

KAZAKHSTAN

STATISTICS

» COUNTRY INDICATORS

Total population:	17,522,010 (July 2012 est.) ¹
Life expectancy at birth (2011):	69.01 ²
Percentage of population under 15 years (2012):	4,155,256 (24.9%) ³
Population below income poverty line of \$1 per day:	8.2% (2009 est.) ⁴
Main ethnic groups (2009):	63.1% Kazakhs, 23.7% Russians, 13.2% other ⁵
Main religions (2009):	70.2% Muslim, 26.3% Christian (Russian Orthodox) ⁶
Main languages:	Kazakh and Russian
Maternal mortality ratio (2011):	17.4 per 100,000 newborns ⁷
Abortion rates (2010):	6.9 per 1,000 women ⁸

» HIV ESTIMATES

Number of people living with HIV (2012):	14,316 persons ⁹
Number of people newly diagnosed with HIV:	in 2010, 1,988; in 2011, 2,006 cases ¹⁰
Adult (15-49) HIV prevalence (%) (2011):	0.185% ¹¹ , men 0.007% ¹² , women 0.01% ¹³
Number of AIDS-related deaths:	cumulatively from 1987-2011 3,434 deaths ¹⁴
Percentage of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results:	31.8% ¹⁵
Percentage of people living with HIV receiving antiretroviral therapy (2011):	83.3% ¹⁶
Percentage of population who inject drugs (2011):	123,640 persons or 1% of population older than 15 years ¹⁷

» HIV PREVENTION FOR SEX WORKERS

HIV prevalence among sex workers – female ¹⁸ (2011):	1.5% ¹⁹
Percentage of sex workers who received an HIV test in the last 12 months and who know their results (2011):	77.1% ²⁰
Percentage of sex workers living with HIV receiving antiretroviral therapy:	N/A ²¹
Percentage of sex workers reported to have been reached with HIV prevention programmes (2011):	88.9% ²²
Percentage of sex workers who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission (2011):	80.8% ²³
Percentage of sex workers reporting the use of a condom during penetrative sex with their last client – vaginal sex (2011):	95.7% ²⁴
Condom price as a percentage of price of sexual service:	0.5% (under the State programme and GF) up to 2% (retail price in drug stores) ²⁵
Number of charges of violence against sex workers filed with the police:	no data available

This Report Card is one in a series produced by the International Planned Parenthood Federation (IPPF) with the support of the Sex Workers' Rights Advocacy Network (SWAN) and the United Nations Population Fund (UNFPA).

Female, male and transgender sex workers are disproportionately affected by HIV. These communities are also often among the most marginalized and discriminated against in society. Laws that criminalize their occupation make it difficult for them to exercise their human rights, including accessing health services.

The Report Card summarizes the current situation of HIV prevention strategies and services for sex workers in Kazakhstan and supports efforts to increase and improve the programmatic, policy and funding actions taken on HIV prevention.

The research analyses five components that are essential for effective action on HIV prevention for key populations: Legal and social context; availability of services; accessibility of services; participation and rights and violence.

It also provides recommendations for key stakeholders and service providers, to enhance action on HIV prevention strategies and services for sex workers.

This Report Card is based on extensive research carried out during 2012 including published data and in-country qualitative research. More detailed information can be found in a research dossier available on request from IPPF.

SETTING THE SCENE

Countrywide, there are an estimated 19,600 female sex workers (excluding transgender sex workers), working in hotels, flats, bars, saunas, streets, etc. Sex workers are a highly mobile group: 80% moving from one settlement to another. Their origins are mixed with many sex workers from Uzbekistan, Kyrgyzstan and Tajikistan; roughly 10% of whom work seasonally.^{26, 27} All HIV prevention services and facilities are located in regional centres plus Astana and Almaty. Sex workers from non-central sites have limited access to HIV and STI prevention services.²⁸ Undocumented migrants and people without 'propiska' (registration permit) can neither access medical care in urban policlinics nor benefit from free-of-charge services.

