

# TAJIKISTAN

## STATISTICS

### » COUNTRY OVERVIEW

Total population (2012):	7,800,546 <sup>1</sup>
Life expectancy at birth (2009):	72.8 years (70.2 (male) years, 75.3 (female)) <sup>2</sup>
Percentage of population under 15 years (2012):	37% <sup>3</sup>
Population below income poverty line of 2.15 USD per day (2009):	39.6% <sup>4</sup>
Main ethnic groups (2000):	79.9% Tajik, 15.3% Uzbek, 1.1% Russian, 1.1% Kyrgyz, 2.6% other <sup>5</sup>
Main religions (2012):	98% Muslim (approximately 95% Sunni and 3% Shia), 2% others <sup>6</sup>
Maternal mortality rate (2010):	86 deaths/100,000 live births <sup>7</sup>

### » HIV ESTIMATES

Adult HIV prevalence, aged 15-49 years (2010):	<0.2% <sup>8</sup>
Number of people living with HIV (2012):	4,084 (77.7% men, 22.3% women) <sup>9</sup>
Number of people newly diagnosed with HIV (Jun-Sep, 2012):	654 <sup>10</sup>
Number of AIDS-related deaths (2010):	552 <sup>11</sup>
People living with HIV receiving antiretroviral therapy (01/09/2012):	76% (1,323 people out of 1,741 people in need) <sup>12</sup> , 16% (CD4 count<350 per mm <sup>3</sup> ) <sup>13</sup>
Percentage of women and men aged 15-49 years, who were tested for HIV in the last 12 months and who know their results (2011):	11.5% <sup>14</sup>
Percentage of population who inject drugs:	data not available

### » HIV PREVENTION FOR SEX WORKERS (FEMALE AND MALE):

HIV prevalence among sex workers - female:	(2010): 4.4% <sup>15</sup> male: (2011): 1.5% <sup>16</sup>
Percentage of sex workers who were tested for HIV in the last 12 months and know their results (2010):	47.3% <sup>17</sup>
Percentage of sex workers reporting condom use during penetrative sex with their last client for oral, vaginal and/or anal sex (2010):	75.0% <sup>18</sup>
Percentage of funds spent on programmes for sex workers among the total budget available to fight AIDS (2006 - 2011):	No specific data available <sup>19</sup>
Number of charges of violence against sex workers filed with the police:	No specific 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 Tajikistan 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

The number of female sex workers in Tajikistan ranges from 12,000 to 15,000<sup>20</sup> and sex workers are found throughout the country with greater numbers in the larger cities. Sex workers in Tajikistan work on the streets, in bars, clubs, hotels, saunas and private apartments. Other sex workers work part-time as dancers and waiters in clubs, restaurants and bars. Some travel to another region or country for seasonal work. The majority are street sex workers who are the most vulnerable to discrimination and abuse by legal authorities, clients and the community.

According to official data, the overall prevalence of HIV infection in the country was below 0.2%<sup>21</sup> and the prevalence among sex workers was

estimated to be 4.4% in 2012.<sup>22</sup> The percentage of HIV-infected sex workers is likely to be underestimated as the official data represent sex workers covered by prevention programmes and does not include the sex workers who have not accessed these programmes and are likely to be in more vulnerable circumstances. The HIV prevalence among sex workers has more than doubled from 2007 to 2010,<sup>23</sup> mainly on account of a lack of awareness of HIV and STI transmission modes, poor access to condoms and inability to consistently ensure condom use with clients.

Sex workers are an extremely marginalized group in Tajik society. Sex work is illegal in Tajikistan. Pimping, brothel-keeping and involvement in sex

work are penalized under the Criminal Code (Art.238 and 239).<sup>24</sup> The Administrative Code<sup>25</sup> contains an article which imposes a penalty on those involved in sex work.

