

Open Society Institute (OSI)
International Harm Reduction Development (IHRD)

Sex Worker Harm Reduction Initiative Mid-Year Report

**A Guide to Contacts and Services
in Central and Eastern Europe
and the Former Soviet Union**

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Executive Summary

The Open Society Institute (OSI) is a private operating and grant making foundation that develops and implements a range of programs in civil society, education, media, public health and human and women's rights, as well as social, legal, and economic reform. Established in 1993 by investor and philanthropist George Soros, OSI is at the center of an informal network of foundations and organizations active in more than 50 countries.

Recent economic and social changes in Eastern Europe and former Soviet Union during the past decade have resulted in a dramatic increase in the number of women and girls engaged in sex work and/or injecting drugs. There is an overlap between injection drug users and sex workers. Some drug users turn to sex work out of financial necessity to support their addiction, while sex workers often seek an escape from their harsh lives through drug use. The desperate exchange of sex for drugs or drug money is a high-risk encounter that reduces appropriate judgment around safer sexual behaviors. And clearly, the sharing of needles and syringes is a well-documented mode of HIV transmission.

In recognition of the need to provide targeted harm reduction services to sex workers, the International Harm Reduction Development program (IHRD) issued two related calls for proposals in 2000. The first grant competition (known as "Part A") funded organizations already providing services to sex workers to add or enhance drug-related harm reduction projects. A second call for proposals (known as "Part B") offered funding to IHRD-funded harm reduction projects to add or enhance activities targeting the needs of sex workers.

In total, 33 organizations were selected in 12 countries: Belarus, Bulgaria, Estonia, Latvia, Lithuania, Poland, Romania, Russia, Slovakia, Turkmenistan, Ukraine and Uzbekistan. Direct service funding for the entire initiative totals more than \$335,000, and activities were launched at the end of 2000. Because this was a pilot funding initiative, IHRD asked all 33 sex work harm reduction projects to submit quantifiable objectives to describe the number of staff and volunteers to be funded by the grant; the number of clients to be reached; the services to be delivered; and the organizational capacity to be developed.

Six months into the initiative, the projects are succeeding in reaching sex workers with harm reduction information, education, counseling, referrals and follow-up services. More than 6,500 sex workers have already been reached at least once with harm reduction information about HIV, STDs and drug use. Approximately 6,200 (95%) have been engaged more than once with follow-up information, education, counseling and referrals. More than 5,100 sex workers are reported to be engaged in syringe exchange services.

As the projects began their outreach and service delivery, many reached out to sex work locations for the first time. Gaining the trust of sex workers was a primary challenge and, where gained, a notable success. Projects reported success in establishing new service linkages and new relationships with government, local militia, local media and funders. Most projects noted the importance of continuity in outreach and services as a factor in building trust with sex worker populations and linking them to care. Most projects noted a lack of access to medical care due to cost and other barriers. Some projects continue to struggle with their need for better transportation, for clinical supervision and additional staffing for adequate outreach, safety and supervision, as well as the need for expansion due to enormous service demands. Negotiation of relationships with the local militia / police, and also with the criminal structure surrounding sex workers seems to be a major challenge for most of the projects.

About the Open Society Institute (OSI)

The Open Society Institute (OSI) is a private operating and grant making foundation that develops and implements a range of programs in civil society, education, media, public health and human and women's rights, as well as social, legal, and economic reform. OSI is at the center of an informal network of foundations and organizations active in more than 50 countries worldwide that support a range of programs. Established in 1993 by investor and philanthropist George Soros, OSI is based in New York City and operates network-wide programs, grant making activities in the United States, and other international initiatives. OSI provides support and assistance to Soros foundations in Central and Eastern Europe and the former Soviet Union, Guatemala, Haiti, Mongolia, South, Southern and West Africa.

OSI network programs address specific issue areas on a regional or network-wide basis. Current network programs deal with a range of subjects, including public health, arts and culture, civil society, economic reform, education, information, legal reform, women's rights, and minority issues. Network program activities are implemented in cooperation with the national foundations. Participation in a given program is at the discretion of the national foundations, which establish expert boards to create country-specific implementation strategies and to comment on the effectiveness of the overall program. Network programs are intended to promote cooperation and information sharing among the organizations in the Soros Foundation network.

About the OSI/IHRD Sex Work Harm Reduction Initiative

Economic and political changes over the past decade have created extreme financial hardship in Eastern Europe and former Soviet Union, particularly for women. These difficulties have resulted in a dramatic increase in the number of women and girls in the sex work industry, either voluntarily or against their will. Some are illegal foreign immigrants fleeing hardship and poverty in search of a better life; others are the victims of trafficking and sexual exploitation. One thing they all share is an expanded risk of HIV infection.

