practices for violence prevention and response).

16. The imperative to take a 'survivor-centered approach' to GBV case management applies equally to all survivors, including those who experience violence in relation to exchanging sex for money or goods. The elements of a survivor-centered approach are: 1) safety; 2) confidentiality; 3) respect; 4) non-discrimination. See IASC Guidelines, supra note 11 at p. 47.

17. See WRC. 2016. *Urban Gender-Based Violence Risk Assessment Guidance* ("Refugees Engaged in Sex Work"), available at https://www.womensrefugeecommission.org/gbv/resources/document/download/1354

18. See WHO et al. SWIT, supra note 15 at Chapter 4: "Condom and Lubricant Programming." Stigma around selling sex can be a barrier to refugees asking for the quantity of condoms and lubricants they need even where, in theory, such resources are available. See WRC. Mean Streets: Refugees Engaged in Sex Work, supra note 3.

19. CHANGE. *All Women, All Rights*, supra note 2 (affirming the full range of female sex workers' health needs, going beyond a narrow biomedical approach).

20. This training is part of a collaboration between Reproductive Health Uganda and WRC in piloting interventions with refugee sex workers. Program components and evaluation data will be published in a forthcoming case study.

21. WHO et al. SWIT, supra note 15 at p. 4.

22. Id.

23. National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, Bethesda, MD. 1978. *The Belmont report: Ethical principles and guidelines for the protection of human subjects of research.* ERIC Clearinghouse.

Annex A: Additional Resources

1. American Jewish World Service. 2013. *Sex Worker Rights: (Almost) Everything You Wanted to Know But Were Afraid to Ask.* Available at http://www.nswp.org/sites/nswp.org/files/sex_worker_rights.pdf

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Annex B: Selected Good Practices

This is a list of sample good practices and program activities for serving the health and protection needs of refugees engaged in sex work. Pulled from various academic and grey literature, they are interventions and/or components of interventions that are grounded in evidence and rights-based approaches to working with sex workers. Some might be integrated into existing humanitarian programming "as is" (i.e. without needing any modification); others may need to be adapted for humanitarian contexts.

The good practices listed here are suggestive of those that could be most readily taken up by humanitarian actors at the field level. Most of these activities do not directly address structural drivers of violence and discrimination against persons involved in the sex trades (e.g. criminal laws). Ideally, many of the activities listed below would be provided holistically, alongside one another, but this may not always be possible due to the siloed ways in which health and protection services are currently provided for refugees and other forcibly displaced persons, in both urban and camp settings.

PRACTICE	EXAMPLE*
Peer-led Interventions‡	
Peer education	International Medical Corps (IMC): Kenya's Fishing Communities[1,2] A five-year program in which fishing community members involved in "transactional sex" teach each other behavioral changes that could help prevent HIV infection, including gender and masculinity issues, the importance of condoms, and information about testing.
Peer support networks	IMC: Sister-to-Sister Tanzania[3] A peer group of over 790 female sex workers (FSW). This group allowed FSWs to gather for information-sharing and peer support, particularly related to HIV/STI prevention.
Peer counseling	Sonagachi Project[4] A multi-component community development project, including FSWs training each other on condom use, violence prevention, and other safety practices.
Community mapping	Kenya's National AIDS & STI Control Programme (NASCOP) and the World Bank mapped 51 urban centers, representing 70% of towns, and produced (along with data compiled from studies since 2006) national estimates for populations of sex workers, men who have sex with men, and people who inject drugs. This type of baseline data can inform the inclusion of these populations in national strategic plans.[5]
Community outreach	Legalife-Ukraine engages with non-sex worker members of the community in order to create a strong network of community allies to help prevent and document abuses. Legalife-Ukraine also raises concerns for sex worker health and well-being directly with provincial and municipal councils and local health and social service providers. This includes distributing materials, developing referral systems, and making it easier for community members to talk about sex work.[6]
Duty-bearer training and sensitization	International Planned Parenthood Federation (IPPF): Shadows and Light Webinar[7] Addressing the SRH and HIV needs of sex workers in Uganda through a webinar aimed at service providers and other duty-bearers. The webinar introduced SRH components from the SWIT, discussed stigma and discrimination, and county-level examples.

**Ideally, all interventions will meaningfully solicit input from refugees engaged in sex work at every stage of design and implementation. Ideally, standalone interventions will eventually be led and owned by sex worker-led organizations.*

‡Peer-led interventions are at the top of this list to emphasize their importance to interventions with sex workers. Peer-led interventions are also the most cited and most effective interventions in the literature.