Violence against sex workers is common in Tajikistan. Law enforcement bodies, clients and people opposed to sex work are the most common perpetrators of violence. Sex workers rarely report incidents of violence they experience, or seek legal redress, as they believe that the verdict will always go against them and they fear further harassment by the police or clients. There is no organization that documents cases of violence against sex workers.<sup>26</sup>

# 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:

- The Tajik legislation has many gaps, such as lack of legal protection of sex workers against discrimination and of mechanisms to protect certain vulnerable groups in society, including sex workers.<sup>27</sup>
- Sex work in Tajikistan is illegal, and sex workers lack social and economic rights making them vulnerable to abuse. While individual sex work is not punishable under the Criminal Code, it is under the Administrative Code. Art.130 by which sex workers and clients are liable to large fines - from ten to twenty average monthly salaries (which are about USD \$800).<sup>28</sup>
- Most sex workers do not have a permanent residence and many sex workers are constantly moving from city to city to keep their activity secret.<sup>29</sup>
- In practice, two articles of the Administrative code (Art. 130 and Art.469, Living without Passport or Registration) are used as means to extort money and threaten sex workers who are not legally registered.<sup>30</sup>
- The Criminal Code (Art.239 and Art.238) describes a penalty for operating in a brothel, which is defined as a place where sex work is provided (houses, rental flats and private spaces). As a result, sex workers have to hide their work, which exposes them to a high risk of violence.<sup>31</sup>
- The “law on HIV and AIDS” provides penalties for purposely transmitting HIV infection and penalties for medical professionals who disclose HIV positive status of their clients. Similar provisions exist in the Criminal Code.<sup>32</sup>
- Sex workers are stigmatized by the general population so the majority of sex workers keep their profession hidden – often even from their family.<sup>33</sup>
- Media and newspaper articles on issues faced by sex workers do not have much influence on Tajik legislation. The reason is often a lack of information on the current situation of sex workers and SRH services and on self-censorship.<sup>34</sup>

## » QUOTES AND ISSUES:

- **“I do not know anything about any laws. I didn’t know that they exist at all.”** (Focus group discussion with female and transgender sex workers, Dushanbe)
- **“What kind of law? You have to pay a fine of 380-800 Somoni for the criminal record, and once the policeman receives the money, he tears up the protocol and puts the money in his pocket.”** (Focus group discussion with female and transgender sex workers, Dushanbe)
- **“Sex-business is widely stigmatized and not accepted by society. Article 130 of the Administrative Code actually helps police to behave improperly towards sex-workers.”** (Interview with the Executive Director of “Dignity”)
- **“Specific HIV prevention for sex workers is not mentioned in any legislation. But there is a definition of “at risk” which includes sex workers, MSM, IDUs. Existing laws and regulations are affecting HIV prevention among the general population as well as sex workers.”** (Interview, Executive Director of the CSO “Mental health centre for people with HIV”)
- **“I know that there is an administrative code against prostitution, but if you pay money to the police, you are free. I give most of what I earn to the police.”** (Focus group discussion with female and transgender sex workers, Dushanbe)
- **“Cases of discrimination take place not only against sex workers, but also against other groups such as the disabled or contemporarily dressed women. However, discrimination against sex workers is the most widespread and the strongest.”** (Focus group discussion with male and transgender sex workers, Dushanbe)

## 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:

- The country's national policy framework related to HIV does not refer to different key population groups, such as sex workers or MSM, therefore designing and implementing tailor-made services for these groups represents a challenge. Consequently the availability of targeted services for sex workers is generally low.<sup>35</sup>
- The National Programme on HIV/AIDS 2011-15 (prepared as part of the national GF grant) promotes universal access to prevention, treatment, care and support for PLHIV. By 2015, it aims to reach at least 70% of the estimated number of sex workers and educate them about safer sex practices.<sup>36</sup> The programme envisages a range of special interventions for sex workers, including the distribution of free condoms and lubricants, information and educational materials, HIV testing and counselling, ARV and STI treatment. However, the programme does not include interventions to reduce violence against sex workers.<sup>37</sup>
- HIV testing and counselling (HTC) services are available in 35 AIDS centres (23 have laboratories), in hospitals and specialized clinics across the country. Anti-retroviral therapy availability is limited to AIDS centres where it is initiated by physicians.<sup>38</sup> Currently, only 10% of health facilities throughout the country are involved in the provision of HIV prevention services.<sup>39</sup>
- Information about safer sex, free lubricants and condoms for sex workers is routinely available through outreach work and NGOs, who are implementing HIV prevention programmes for sex workers.<sup>40</sup>
- There are 31 trust points for key populations including sex workers, 10 of which are based in AIDS centres and 21 based in NGOs financed by GF, DFID and PSI. The package of services provided includes: counselling, needle and syringe exchange for people who inject drugs, STI treatment, provision of condoms, disinfectants and lubricants, as well as information, education and communication (IEC) materials. They also provide information through outreach workers and peer educators and offer social support to clients for other services, such as testing, diagnosis of TB, antiretroviral therapy.<sup>41 42 43</sup>
- In public institutions (City Centre for Reproductive Health, AIDS centres, and Friendly centres for vulnerable young people) condoms and lubricants are available to sex workers, but they do not attend these places and seek out services. They fear the stigma they will face in public institutions.<sup>44</sup>