According to researchers, those with the least amount of control over their working environment are the most vulnerable to HIV and other sexually transmitted diseases. This tends to be younger sex workers, women who are linked to pimps and those selling sex on the street. Data also indicate a strong correlation between sex work and drug use. Some drug users turn to sex work out of financial necessity to support their addiction, while sex workers often seek an escape from their harsh lives through drug use. The desperate exchange of sex for drugs or drug money is a high-risk encounter that reduces appropriate judgment around safer sexual behaviors. And clearly, the sharing of needles and syringes is a well-documented mode of HIV transmission.

In recognition of the need to provide targeted HIV prevention services to sex workers, the International Harm Reduction Development program (IHRD) announced the first of two related calls for proposals in 2000. In May, the first grant competition (known as "Part A") sought to enable organizations that provide social care and/or medical services to sex workers to add or enhance drug-related harm reduction projects focused on the needs of sex workers. A second call for proposals was issued to all IHRD/Soros-funded harm reduction projects in June of 2000. This initiative (known as "Part B") offered funding to create new or enhanced activities targeting the needs of sex workers.

With the help of an expert review committee and critical input from the Public Health Coordinators at the national Soros Foundations and our UNDP partners, IHRD screened more than 60 applications from 18 countries. For Part A, 10 organizations were selected in Belarus, Bulgaria, Estonia, Poland (2), Romania, Russia, Turkmenistan, Ukraine and Uzbekistan. For Part B, 23 organizations were selected in Belarus, Bulgaria (3), Latvia, Lithuania, Poland, Russia (8), Ukraine (7), and Slovakia. Direct service funding for the entire initiative totals more than \$335,000, and activities were launched at the end of 2000. The Sex Work Harm Reduction initiative at IHRD is overseen by Sue Simon, Associate Director, and Jennifer Traska, Program Coordinator. They are supported in these efforts by consultant Sam Avrett and social work intern Natasha Dachos.

Objectives of the OSI/IHRD Sex Work Harm Reduction Initiative

Because this was a pilot funding initiative, IHRD asked all 33 sex work harm reduction projects to submit quantifiable objectives to describe: 1) the number of clients to be reached; 2) the services to be delivered; and, 3) the organizational capacity to be developed. The compiled program objectives were as follows:

Part A: Sex Worker Organizations "Adding on" Harm Reduction Services

1. Number of Clients to Be Reached: During the year 2001, at least 3,300 sex workers in 9 countries will be reached with harm reduction outreach and information related to drug use and HIV risk. Approximately half (1,750) of these sex workers will be engaged more than once with harm reduction information, education and services.

2. Services to be Delivered: Sex workers will be engaged with the following range of harm reduction activities:

- one-time information and referrals, with distribution of condoms, lubricants, bleach kits, and literature
- follow-up one-to-one counseling and education
- group counseling and education
- syringe and needle exchange
- legal counseling and advocacy
- professional or vocational training
- other services, such as HIV testing, testing and treatment for sexually-transmitted disease (STD), obstetric and gynecological care, detoxification, etc.

3. Organizational Capacity to be Developed: To accomplish the first two objectives, 10 organizations in 9 countries will be funded to recruit, hire and train a total of 59 paid full-time and part-time staff and 70 unpaid volunteers, and purchase harm reduction supplies and other supplies and equipment. Organizations funded under Part A will build organizational capacity for harm reduction associated with drug use based on a respectful and non-judgmental approach to drug users. Organizational capacity development activities will include:

- new and expanded population needs assessments and population descriptions
- new services and service space and venues
- new linkages and referral relationships with other service providers
- new or expanded fundraising
- development of experience in program and financial management
- new or expanded project evaluation
- new staff and volunteer training and capacity.

Part B: Harm Reduction Organizations "Adding on" Services for Sex Workers

1. Number of Clients to Be Reached: During the year 2001, at least 8,000 sex workers in 8 countries will be reached with harm reduction outreach and information related to drug use and HIV risk. Approximately two-thirds (5,300) of these sex workers will be engaged more than once with harm reduction information, education and services.

2. Services to be Delivered: Sex workers will be engaged with the following range of harm reduction activities:

- one-time information, education, counseling and referrals (IEC), with distribution of condoms, lubricants, bleach kits, and literature
- follow-up one-to-one information, education, counseling and referrals (IEC)
- group counseling and education
- syringe and needle exchange
- legal counseling and advocacy
- training of health care and other professionals
- other services, such as HIV testing, testing and treatment for sexually-transmitted disease (STD), obstetric and gynecological care, detoxification, vocational training for sex workers, etc.