Kazakhstan has a concentrated HIV epidemic and since 2011, sexual transmission of HIV became the epidemic's main driving force (50.7%). Out of 93 NGOs working on HIV programmes in Kazakhstan only 15 NGOs work specifically with female sex workers (12%) – no registered NGOs are dealing with transgender or male sex workers.²⁹

While the selling and buying of sex are not illegal in Kazakhstan per se, the involvement of individuals in sex work, brothel-keeping and pimping are criminalized under the Criminal Code. Law enforcement agencies' actions demonstrate an overall negative attitude to sex work which contributes to society discriminating against sex

workers. Violence against sex workers, including violence by police in the course of raids and detention is recurrent and tolerated in society. There is no national data on violence against sex workers.³⁰

Kazakhstan has no specific national programme on HIV, but the National Healthcare Programme includes HIV. According to a rough estimate, the overall HIV/AIDS funding spent on sex workers' programmes is only 2-10%.³¹

A large proportion of on-going programmes and 99% of outreach workers are currently funded by the Global Fund which ends in 2016 with the high risk that the scale of HIV prevention activities among sex workers will be further reduced.³²

1» PREVENTION COMPONENT 1 LEGAL AND SOCIAL CONTEXT

NATIONAL LAWS, REGULATIONS, POLICIES, PROTOCOLS AND GUIDELINES FOR (AND AGAINST) SEX WORKERS AND THE CULTURAL AND SOCIAL CONTEXT THEY LIVE WITHIN

» KEY POINTS:

- No civil, criminal or religious laws forbid the provision of commercial sex services in Kazakhstan per se, although sex workers face high levels of arrest and detention, both unlawful (linked to extortion, physical and sexual violence or instructions to “remove” sex workers from an area) and lawful in the cases of administrative orders or under other criminal laws or regulations.³³
- A number of provisions in the Criminal Code indirectly criminalize sex workers and third parties in the sex industry (Art.270 *Engagement of other people to prostitutions activities*, and Art.271 *Organization and maintenance of prostitution, brothels and pimping*).^{34 35}
- Additionally, other articles such as on the illegal distribution of porn material (Art.273), infection of other people with STIs (Art.115) and HIV/AIDS (Art.116) impact on sex workers as well.³⁶
- There are legal acts protecting all citizens against stigma and discrimination: The Code RK (Republic of Kazakhstan) as of September 18, 2009 193-IV “On population health and healthcare system” and the National Constitution RK.
- Law enforcement authorities play a key role in the institutional pressure and violence experienced by sex workers (e.g. extortion, physical and sexual violence, raids, etc).³⁷
- The Ministry of Health policies and programmes exclude transgender and male sex workers. In Kazakhstan, the term “sex worker” refers to the female type. MSM who are involved in sex work are part of HIV prevention programmes and normative documents.³⁸
- MSM sex workers are vulnerable in an extremely hostile social environment. Many religious people view sex work and especially sex between men as a severe sin.³⁹
- One of the objectives of the current National Healthcare Programme “Salamatty Kazakhstan for 2010-2015” is to keep the HIV prevalence among adults (15-49) within the limits of 0.2-0.6%. The programme has increasingly focused on sex work as the leading cause of HIV transmission is through sexual contact.⁴⁰
- The Code on “Health of the Population and Healthcare System” and the National Healthcare Programme reflect measures to improve access to HIV/STI prevention, treatment and care services for vulnerable groups including sex workers.⁴¹
- Sex workers are rarely mentioned in government mass media (TV and newspapers); the messages transmitted are limited to the reports such as police roundups, the detection of a house of prostitution, or a murdered young woman who was found to be a sex worker.⁴²

» QUOTES AND ISSUES:

- **“Commercial sex and sex workers’ activities are not clearly regulated in Kazakhstan. Sex workers are detained by police officers for other reasons, not for sex work. The majority of raids is not lawful and is linked to extortion, physical and sexual violence.”** (Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan)
- **“Sex workers in Almaty mainly work in hotels, saunas and rented apartments. Since 2009, the number of street sex workers has diminished due to directives of city authorities to clean the streets of Almaty from sex workers. The directive is implemented through law-enforcement agencies who undertake regular roundups increasing sex workers vulnerability as there is potential that police will demand for free sex, money or render a service for a friend.”** (Interview with outreach worker, Almaty)
- **“Transgender sex workers and male sex workers belong to marginalized groups. They usually network through special internet sites.”** (Interview with the Director of “Kovcheg”)
- **“We are interested in legalization of sex work to reduce the frequent police roundups.”** (Interview with the Director of “Kovcheg”)
- **“We feel discrimination from society, even from elderly women who blame us for our work. But we know that it is impossible to change society’s prejudice.”** (Focus group discussion with sex workers, Kazakhstan)
- **“Pimping, trafficking and involvement of juveniles in the sex industry are illegal and prohibited. So there are some laws which protect sex workers.”** (Focus group discussion with sex workers, Kazakhstan)
- **“Legal protection would guarantee reduction of stigma faced by sex workers in Kazakhstan. Setting up sex workers’ NGOs would protect us from stigma in the community.”** (Focus group discussion with sex workers, Kazakhstan)
- **“Regarding male and transgender sex workers, the situation is not clear: everybody knows that these sub-populations exist, but estimation of the scale and size of these groups is very difficult, especially in Western Kazakhstan because of taboo.”** (Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan)