### » QUOTES AND ISSUES:

- *"In our city there are several types of harm reduction and HIV prevention services: The exchange of needles and the distribution of condoms and lubricants. Also in the city centre there are services available where you can get information and services on HIV prevention."* (Focus group discussion with female and transgender sex workers, Dushanbe)
- *"We very rarely visit unfamiliar support groups and centres because there is no trust. There are only a few organizations that have the capacity to help us."* (Focus group discussion, with male and transgender sex workers, Dushanbe)
- *I prefer to ask my friends and doctor in Moscow, because here no one will understand me. Here, besides condoms, lubricant and counselling you can't have anything else."* (Focus group discussion with male and transgender sex workers, Dushanbe)
- *To reduce the level of stigma and discrimination towards sex workers, the general population should be better informed and be part of education programmes."* (Focus group discussion with female sex workers, Dushanbe)
- *Specialised services for sex workers are provided as part of Global Fund projects, such as syndromic treatment of STIs, etc. The trainings for reproductive health centres on providing some of the above mentioned services to sex workers were conducted through UNFPA. All services are provided on request, regardless of social status or group."* (Interview with HIV Prevention Specialist, UNDP)
- *Only four NGOs provide HIV prevention services for MSM, mainly in Dushanbe, Khujand and Kulyab. In total, 3,541 MSM received HIV prevention services (11.8% of the estimated number of MSM). The low level of coverage of MSM is associated with the difficulties to access this group, the hidden nature of MSM due to stigma and the low level of geographic coverage of projects working with MSM."* (Interview with the head of M&E Department, AIDS Centre)

# 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:

- The main barriers for sex workers to accessing HIV services in Tajikistan are: the high level of stigma and discrimination; the lack of work ethics in service providers and breach of confidentiality; negative attitudes of parents, friends and society; negative attitudes of health care workers in clinics and poor quality of HIV related counselling.<sup>45</sup>
- In addition to barriers linked to attitudes, there are also geographical and economic barriers: most of the services are located in big cities, opening hours are not convenient and STI and HIV tests are expensive (e.g. one STI test costs USD \$10) except when they are provided under Global Fund Projects.<sup>46</sup>
- Issues related to reducing the HIV stigma and discrimination and the specific SRH needs of sex workers are not part of the official training curriculum of health care workers in clinics providing SRH services.<sup>47</sup>
- There are no specific clinics adapted to the needs of sex workers, except for youth-friendly service points which provide HIV and sexual health services, STI testing, treatment and care exclusively for youth members (up to 24 years of age) of key population groups.<sup>48</sup>
- A permanent residency permit ('propiska') is needed to access all public services, including AIDS centres. As most sex workers do not have this permit, the majority of them are excluded from the HIV services provided by the state.<sup>49</sup>
- In order to make the available services more accessible for sex workers, regular trainings are organized to familiarize doctors with the National HIV Programme.<sup>50</sup>
- The "Law on HIV and AIDS" (December 28, 2005, N° 150) stipulates the prevention of HIV infection through different mechanisms and the provision of free, evidence-based, quality medical and psychosocial care for people living with HIV (PLHIV), while guaranteeing the confidentiality of this care. The law applies to all PLHIV no matter what their social background is, but does not mention sex workers in particular.<sup>51 52</sup>