3. Organizational Capacity to be Developed: To accomplish the first two objectives, 23 organizations in 8 countries will be funded to recruit, hire and train a total of 129 paid full-time and part-time staff and 158 unpaid volunteers, and purchase harm reduction supplies and other supplies and equipment. Organizations funded under Part B will build organizational capacity to develop respectful and non-judgmental programs specifically engaging sex workers. Organizational capacity development activities will include:

- new staff and volunteer training and capacity
- new services and service space and venues
- new and expanded population needs assessments and population descriptions
- new linkages and referral relationships with other service providers
- new or expanded fundraising
- new experience in program and financial management
- new or expanded project evaluation

Mid-Year Report of the Sex Work Harm Reduction Initiative

With progress reports completed and received from 30 of 32 projects, the following is a mid-year update on the accomplishments and challenges of the sex work harm reduction initiative. The statistics that follow represent the first six months of the IHRD initiative.

Reaching High-Risk Populations of Sex Workers

During the first six months of this initiative, the projects reported strong success in reaching sex workers. Compared to a targeted mid-year goal of approximately 5,700 sex workers reached and 3,500 sex workers engaged in services, the 30 projects reported reaching a total of 6,421 sex workers at least once with any form of outreach or service, and reported engaging 6,254 sex workers in follow-up harm reduction activity.

Evidence shows that the projects reached populations at high risk. Most projects reported a distinction between various sub-populations of sex workers, categorizing them and their risk for violence, STD and HIV infection by where they work (highways and streets; bars, clubs, hotels and brothels; or as escorts), whether they work under the protection and control of a pimp or bodyguard, and whether they use drugs, including heroin by injection. There seemed to be a trend where sex workers seemed to be at highest risk if they were injecting drugs, working on the street and working alone. Nearly all of the harm reduction projects conduct direct street outreach, and most reported that a majority of the sex workers engaged in their projects were actively injecting drugs.

Engaging Sex Workers in Harm Reduction Services

During the first six months of the initiative, all organizations provided a similar and broad range of harm reduction services. More than 6,500 sex workers were reached at least once with harm reduction information about HIV, STDs and drug use. Approximately 6,200 (95%) were engaged more than once with follow-up information, education, counseling and referrals, and more than 5,100 sex workers were reported to be engaged in follow-up services and syringe exchange.

Part A and Part B organizations began this initiative with different experience and capacities (see page 2), and this was reflected in the reported statistics. On average, this new IHRD initiative represented more than 50% of all harm reduction funding for Part A organizations, while representing an average of 26% of Part B harm reduction funding. Part A organizations, with more previous experience with sex work populations, reported an ability to reach and engage about 25% more sex workers per organization (250 vs 200 sex workers reached per project). Part B organizations, however, with their established syringe exchange programs and prior contact with injection drug users, generally reported a higher percentage of sex workers engaging in syringe exchange services (85% vs 75% of sex workers engaged in syringe exchange). These factors balanced each other, since the average number of sex workers ultimately reported to be engaged in syringe exchange was, on average, the same for Part A as for Part B projects.

Sex Work Harm Reduction Initiative – Numbers of Sex Workers Reached

| Country | Organization | Objective I: # to reach once / # to engage more than once FOR FULL YEAR | Achieved: # reached at least once / # engaged more than once MID-YEAR |
|-----------------|--|---|---|
| Belarus | Vitebsk Women's Club (B) | 120 reached once / 70 engaged with follow-up | 64 reached once / 47 engaged with follow-up |
| Belarus | Vstreacha (A) | 75 / 35 | n/a |
| Bulgaria | Dose of Love (B) | 100 / 70 | 104 / 76 |
| Bulgaria | HSEF (A) | 300 / 200 | 300 / 200 |
| Bulgaria | Initiative for Health (B) | 400 / 200 | 160 / 76 |
| Bulgaria | Pleven 21st Century (B) | 50 / 50 | 62 / 58 |
| Estonia | AIDS Info & Support Ctr (A) | 400 / 300 | 648 / 648 |
| Latvia | AIDS Prevention Center (B) | 200 / 100 | 167 / 100 |
| Lithuania | Vilnius Substance Abuse Treatment Ctr (B) | 40 / 20 | 65 / 65 |
| Poland | Krakow Assoc of Help to Drug-Dependent (B) | 200 / 20 | n/a |
| Poland | TADA (A) | 500 / 375 | 610 / 610 |
| Romania | ARAS (A) | 200 / 100 | 205 / 97 |
| Russia | Against AIDS Fund (B) | 2000 / 1000 | 189 / 120 |
| Russia | AIDS Infoshare (A) | 150 / 120 | 150 / 121 |
| Russia | AIDS Stop Foundation (B) | 370 / 270 | 234 / 179 |
| Russia | Krasnoyarsk Regional Youth Community Org (B) | 500 / 200 | 203 / 122 |
| Russia | Maria (B) | 200 / 100 | 174 / 98 |
| Russia | NADA – Saratov Branch (B) | 1300 / 1000 | 1012 / 1012 |
| Russia | Pervouralsk W/out Drugs (B) | 200 / 150 | 50 / 36 |
| Russia | Return Foundation (B) | 300 / 300 | 500 / 500 |
| Russia | Tartarstan Republic Ctr on AIDS Prevention (B) | 500 / 350 | 309 / 277 |
| Slovak Republic | Odyseus (B) | 60 / 50 | 160 / 160 |
| Turkmenistan | Annageldy (A) | 500 / 100 | 600 / 200 |
| Ukraine | All Together (B) | 100 / 50 | 106 / 52 |
| Ukraine | Anti-AIDS Charitable Fund (B) | 150 / 150 | 76 / 55 |
| Ukraine | Donetsk Society of Assist (B) | 800 / 500 | 861 / 521 |
| Ukraine | Nikolaev Charity Fund (B) | 100 / 100 | 230 / 177 |
| Ukraine | Poryatunok (B) | 60 / 60 | 57 / 46 |
| Ukraine | Odessa Charity Fund (B) | 250 / 250 | 200 / 193 |
| Ukraine | Regional SALUS Fdn (A) | 500 / 250 | 130 / 92 |
| Ukraine | Vinnitsa Public Congress (B) | 350 / 200 | 380 / 272 |
| Uzbekistan | SABO (A) | 480 / 280 | 78 / 9 |