Annex B: Selected Good Practices (continued)

PRACTICE	EXAMPLE
Sexual and Reproductive Health Initiatives	
Access to family planning	IPPF: Sexual Health Integrated Project (SHIP)[8] A program through the Family Planning Association of Trinidad and Tobago (FPATT) that empowers sex workers by increasing access to SRH information and services in a non-discriminatory targeted way. The project included distribution of male and female condoms by peer educators to fellow sex workers.♦
Maternal health care	*FSWs are often mothers and the likelihood of becoming pregnant is particularly high for this population. It is important to share information with FSWs about antenatal care, birth, and post-partum care. These types of health care can also be considered access points for other essential care, such as mother-to-child transmission of HIV.* ❖,[9]
Safe pregnancy	*Pregnant sex workers should be informed of possible pregnancy risks and prenatal care, including potential work accommodations to put in place to ensure safe pregnancy, e.g. fewer shifts, longer breaks, exemption from certain activities.*[10]
Safe abortion and post-abortion care	*Consider unintended pregnancy as an occupational health risk of sex work and respond to it as such, including by providing information/services for safe abortion and post-abortion care.*[11]
HIV/STI Treatment and Care	
Non-discriminatory STI testing	Médecins Sans Frontières (MSF): Malawi STI Testing[12] This project, including service provider training, provided HIV and STI testing at the border of Malawi and Mozambique, an area known to have a high population of commercial sex workers, as well as truck drivers who are consistent clients of commercial sex workers.
PEP and PrEP	*Recent studies and practices have shown limited uptake and knowledge of PEP and PrEP among FSWs, although they experience a high level of sexual violence and high risk of HIV. It is important that, as trials for PEP and PrEP increase globally, FSWs are included in these trials—particularly as WHO implementation studies are taking place in sites that include high populations of FSWs.*[13] Sex worker-led organization Bar Hostess Empowerment and Support Programme (BHESP) in Kenya lobbied for better PrEP studies and programming and is now part of a PrEP pilot program administered through health clinics that include other SRH services. BHESP also established a Community Advisory Board to ensure continuation of services once the pilot program has ended.[14]

♦*It is important to note that male and female condoms are not the only form of family planning that should be made available to sex workers. One particularly important method of family planning that should be discussed with and distributed to sex workers is emergency contraception, as unplanned pregnancy may be more common among this population than among other populations.*

❖*In some cases, appropriate programmatic examples tailored to sex workers couldn't be found, highlighting the need to amplify the needs of this population and adapt evidence- and rights- based guidance from other contexts.*

Annex B: Selected Good Practices (continued)

PRACTICE	EXAMPLE
HIV/STI Treatment and Care (continued)	
Prophylactics [male and female condoms and lubricants]	(1) Population Services International, Laos: *Number One Deluxe Plus* packages—co-packaging of condoms, lubricant, and informational brochure distributed by community outreach workers to sex workers, men who have sex with men, and transgender individuals.[15] (2) Population Services International, Myanmar: Targeted Outreach Project (TOP) included in its outreach information and tips related to using male and female condoms in both client-sex worker relationships and intimate partner relationships.[16]
ART counseling and care	*Health Options for Young Men on HIV, AIDS, and STIs (HOYMAS)*[17] This community-led, holistic program includes medicine storage for men on ARVs, a place to rest after treatment, nutritional support tailored to men taking ARVs.
Community Empowerment and Models of Care	
Drop-in centers and safe spaces**	PATH: Magnet Theater Project[18] This innovative project created a space for sex workers and their children to gather and share information about HIV and protection from violence with each other through interactive skits. Sex Workers Education and Advocacy Taskforce (SWEAT) in South Africa hosts "Creative Space" workshops that encourage sex workers to come together and engage with topics such as occupational safety, living with HIV, and managing finances. Eventually, SWEAT developed an instructional manual for developing and leading Creative Space workshops.[19]
Training of trainers	John Snow Inc.: The TUMAR Project[20] Implemented in four Central Asian countries, this program involved developing a comprehensive package of services for most-at-risk populations (including sex workers) and trained outreach workers on education and distribution of services, located in strategically placed drop-in centers.
Rights and law education	Sex worker-led organization Bar Hostess Empowerment and Support Programme (BHESP) in Kenya launched a legal aid program and trained sex workers as paralegals, who now conduct peer trainings with other sex workers to ensure they know their rights and how to recognize rights violations, such as arbitrary arrest and illegal detention. This program also empowers sex workers to challenge police accountability.[21] Legalife-Ukraine conducts training on Ukrainian law and reporting abuse, empowering sex workers to better communicate and assert their rights when interacting with police. This includes providing mobile phones to sex workers, which they use to record police interactions and hold police accountable for rights violations.[22]