2» PREVENTION COMPONENT 2 AVAILABILITY OF SERVICES

THE NUMBER OF SITES AND RANGE OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV SERVICES AVAILABLE FOR SEX WORKERS

» KEY POINTS:

- Nationwide, there are 33 friendly cabinets (clinics or rooms) and 22 AIDS centres where HIV and STI prevention services are offered to vulnerable groups such as sex workers (SWs), injecting drug users (IDUs) and men who have sex with men (MSM).⁴³ However, the friendly cabinets are not always close to the places where sex workers work and they require clients to have a national ID thus excluding undocumented migrants and internal migrants without legal registration.^{44 45}
- To guide the outreach work with sex workers and MSM, each AIDS centre has an annually updated map showing the main locations of sex workers.⁴⁶
- However sex workers are very mobile and do not have set locations. This means access to sex workers is difficult to maintain when implementing HIV prevention activities.⁴⁷
- Friendly clinics and HIV anonymous testing cabinets provide information and education about HIV, safer sex, STIs and harm reduction. They also provide male condoms and lubricants.⁴⁸
- A package of SRH and HIV/STI prevention services is available for free in friendly cabinets and State healthcare facilities: HIV voluntary testing, ART*, counselling, abortion, pre and post abortion counselling. Other SRH services are available in private clinics and STI dispensaries where sex workers have to pay.⁴⁹
- Abortion and STI treatment are not free of charge and the cost of STI drugs is not affordable for all sex workers.⁵⁰
- By the Order of the Ministry of Health RK N8 of January 2011 "On approval of protocols for HIV/AIDS diagnostics and treatment" the STI syndromic treatment is available for sex workers (including the ones without ID) in Kazakhstan funded by the Global Fund.⁵¹
- There are 153 trust points functioning in Kazakhstan for harm reduction services (needle exchange, condoms and IEC material) for injecting drug users.⁵²
- Substitution therapy is available only in three pilot sites: Temirtau, Ust-Kamenogorsk and Pavlodar cities.⁵³
- Usually sex workers have a chance to talk freely in NGO offices or at the sites where they work (hotels, for example).⁵⁴
- Sex workers and MSM do not use condoms and lubricants delivered by the Global Fund due to their poor quality and because there is only one type of condom for vaginal, anal and oral sex.⁵⁵

» QUOTES AND ISSUES:

- *"There is no culture among medical workers in Kazakhstan to safeguard confidentiality of patients/clients. Sex workers are often stigmatized and treated negatively by health staff. As a consequence sex workers are afraid to seek for health services."* (Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan)
- *"It would be good to have more medical services like additional laboratory tests, services of general practitioners and specialized services to avoid waiting in lines."* (Focus group discussion with sex workers, Kazakhstan)
- *"We would like to have access to SRH services and more information about infections of the reproductive system."* (Focus group discussion with sex workers, Kazakhstan)
- *"We sometimes go to AIDS centres, but prefer to visit our gynaecologist that we have known for a long time. Also mobile clinics visit us for HIV testing but sometimes there are interruptions and we do not know why."* (Focus group discussion with sex workers, Kazakhstan)
- *"HIV, STI and SRH services should not only be available at and for free in AIDS centres. It would be good as well to have specialized clinics for sex workers."* (Focus group discussion with sex workers, Kazakhstan)
- *"Clients should be part of HIV and STI prevention because they often insist on having sex without a condom. Whereas sex workers are generally well informed about HIV/STI prevention. Education and information for the general population, especially for university students, should be introduced in Kazakhstan."* (Focus group discussion with sex workers, Kazakhstan)
- *"In friendly cabinet, services are provided for migrants too: counselling, gynaecological service, examination, STI diagnostics and treatment."* (Interview with the Director of "Kovcheg")
- *"STI treatment for sex workers is used in friendly clinics; however the method is not well accepted by healthcare practitioners in Kazakhstan. The MoH is particularly worried about multi-drug resistance growth due to widespread self-treatment and freely available antibiotics in drug stores."* (Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan)