## » QUOTES AND ISSUES:

- **"Before, I used to use the services provided by a NGO. The project ended and I had to go to another organization, but I was refused the services there because I had been the client of a different organization before, even if this one has closed. The answer that I got from the NGO was that I had to register earlier."** (Focus group discussion with female and transgender sex workers, Dushanbe)
- **"We need to know our rights; there must be some centres that should have told us about them."** (Focus group discussion with female and transgender sex workers, Dushanbe)
- **"I do not know what types of specific services exist for sex workers nor do I know what organizations provide services for sex workers."** (Focus group discussion with female and transgender sex workers, Dushanbe)
- **"We often gather with an initiative group called DIGNITY, where we discuss about HIV prevention and our rights. They provide us with comprehensive information. But some other NGO outreach workers behave improperly and their reports are often wrong."** (Focus group discussion with female and transgender sex workers, Dushanbe)
- **"The level of stigma and discrimination still remains very high. 69% of respondents think that people living with HIV should be isolated from society. 90% of interviewed PLHIV face stigma and discrimination in society, as well as in the family and when receiving services."** (Interview with the National Country officer, UNAIDS)
- **"Before, the medical staff in State facilities used to refuse to serve PLHIV. Now, on paper, the situation has changed. But the problem still exists. If sex workers are living with HIV, to avoid discrimination, they can go to the Youth Friendly Services."** (Interview with the Executive Director of "Dignity")

# 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:

- The National Policy on HIV recognizes and respects the right to sexual and reproductive health of women, men and transgender people working in the sex industry and sex workers living with HIV.<sup>53</sup>
- The existing legislation does not confine the participation of different groups in decision-making processes. Persons or legal entities working in the field of HIV/AIDS have a right to be involved and participate in decision-making at national, regional and municipal levels.<sup>54</sup> Thus, formally there are no obstacles for sex workers to voice their concerns and take initiative in tackling the problems associated with sex work, but police harassment and stigma make it difficult for sex workers to fully participate in such processes.<sup>55</sup>
- Despite the fact that the legislation does not per se prohibit the establishment and registration of sex worker associations, it is yet to be ascertained if the government would allow such an organization to fully register. As yet, no sex worker organization has registered with the State although one currently exists that is a member of both regional and international networks.<sup>56</sup>
- The reason for the limited advocacy and activism of sex workers is the high level of stigma and discrimination towards them in society, which makes it difficult for sex workers to represent their interests publicly without risking exposure to stigma, violence, extortion and discrimination.<sup>57</sup>
- Sex workers participating in HIV projects of non-governmental organizations are usually involved in social and outreach activities. Because these activities take place "in the field", sex workers are not always given the opportunity to participate in strategic processes, the development of new programmes and recommendations related to sex workers.<sup>58</sup>

### » QUOTES AND ISSUES:

- *"I know of only one organization that promotes the interests of sex workers, and has a voice in the National Coordinating Committee (NCC) to Combat HIV - the NGO SPIN + ."* (Interview with the Director of the CSO "Equal Opportunities")
- *"The composition of the NCC on HIV should include 40% of the State institutions, 40% of the international organizations and 20% of NGOs, but there is no representative from the sex worker community."* (Interview, Head of the M&E Department, Republican AIDS centre)
- *"Sex workers – including those living with HIV are not involved in decision-making processes in the area of HIV at national, regional and municipal level."* (Interview, Executive Director of the CSO "Mental health centre for people with HIV")
- *"The Committee of Women's Affairs and the Ministry of Health of Tajikistan should pay more attention to the problems of sex workers related to HIV."* (Interview with HIV Prevention Specialist, UNDP)
- *"In general, the AIDS organizations are fragmented and not coordinated. The working groups of the CCM consist of AIDS organizations, but their role is small and limited to the right to vote. The CCM does not notify the NGOs on the agenda of the meetings and work plans. This leads to a reduction of interest in the work of the NCC by the NGOs. The CCM does not meet the requirements of the Global Fund to work with civil society and communities affected by the epidemic."* (Interview, Executive Director of the CSO "Intibori")
- *"The National HIV programmes are committed to respect principles of law and to be consistent with international norms. The National Policy on AIDS recognizes and respects the right to sexual and reproductive health of women, men, and transgender people working in the sex industry and sex workers living with HIV. But rights are very often violated. Sex workers understand that no one will defend them and thus do not try to stand up for their rights."* (Interview, Executive Director of the CSO "Intibori")