***Drop-in centers, also called safe spaces, are one of the most often cited interventions used with sex worker populations. They can take many different forms, have been proven to be effective spaces for information sharing and safety planning, and the example provided is one among many – in fact, many programs cited as examples of other positive practices include safe spaces and drop-in centers.*

Annex B: Selected Good Practices (continued)

PRACTICE	EXAMPLE
Community Empowerment and Models of Care (continued)	
Community committees	Sonagachi Project[23] A multi-component project that included creating community among sex workers through collective committees, meetings, and protests to discuss a range of issues from everyday problems as sex workers to larger, global policy changes that would help empower all sex worker communities. The Sexual Rights Center (SRC) in Zimbabwe solidified a relationship with sex workers through the Sex Worker Advisory Committee, elected and led by sex workers and serving as a bridge between SRC and the sex worker community, identifying gaps and suggesting programs such as community mobilization and service provider training.[24]
Advocacy and building partnerships	Pathfinder International, MUKTA Project [25,26] This 3-phase project, aimed at FSWs and men who have sex with men in Maharashtra, focused on delivering outreach and services through non-discriminatory clinics and drop-in centers. The third phase of this program, based on the success of phases 1 and 2, involved handover to community-led organizations and partnership building with the Government of Maharashtra and the National AIDS Control Organization and expansion into other states in India.
Mobile clinics, night clinics, etc.	FHI 360: ROADS I and II: Regional Outreach Addressing AIDS through Development Strategies:[27] Setting up community-owned HIV and health services along the transport corridors in East, Central, and Southern Africa—sites where sex workers are known to gather and interact with clients. These sites have some of the highest HIV prevalence in these areas; these treatment centers also integrated family planning, reproductive, and maternal health services into their programming. Survivors, a sex worker network in Kenya, opened its own health clinic that remains open late to accommodate sex workers' schedules and staffed by clinicians and nurses who alternate schedules. This clinic provides STI and family planning services, and stocks STI/HIV medications to provide care directly to sex workers and free of charge.[28]
Economic empowerment	Survivors, in Kenya, coordinates savings programs to respond to barriers sex workers often face in accessing banking services. Contributions to the fund are collected on a monthly basis and sex workers access funds on a structured schedule.[29]

Annex B: Selected Good Practices (continued)

PRACTICE	EXAMPLE
Violence Prevention and Response	
Psychosocial support	*The psychological impacts of GBV on all women, including sex workers, are well documented. Recent studies have shown an association between GBV and attempted suicide among FSWs, alongside other psychological distress disorders such as depression and PTSD.*[30] *All GBV practitioners should be trained to work with survivors who are sex workers and to provide them non-discriminatory, survivor-centered care. GBV practitioners should be sensitized to the particular forms of GBV, discrimination, and stigma sex workers face, and equipped to provide a range of information and referral options in a nonjudgmental manner.*
Legal education and support	MSF: Commercial Sex Worker Community Outreach Clinic[31] This multi-component[‡‡] clinic includes staff who are responsive to the legal needs of FSWs who have experienced violence; offers informational sessions related to sex worker rights and law in Malawi.
Post-rape clinical care	*Healthcare providers should be trained on non-discrimination and providing non-stigmatizing comprehensive sexual health services, including post-rape care, to FSWs who are survivors of GBV.*[32]
Service mapping	Kenyan sex worker-led organization Bar Hostess Empowerment and Support Programme (BHESP) conducted service mapping to show the need for condoms, using the results to advocate with health officials to start providing condoms to underserved areas.[33]
Law enforcement engagement and training	(1) Movimiento de Trabajadores Sexuales del Peru conducts trainings with police and security forces to change attitudes and practice as well as to encourage them to defend sex worker rights, including the right to be free from violence.[34] (2) Police accountability in Kyrgyzstan: The Ministry of Interior, with advice from and collaboration with the sex worker-led organization Tais Plus, issued an order prohibiting police officers from obstructing sex worker access to services and from patrolling areas (e.g. drop-in centers, community centers) where sex workers mobilize.[35]

[‡‡]*Many of the programmatic examples in this table are considered "multi-component," meaning that each combines multiple practices into one program. Holistic, multi-component programs are best practice and should be pursued wherever possible.*

Annex B: Notes

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