* Anti-retroviral therapy

3» PREVENTION COMPONENT 3 ACCESSIBILITY OF SERVICES

THE LOCATION, USER-FRIENDLINESS AND AFFORDABILITY OF SEXUAL AND REPRODUCTIVE HEALTH AND HIV SERVICES FOR SEX WORKERS

» KEY POINTS:

- Numerous sex workers report experiences of discrimination and the rude attitude of SRH and STI healthcare providers. A more positive attitude is observed in friendly cabinets/AIDS centres. There are reports of extremely intolerant attitudes of SRH service providers which lead sex workers either to perform self-treatment of STIs or to seek SRH/STI services in private clinics because of the respect for clients' confidentiality and the better attitude of the health providers.⁵⁶
- HIV and STI prevention services are equally open to sex workers who are HIV positive, negative or untested. SRH services are available in private and government sectors as for all population groups. However sex workers are reluctant to take the tests due to potential risk to be prosecuted under the Criminal Code for knowingly exposing other people to HIV/STI.⁵⁷
- HIV stigma and discrimination towards sex workers and their clients are not included in the national training curriculum of SRH professionals. In 2010, the Kazakhstan Association on Sexual and Reproductive Health (KMPA) with the financial support of UNFPA conducted a training for staff of friendly cabinets located in AIDS centres on aspects of communication of service providers with sex workers to reduce stigma and discrimination.⁵⁸
- Sex workers encounter a number of barriers when accessing HIV/STI prevention services: medical staff with low qualifications, unfriendly attitudes of medical personnel in outpatient clinics and dispensaries, inconvenient working hours, rare availability of specialized services in friendly clinics and expensive STI medicines (up to USD \$100).^{59 60}
- Sex workers often fear that service providers will breach confidentiality. They also fear being recognized either by a client or the service provider.^{61 62}
- Another key challenge for sex workers in getting access to HIV prevention services is the physical size of Kazakhstan. All prevention services and facilities are localized in provincial centres and the two principal cities – Almaty and Astana. Sex workers from non-central sites have limited or no access to HIV/STI prevention services.⁶³
- Migrant sex workers and sex workers moving from rural areas without the correct documents ('propiska'[†]) can neither access public health facilities nor benefit from social benefits and often have to pay expensive private services.⁶⁴

† Residence permit

» QUOTES AND ISSUES:

- *"In AIDS centres and NGOs the attitude of the staff is fine, but some doctors from clinics show extremely negative reactions to sex workers; recently one gynaecologist yelled in public "Who did you bring me? They all are HIV-infected!!"."* (Interview with Director of "Kovcheg")
- *"In some cases, the treatment provided by SRH/STI practitioners depends on their mood. It depends on the perception the gynaecologist and STI doctors have about sex workers."* (Interview with outreach worker, Almaty)
- *"The number of HIV infected sex workers receiving ART is unknown. HIV positive sex workers remain hidden because of fear of prosecution for HIV exposure."* (Interview with UNFPA Representative, Kazakhstan)
- *"There are concerns of confidentiality: we have one friendly cabinet located in the AIDS centre of Karaganda. They have a video camera installed taping all visitors; this completely breaks the anonymity and confidentiality."* (Interview with the Director of "Sau-Urpak" for prevention initiatives among vulnerable groups, Karaganda)
- *"HIV and STI diagnostics are provided in friendly cabinets, but STI treatment is provided in STI dispensary where confidentiality and anonymity are breached because of the request to present ID. Medical staff in STI dispensary is rude and sex workers prefer to go to private clinics or conduct self-treatment at home."* (Interview with the Director of "Sau-Urpak" for prevention initiatives among vulnerable groups, Karaganda)
- *"The service providers from the AIDS centre request sex workers to present information about the place of work and residence. Often, sex workers will use a nickname or another name to anonymously pass the test. If the test is positive, sex workers will have to sign a paper on "non-spreading" of HIV. The law on confidential HIV testing should be adequately executed."* (Interview with the Director of "Kovcheg")

4» PREVENTION COMPONENT 4 PARTICIPATION AND RIGHTS

LEVEL OF INVOLVEMENT OF SEX WORKERS IN THE DEVELOPMENT OF POLICIES AND PROGRAMMES AND THEIR REPRESENTATION AND PARTICIPATION IN DECISION MAKING PROCESSES

» KEY POINTS:

- There is no leading organization/association representing the interests of sex workers in the national AIDS structures (National Coordination Committee).^{65 66}
- There was no direct involvement of sex workers in the current National AIDS Plan of the Republican AIDS centre; it was developed by NGOs dealing with HIV for vulnerable groups.⁶⁷
- SWAN[‡] member association – NGO “Kovcheg” registered in Kazakhstan and located in Taldykorgan city, provides outreach HIV/SRH services to sex workers and advocates for human rights in the Almaty oblast.
- Sex workers are not represented as a group. Some of the interests of sex workers are articulated via women’s groups. Sex workers with HIV can voice their concerns through the Kazakhstan PLHIV Association.⁶⁸
- There are no NGOs implementing HIV programmes or projects in the western parts of Kazakhstan.⁶⁹
- In some instances, sex workers are involved in decision-making processes around HIV at the municipal level. For example, sex workers are invited to participate in round tables and meetings discussing, alongside government representatives, access to prevention services within the framework of international projects.⁷⁰
- Sex workers are mainly involved in the implementation of outreach services – the level of participation ranges from 10%⁷¹ to 100%.⁷²
- To protect themselves from abuse and Rights violations, sex workers sometimes prefer to work in saunas owned by policemen (protecting them from police) or pimps because they offer a sort of protection as they want their business to be profitable. This is particularly the case for migrant sex workers who are even more subject to all sorts of abuse.⁷³
- In December 2008, at the occasion of the International Day to end Violence against Sex Workers Kovcheg organized a small street action, media covered the event as being a political rally. Thereafter, the police started harassing Kovcheg by among others requesting the lists of sex workers receiving social and medical counselling.⁷⁴

» QUOTES AND ISSUES:

- **“We don’t have any organized structure for sex workers in Almaty.”** (Focus group discussion with sex workers, Kazakhstan)
- **“We would be interested in setting up an Association for sex workers if that initiative was supported legally and financially.”** (Focus group discussion with sex workers, Kazakhstan)
- **“Sex workers often live in fear and stress. They often know that they can write a complaint but most of them will never do it because they are too afraid of the police.”** (Interview with the Director of “Kovcheg”)
- **“Bringing sex workers together for the protection of their rights is a challenge and many sex workers see their work more as a temporary activity in their lives and often stay on their own.”** (Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan)
- **“Sex workers know the Association “Kovcheg”. They provide us with prevention services and legal counselling. Staff of the Association “Kovcheg” listens to us. Some sex workers managed to find a different job with assistance from “Kovcheg”, but often we do not earn enough money and have to continue sex work.”** (Focus group discussion with sex workers, Kazakhstan)
- **“There is no “sex workers community” as such in Kazakhstan: each sex worker is on their own.”** (Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan)
- **“It happens that police invite TV reporters without the permission of sex workers and they take pictures of the girls to show them on local and national media. Sex workers don’t know how to protect themselves from these abuses.”** (Interview with the director of “Kovcheg”)

5» PREVENTION COMPONENT 5 VIOLENCE

PHYSICAL ASSAULT, SEXUAL ASSAULT,
PSYCHOLOGICAL ABUSE BY STATE OR
NON-STATE ACTORS

» KEY POINTS:

- Frequent police indifference, threats or further abuse in response to sex workers' reports of violence make it extremely difficult and risky for sex workers to report to the authorities incidences of actual and attempted rapes, beatings, and sexual assault.⁷⁵
- The majority of sex workers follow their own violence prevention safety rules: looking out for alcohol, drug abuse or psycho-neurological disorders in clients, receiving money prior to sex with the client and handing it to the hotel administrator, never going alone to the client's house, etc.⁷⁷
- Police extortion is a widespread practice as well as verbal abuse, sexual exploitation and torture including rape and multiple assaults.⁷⁷
- Police sometimes use sex workers' services under a system called 'subotnik' referring to an unpaid community service work. In reality, it is used for forcing sex workers to provide free services to the police often to limit harassment or avoid detention.⁷⁸
- According to research conducted by Human Rights Watch, sex workers are often arrested by police not for illicit acts, but mostly merely because of their status as a sex worker.⁷⁹
- The main factors contributing to the vulnerability of sex workers to violence are police repression of women with no legal residence or registration ('propiska'), widespread discrimination, the lack of associations providing any protection of the rights of sex workers, exploitative working conditions and lack of labour protections.⁸⁰
- Sex workers experience violence from clients as well. The lack of personal safety is the main concern among sex workers. The violence takes many forms: verbal insult from clients and relatives, attempted rape or rape and murder, or being forced to use narcotics and alcohol.⁸¹
- Very often the police units in charge of taking complaints of rape and violence against women are not effective. Often the policemen distort the information and instead of blaming the perpetrator, blame the victims.⁸²
- The highly repressive environment and the regular raids against sex workers in Kazakhstan make it difficult to conduct studies about violence faced by sex workers.⁸³

