

Supporting Refugee Women Engaged in Sex Work: Integrating the Peer Education Model into Humanitarian Response

Kampala and Nakivale Settlement, Uganda
February-August 2016

“The training, it saves lives.”

- Peer educator, Kampala

Introduction

As part of a series of urban gender-based violence (GBV) pilot interventions, in 2016 the Women’s Refugee Commission (WRC) partnered with Reproductive Health Uganda (RHU) to address GBV risks and support gaps facing refugee women engaged in sex work in Uganda.

These activities were undertaken in two sites: Kampala and the Nakivale Refugee Settlement. They were designed to take an evidence-informed and rights-based approach to working with these women, for the purpose of strengthening their skills and capacity to mitigate GBV risks and otherwise improve their health and safety. The heart of the project was adapting, for the humanitarian context, peer education trainings for women engaged in sex work. **A total of 80 refugee women were trained as peer educators: 50 women living in Kampala and 30 women living in the Nakivale Refugee Settlement.**¹



Peer educators in Nakivale Refugee Settlement

Adapting the Peer Education Model for Refugee Women

Peer education follows a community-empowerment approach for working with individuals engaged in transactional sex.² Evidence from outside the humanitarian sector demonstrates the effectiveness of peer education and peer-led outreach and support in reducing HIV and GBV risks amongst persons doing sex work.³

Following established good practice in peer education training, the sessions conducted by RHU were holistic and participant-driven. The trainings lasted five days and covered the following topics:

¹ A second component of the pilot project was bringing **mobile health clinics to refugee neighborhoods** in Kampala, to enhance access to services—including GBV services—for urban refugees, especially hard-to-reach populations. For more information, see WRC. 2017. *Case Study: Bringing Mobile Clinics to Urban Refugees in Kampala*, available at: <https://www.womensrefugeecommission.org/gbv/resources/1462-urban-gbv-case-studies>

² World Health Organization et. al. 2013. *Implementing Comprehensive HIV/STI Programmes for Sex Workers: Practical Approaches from Collaborative Interventions (also known as the [Sex Worker Implementation Tool](#) or SWIT)* at 5.

³ WRC and OGERA. 2016. [Working with Refugees Engaged in Sex Work: Guidance for Humanitarians.](#)

- Human rights and rights advocacy
- Family planning
- Life planning skills
- Parenting in sex work
- Safer sex in sex work
- Community mobilization
- Community outreach
- Condoms and condom distribution
- Gender Based Violence
- Violence in sex work
- Dealing with security and law enforcement
- STI & HIV/AIDS testing, prevention, and continuum of care
- Action planning



Training facilitator discusses the rights of refugees engaged in sex work in Uganda with peer educators

Trained peer educators act as focal points and outreach coordinators for refugees in their respective communities who are engaged in sex work. Peer educators take on independent activities in their communities, including capacity-building and information sharing amongst fellow refugees engaged in sex work. They also engage in condom distribution; organize information, safety, and know-your-rights sessions for their peers; conduct one-on-one peer mentoring and support; and provide referrals to peers seeking legal, SRH, GBV and/or other services.

“Before the training, I didn’t know I couldn’t use a condom more than once.”

- Peer educator, Kampala

Initially, peer education trainings were limited to refugee women living within the city of Kampala. In Kampala, the number of participants was limited to 50 women, although the number of requests to participate was higher. Feedback from peer educators in Kampala emphasized a need for similar trainings to be conducted in Uganda’s refugee settlements, so the pilot project was expanded to Nakivale, where another 30 women were trained as peer educators.

“When you do programming with refugees doing sex work, it is better to support them to know their rights, and to know the implications of some of their actions. These are all risk mitigation strategies...make sure they get all the information, so they can be safe and advocate for themselves.”

- RHU staff

In Nakivale, RHU coordinated and met with various settlement actors who expressed support for the peer education trainings. These actors included representatives from the Office of the Prime Minister who oversee humanitarian assistance within Uganda; the settlement Commandant and UNHCR regional and settlement focal points; and Medical Teams International, which runs health programs in the settlement.

Key components of the project included:

- Trainings organized and coordinated by RHU staff members with prior experience working and conducting similar trainings with Ugandan sex workers.
- Using a variety of activities and media to teach the curriculum, including focus group discussions, peer and expert presentations, videos and photo slideshows.

- Adapting RHU’s usual peer education training package for refugees. This required modifying the content to reflect questions around refugees’ legal status in Uganda, as well as to address refugees’ heightened risks of violence from clients and police, as compared with Ugandan sex workers ⁴
- Conducting the trainings in refugees’ multiple languages
- Ensuring participants’ confidentiality, since many refugee women reported fears of being “found out” to be selling sex, including by their husbands who do not know they sell sex
- Making sure the trainings were practical and reflected participants’ day-to-day experiences as women engaged in sex work. Topics garnering the most interest included: condom use (male and female condoms); testing and treatment for HIV/STIs; relevant local laws; tips for speaking with police if approached; peer counseling; working in pairs and other safety tips; parenting as a sex worker; how to conduct community outreach.
- Offering optional, on-site free condoms and HIV/AIDS testing.

“We had a training for five days, where we learned many things. We were trained to be ambassadors. Now I interact with four groups of women, where I share information and show them how to use condoms and other information to protect them. So people know how to protect themselves....On top, we learned other skills as well, financial skills and savings activities”

- Peer educator, Kampala

Conclusion

In both Kampala and Nakivale, demand for the peer educator trainings was higher than RHU could meet. “The main and first request” of peer educators and other refugee community leaders with whom RHU was in contact was for RHU to “train more peer educators and reach out to more refugees doing sex work.” This reflects a high unmet demand for services—SRH, GBV, safety trainings, condom distribution, peer support, etc.—by female refugees engaged in sex work in Kampala and settlements like Nakivale. During the trainings, peer educators expressed a strong desire for services near the places where they work, and for more peer educator trainings to be conducted.

RHU is currently seeking supplemental financial support that would enable its staff to provide much needed services and support for refugees engaged in sex work in Kampala and other urban centers throughout Uganda that are in close proximity to refugee settlements. Similarly, RHU is committed, with the requisite funding, to continuing to bring critical services and support to refugees engaged in sex work in Nakivale and other settlements.

For more information about the peer education trainings, or the related project that involved bringing mobile clinics to refugee neighborhoods in Kampala to improve access to health and GBV services for hard-to-reach urban refugees, please see the more comprehensive case study called: *Mitigating Urban Refugees’ GBV Risks in Kampala: Working with Refugee Women Engaged in Sex Work & Bringing Mobile Clinics to Refugee Neighborhoods*.

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⁴ WRC. 2016. [Mean Streets: Refugees Engaged in Sex Work](#).