# 5» PREVENTION COMPONENT 5 VIOLENCE

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

## » KEY POINTS:

- The National programme on gender equality and the national policy to eliminate violence against women outline measures to prevent violence against women.<sup>59</sup>
- Since 2006, various local NGOs have been working on the prevention of violence against women in cooperation with the respective national Coordinating Councils, headed by the Deputy Prime Minister and including representatives from different Ministries. These NGOs provide counselling and psychological support to women who are survivors of violence, including sex workers.<sup>60</sup>
- The Constitution of Tajikistan guarantees equal rights to all citizens and prohibits any discrimination. There are no specific mechanisms protecting the rights of sex workers exposed to violence or who face a high risk of being exposed to violence.<sup>61</sup>
- There are no documented data or court rulings related to the violations of sex workers' human rights.<sup>62</sup>
- Anecdotally, sex workers regularly face violence from government officials, in particular police officers. Sex workers are also prone to violence from customers or perpetrators posing as customers and religious groups. Unequal access to police and legal protections renders sex workers far more vulnerable to violence.<sup>63</sup>
- Sex workers in the street are most vulnerable to violence and when the provision of sexual services is at the client's residence, as opposed to working for a third party (who may potentially provide sex workers some level of security).<sup>64</sup>

## » QUOTES AND ISSUES:

- ***"My friend and I were detained and taken to the police department to identify someone. When we arrived at the department, the head of the department had his birthday and we were "offered" to him. When we refused, they beat us, abused and kicked us out without any money in the early morning."*** (Focus group discussion with female and transgender sex workers Dushanbe)
- ***"Violence comes from the police. The society sees how police behave with us and try to imitate them."*** (Focus group discussion with female and transgender sex workers Dushanbe)
- ***"Forced detention sometimes takes place, but it is rare. If it happens, from my experience, they will beat you, and if they cannot get other things from you (mostly money), then they just let you go."*** (Focus group discussion with female and transgender sex workers Dushanbe)
- ***"When clients find out that you are not a girl, they beat you, mostly because they feel shame of themselves."*** (Focus group discussion with female and transgender sex workers Dushanbe)
- ***"One of my friends was used and abused. Everything can happen, you need to be careful."*** (Focus group discussion with Male and transgender sex workers Dushanbe)
- ***"For sex workers it is always dangerous to work (in the current Tajik context where stigma and discrimination is very high) but even more on the street where sex workers are not physically protected. They cannot count on help either from police or from third parties."*** (Interview, HIV Prevention Specialist, UNDP)
- ***"There are cases when a sex worker expects only one client, but when she gets to the given place, a group of people is waiting for her. In this case, sex workers are very vulnerable because they are not able to defend themselves physically or legally."*** (Interview, Director of the CSO "Equal Opportunities")

## NOTES AND REFERENCES

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- <sup>2</sup> <http://stat.tj/en/analytical-tables/socio-demographic-sector/>
- <sup>3</sup> <http://www.globalhealthfacts.org/data/topic/map.aspx?ind=82>
- <sup>4</sup> <http://stat.tj/ru/publication/e-version/>
- <sup>5</sup> <http://stat.tj/en/analytical-tables/socio-demographic-sector/>
- <sup>6</sup> <http://stat.tj/en/analytical-tables/socio-demographic-sector/>
- <sup>7</sup> [http://www.unicef.org/infobycountry/Tajikistan\\_statistics.html](http://www.unicef.org/infobycountry/Tajikistan_statistics.html)
- <sup>8</sup> <http://www.unaids.org/en/regionscountries/countries/tajikistan/>
- <sup>9</sup> <http://www.nc-aids.tj/statistika.html>
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- <sup>11</sup> <http://www.nc-aids.tj/statistika.html>
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- <sup>13</sup> WHO/UNAIDS, *HIV/AIDS in Europe and central Asia, Progress Report 2011*
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- <sup>20</sup> *National report on progress made in the response to AIDS – Tajikistan* [http://www.unaids.org/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce\\_TJ\\_Narrative\\_Report%5B1%5D.pdf](http://www.unaids.org/en/dataanalysis/knownyourresponse/countryprogressreports/2012countries/ce_TJ_Narrative_Report%5B1%5D.pdf)
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- <sup>24</sup> The Criminal Code of the RT - <http://www.minjust.tj/>, Article 238 *Involving in Prostitution and Article 239 Organization or Maintenance of Dens, Pandering*
- <sup>25</sup> Administrative Code of the Republic of Tajikistan - <http://www.minjust.tj/>
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- <sup>29</sup> Interview, Director of the CSO “Equal opportunities”
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- <sup>34</sup> Interview, Executive Director of “Dignity”
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- <sup>42</sup> Interview, representative UNAIDS Tajikistan
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- <sup>45</sup> Interview, Director of the CSO “Equal Opportunities”
- <sup>46</sup> Interview, Director of the CSO “Equal Opportunities”
- <sup>47</sup> Interview, Director of the CSO “Equal Opportunities”
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# 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 Tajikistan. Key stakeholders – including government, relevant intergovernmental and non-governmental organisations, and donors – should consider the following actions:

## LEGAL AND SOCIAL CONTEXT

- Countrywide, ensure sex workers' participation in bodies, mechanisms or programmes concerning them.
- Monitor the situation and improve HIV prevention, support and services' access by developing partnerships and a joint framework between government, NGOs and international organisations.
- Conduct national information campaigns and educational activities through mass media to reduce the level of stigma and discrimination against sex workers.
- To better protect sex workers' rights, revise the legal framework of administrative and criminal codes.
- Design sex worker-led sensitisation programmes for various agencies and organizations to improve the quality of services for sex workers.

## AVAILABILITY OF SERVICES

- Develop a national programme of basic services led by sex workers, supported by and with the involvement of government, civil society and international organisations.
- Implement a programme whose budget is dedicated to providing free medical care in public health facilities for sex workers.
- Create favourable conditions and environment for sex workers to access health services.
- Devise strategies to improve availability and quality of services for sex workers.
- Explore male and transgender sex workers' needs in protection of their health and rights.

## ACCESSIBILITY OF SERVICES

- Implement the WHO, UNFPA, UNAIDS, NSWP Guidelines on Prevention and Treatment of HIV and other STIs for Sex Workers in low and middle-income countries.
- Include sex workers in the planning, implementation and evaluation of rights-based SRH/HIV services.
- Include in a national HIV plan a programme that creates easy-access services for sex workers with extended opening hours plus a national training plan for medical professionals catering for sex workers' needs.
- Develop and implement policies and guidelines to protect the privacy and confidentiality of sex workers receiving services through the public healthcare system.
- Develop a programme for health-care workers and community organisations where clients' rights are

promoted and with an anonymous mechanism supplying feedback on care quality. Strengthen the work of existing medical centres in providing services to sex workers and expand their services package

- Expand and promote peer-outreach approaches within programmes.

## PARTICIPATION AND RIGHTS

- Include sex workers in municipal and national-level action-plans addressing HIV.
- Build capacity and support for sex workers' organisations to register their own organizations and acquire technical skills to administer and offer peer-led services.
- Create an enabling legal and political platform for the development and registration of organizations of sex workers.
- Ensure meaningful involvement of sex workers' representatives, including peer-workers in the field, in the development, implementation and evaluation of programmes, recommendations and policies towards sex workers.
- Together with sex workers' organizations, UN agencies and NGOs advocate at national and municipal levels to ensure that sex workers can participate safely and respectfully in decision-making processes.

## VIOLENCE

- Conduct research into levels and types of violence and human-rights abuses faced by male, female and transgender sex workers.
- Develop a programme to train law enforcement officials on human rights and the consequences of violating them.
- Using good practises from other contexts, develop a sex workers-led programme, in partnership with the police, on prevention of violence against sex workers.
- Raise the general public's awareness of sex workers rights so reducing violence and discrimination against them.
- Develop safe and affordable mechanisms allowing sex workers to access legal services when facing violence.
- As other countries have done, ensure that government supports financially the implementation of sex worker-led crisis-response systems and violence documentation. Create platforms for politicians, police and sex workers to meet regularly and address jointly violence and human rights violations.
- Ensure safe, rights-based mechanisms so sex workers can report violence without fearing of arrest or abuse.

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