» QUOTES AND ISSUES:

- **"Sex workers are a very vulnerable population and are often considered as the "bottom" of society. Hence they face stigma, discrimination and violence from general population, police, mass media and even healthcare providers."** (Interview with an outreach worker, Almaty)
- **"The number of reports about violence against sex workers is unknown."** (Interview with the chief of the epidemiological department of the Republican AIDS Center)
- **"We don't rely on anybody. We follow our own safety rules and avoid facing a dangerous situation."** (Focus group discussion with sex workers, Kazakhstan)
- **"Legal vulnerability and impunity of criminals make sex workers more vulnerable to violence: people usually say "so what, she is a whore". Overall, sex workers experience negative attitude from society. Some people say "if she has sex for money, why shouldn't she do it for free?"."** (Focus group discussion with sex workers, Kazakhstan)
- **"Usually formal reporting and legal proceedings take place only in the case of a murder of a sex worker."** (Focus group discussion with sex workers, Kazakhstan)
- **"Violence is perpetrated by clients, police and pimps (rare cases)."** (Interview with Director of Public Association "Sau-Urpak" for prevention initiatives among vulnerable groups, Karaganda)
- **"Sex workers usually don't report violence towards them to the police or other government law-enforcement agencies because they don't believe that they will get any help."** (Interview with an outreach worker, Almaty)

NOTES AND REFERENCES

¹ CIA (2012) *The World Fact Book – Kazakhstan*. Available from <https://www.cia.gov/library/publications/the-world-factbook/geos/kz.html> Accessed November 05, 2012

² Agency of Statistics RK. Available from <http://www.stat.kz/digital/naselsenie/Pages/default.aspx>

³ Demographic Yearbook for Kazakhstan, Statistics compendium, Agency of statistics RK, Astana 2012

⁴ CIA (2012) *The World Fact Book – Kazakhstan*. Available from <https://www.cia.gov/library/publications/the-world-factbook/geos/kz.html>, accessed November 05 2012

⁵ Census 2009. Agency of statistics RK. Available from <http://www.stat.kz/>

⁶ Ibid.

⁷ Reference book of women's health status. Ministry of Health RK, National Centre of obstetrics, gynaecology and perinatology, Association of perinatal medicine – Almaty 2012

⁸ MICS in the Republic of Kazakhstan 2010-2011

⁹ Annual Report of the Republican AIDS Center, Almaty 2012

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid.

¹⁵ Sociological study, Republican AIDS Center, RK

¹⁶ Annual Report of the Republican AIDS Center, Almaty 2012

¹⁷ *Results of rapid assessment among HIV vulnerable population groups – Republican AIDS Center, 2011*

¹⁸ *National HIV-prevalence studies of male sex workers and transgender sex workers are not carried out in Kazakhstan*

¹⁹ Interview with the chief of epidemiological department of Republican AIDS Center, November 2012

²⁰ *UNGASS Annual Report for Kazakhstan*, January 2010 – December 2011, submitted on March 30, 2012.

²¹ Individual interview with UNFPA CO Representative in Kazakhstan, and chief of epidemiological department of Republican AIDS Center, November 2012

²² *Annual Report of the Republican AIDS Center*, Almaty 2012

²³ Ibid.

²⁴ *UNGASS Annual Report for Kazakhstan*, January 2010 – December 2011, submitted on March 30, 2012.

²⁵ *Purchasing price in frames of state programme "Salamatty Kazakhstan" and GF is 14 tenge; average retail price in drug stores is 60 tenge.*

²⁶ Interview with the Director of SWAN member association "Kovcheg", October 2012.

²⁷ Interview with an outreach worker, Almaty, October 2012.

²⁸ Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan, November 2012.

²⁹ Interview with the chief of epidemiological department of Republican AIDS Center RK, November 2012

³⁰ Interview with the chief of epidemiological department of Republican AIDS Center, November 2012

³¹ Interview with UNFPA CO Representative, October 2012.

³² Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan, November 2012.

³³ Ibid.

³⁴ <http://legislationline.org/download/action/download/id/1681/file/ca1cfb8a67f8a1c2ffe8de6554a3.htm/preview>

³⁵ Interview with UNFPA CO Representative, October-November 2012

³⁶ <http://legislationline.org/download/action/download/id/1681/file/ca1cfb8a67f8a1c2ffe8de6554a3.htm/preview>

³⁷ Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan, Director of Public Association "Sau-Urpak" for prevention initiatives among vulnerable groups, Karaganda, outreach worker, Almaty, October-November 2012

³⁸ Interview with UNFPA CO Representative, October 2012

³⁹ Ibid.

⁴⁰ Ibid.

⁴¹ Interview with the chief of epidemiological department of Republican AIDS Center, November 2012

⁴² Interview with the Director of SWAN member association "Kovcheg," October 2012

⁴³ Interview with the chief of epidemiological department of Republican AIDS Center, November 2012

⁴⁴ Interview with UNFPA CO Representative, October 2012

⁴⁵ Interview with outreach worker, Almaty city, October 2012

⁴⁶ Interview with the chief of epidemiological department of Republican AIDS Center, November 2012

⁴⁷ Interview with UNFPA CO Representative, October 2012.

⁴⁸ Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan, November 2012

⁴⁹ Individual interview with UNFPA CO Representative in Kazakhstan, and chief of epidemiological department of Republican AIDS Center, November 2012

⁵⁰ Interview with the Director of SWAN member association "Kovcheg," October 2012

⁵¹ Individual interview with UNFPA CO Representative in Kazakhstan, October 2012

⁵² Interview with the chief of epidemiological department of Republican AIDS Center, November 2012

⁵³ Ibid.

⁵⁴ Data obtained from focus group discussions with sex workers in Kazakhstan, October 2012

⁵⁵ Interview with Director of Public Association "Sau-Urpak" for prevention initiatives among vulnerable groups, Karaganda, October 2012

⁵⁶ Interview with the Director of SWAN member association "Kovcheg", outreach worker, Almaty, Director of Public Association "Sau-Urpak" for prevention initiatives among vulnerable groups, Karaganda, October 2012

⁵⁷ Interview with UNFPA CO Representative, October 2012

⁵⁸ Interview with Executive Director of KMPA, November 2012

⁵⁹ Interview with UNFPA CO Representative, October 2012

⁶⁰ Interview with Director of Public Association "Sau-Urpak" for prevention initiatives among vulnerable groups, Karaganda, October 2012

⁶¹ Interview with the Director of SWAN member association "Kovcheg", October 2012

⁶² Interview with outreach worker, Almaty city, October 2012

⁶³ Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan, November 2012

⁶⁴ Interview with UNFPA CO Representative, May 2013

⁶⁵ Interview with Director of Public Association "Sau-Urpak" for prevention initiatives among vulnerable groups, Karaganda, October 2012

⁶⁶ Interview with the chief of epidemiological department of Republican AIDS Center, November 2012

⁶⁷ Interview with UNFPA CO Representative, October 2012

⁶⁸ Interview with UNAIDS Coordinator for Kazakhstan and Turkmenistan, November 2012

⁶⁹ Ibid.

⁷⁰ Interview with outreach worker, Almaty, October 2012

⁷¹ Ibid.

⁷² Interview with Director of Public Association "Sau-Urpak" for prevention initiatives among vulnerable groups, Karaganda, October 2012.

⁷³ SWAN News, Interview 7 April 2010, <http://swannet.org/node/1691>

⁷⁴ SWAN Article, 5 February 2008, <http://swannet.org/node/842>

⁷⁵ Interview with Director of Public Association "Sau-Urpak" for prevention initiatives among vulnerable groups, Karaganda, outreach worker, Almaty city, October 2012.

⁷⁶ Interview with outreach worker, Almaty city, Director of SWAN member association "Kovcheg", UNAIDS Coordinator for Kazakhstan and Turkmenistan, data obtained from focus group discussions with sex workers in Kazakhstan, October-November 2012

⁷⁷ Interview with Director of Public Association "Sau-Urpak" for prevention initiatives among vulnerable groups, outreach worker, Almaty, October 2012

⁷⁸ Sex work, HIV/AIDS, and Human Rights in Central and Eastern Europe and Central Asia, Central and Eastern European Harm Reduction Network, July 2005

⁷⁹ *Fanning the Flames*, Human Rights Watch, June 2003, Vol.15, No.4

⁸⁰ Interview with UNFPA CO Representative, October 2012

⁸¹ Interview with the Director of SWAN member association "Kovcheg," October 2012

⁸² *Fanning the Flames*, Human Rights Watch, June 2003, Vol.15, No.4

⁸³ Interview with the Director of SWAN member association "Kovcheg," October 2012

KEY RECOMMENDATIONS

Based on this Report Card, a number of programmatic, policy and funding actions are recommended to enhance HIV prevention for sex workers in Kazakhstan. Key stakeholders – including the government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

LEGAL AND SOCIAL CONTEXT

- Increase advocacy and policy dialogue with government and local authorities to reduce stigma and discrimination towards sex workers.
- Develop mechanisms for sex workers to report violence without fear of arrest or abuse.
- Consider decriminalization of all aspects of sex work based on other similar countries' experience.
- Abolish administrative orders using police or riot police to remove sex workers from public spaces.
- Ensure healthcare personnel's execution of HIV testing of sex workers is adequate, anonymous and countrywide.
- Decriminalize "exposure" to STI and HIV.

AVAILABILITY OF SERVICES

- Endorse a national policy to sustain and maintain the current interface between HIV and STI prevention by securing friendly clinics: sustaining regular staff, introducing additional outreach-worker positions and providing uninterrupted supplies of medicines, condoms/lubricants/disinfectants and IEC materials, etc.
- Provide Government with international technical assistance for transition from GF funding to state-budget HIV/AIDS/STI programme – ensuring government-owned HIV/STI prevention services for sex workers and vulnerable populations.
- Introduce a Comprehensive Sexuality Programmes including HIV/STI information for the general population, especially for university/college students.
- Ensure availability of substitution therapy for sex workers in need.
- Involve sex workers in design, implementation and evaluation of prevention programmes.
- Involve sex workers in quality control of distributed prevention materials and tools.

ACCESSIBILITY OF SERVICES

- Endorse a national education programme for service providers on developing a tolerant attitude towards female, male and transgender sex workers' health needs and issues.
- Ensure confidential services for sex workers and promoting client's rights.
- Improve sex workers' access to free SRH/STI services nationwide.
- Develop and implement friendly clinics' protocols on STI diagnostics and treatment.

- Improve diagnostics and the range of services in friendly cabinets.
- Gradually integrate national (includes remote areas) healthcare services: involvement of primary healthcare level of HIV/STI/SRH services provision to sex workers.
- Ensure quality condoms and lubricants supply.
- Strengthen and reinforce outreach networks, seek additional funding to support Kazakhstan's outreach capacity.
- Conduct a study on the needs and issues of male and trans-sex workers to ensure adequate services and their inclusion into prevention programmes.
- Ensure migrant sex workers have access to public health services equal to the general population's.

PARTICIPATION AND RIGHTS

- Create an enabling environment for sex workers' lead advocacy efforts to organize and mobilize their community to fight for their civil and human rights.
- Involve sex workers in the development, implementation and evaluation of HIV/STI/SRH activities as part of donors' requirements.
- Develop NGO networks with implementation of "peer-to-peer" approaches, provision of social support, capacity building and outreach activities to sex workers.
- Ensure sex workers' representation in national committees and working groups on developing national approaches to HIV/ AIDS prevention strategies.

VIOLENCE

- Conduct a study on violence against sex workers in Kazakhstan for further actions to address emerging bottlenecks.
- Develop and distribute educational materials with safety tips, information for sex workers on their human/civil rights and preventing violence-provocative situations.
- Build capacity of sex workers on legal matters, empowering them to proceed with reporting violence to law enforcement agencies.
- Build a "Network of Sex Workers Peers" to help victims of violence get legal assistance, psychological and healthcare support.
- Organize nationwide education seminars with journalists and law enforcement agencies on tolerant attitudes to sex workers, on human rights and accountability for their breach.
- Introduce institutional crisis centres to provide assistance to victims of violence, including sex workers.

CONTACT DETAILS For further information about this report card, please contact:



International Planned Parenthood Federation – European Network
146, Rue Royale
Brussels, 1000
Belgium
Tel +32.2.250.09.50
Email info@ippfen.org
www.ippfen.org



UNFPA
605 Third Avenue
New York,
NY 10158
USA
Tel +1 212 297 5000
www.unfpa.org



SWAN Foundation
Bertalan Lajos utca 22
fsz 6, Budapest 1111
Hungary
Email info@swannet.org
www.swannet.org



KMPA
Kazakhstan Association
on Sexual & Reproductive
Health

Kazakhstan Association on Sexual & Reproductive Health
243 Mukanov st
apt. 20, 6th floor
Almaty
Kazakhstan
Tel +7 (727) 3958518
Email center.kmpa@gmail.com
www.kmpakaz.org