Sex Work Harm Reduction Initiative – Harm Reduction Services Provided

| Country | Organization | One-time IEC and referrals | Follow-up IEC and referrals | Group cnsling | Syringe exchange (# of sex workers engaged) | Syringe exchange (# of syringes exchanged) | Legal cnsling | Other |
|-----------|--|----------------------------|-----------------------------|---------------|---|--|---------------|---|
| Belarus | Vitebsk Women's Club (B) | – | – | – | 29 | 3488 | – | prof training |
| Belarus | Vstrecha (A) | n/a | n/a | n/a | n/a | n/a | – | n/a |
| Bulgaria | Dose of Love (B) | – | – | – | 25 | 6600 | – | - |
| Bulgaria | HSDF (A) | – | – | – | 75 | 4000 | – | - |
| Bulgaria | Initiative for Health (B) | – | – | – | 95 | 17,400 | – | prof. training |
| Bulgaria | Pleven 21st Century (B) | – | – | – | 37 | 10,656 | – | - |
| Estonia | AIDS Info/ Support Ctr (A) | – | – | – | 1208 | 17,000 | – | HIV/STD testing; detox |
| Latvia | AIDS Prevention Ctr. (B) | – | – | – | 167 | 2277 | – | HIV testing; prof. training |
| Lithuania | Vilnius Substance Abuse Treatment Ctr (B) | – | – | – | 65 | 813 | – | Other |
| Poland | Krakov Assoc of Help to Drug-Dependent (B) | n/a | n/a | n/a | n/a | n/a | – | n/a |
| Poland | TADA (A) | – | – | – | 90 | 4850 | – | media training; prof. training |
| Romania | ARAS (A) | – | – | – | 50 | 5120 | – | prof. training |
| Russia | Against AIDS Fund (B) | – | – | – | 41 | 15,300 | – | prof. training |
| Russia | AIDS Infoshare (A) | – | – | – | - | - | – | materials; prof. training |
| Russia | AIDS Stop Foundation (B) | – | – | – | 76 | 16,704 | – | HIV/STD testing; hotline |
| Russia | Krasnoyarsk Regional Youth Community Org (B) | – | – | – | 121 | 3447 | – | STD testing / treatment |
| Russia | Maria (B) | – | – | – | 74 | 9847 | – | HIV/STD testing |
| Russia | NADA Saratov Branch (B) | – | – | – | 900 | 20,080 | – | HIV/STD testing |
| Russia | Pervouralsk W/o Drugs (B) | – | – | – | 32 | 1020 | – | HIV/STD testing; prof training |
| Russia | Return Foundation (B) | – | – | – | 100 | 3700 | – | HIV testing |
| Russia | Tartarstan Republic Ctr on AIDS Prevention (B) | – | – | – | 155 | 7062 | – | HIV/STD testing; medical consultation |
| Slovak | Odyssey (B) | – | – | – | 150 | 30,000 | – | prof training |
| Turkmen | Annageldy (A) | – | – | – | - | - | – | prof training |
| Ukraine | All Together (B) | – | – | – | 23 | 4692 | – | hotline |
| Ukraine | Anti-AIDS Charity Fund (B) | – | – | – | 74 | 2187 | – | prof training |
| Ukraine | Donetsk Society Assist (B) | – | – | – | 160 | 26,750 | – | – |
| Ukraine | Nikolaev Charity Fund (B) | – | – | – | 102 | 739 | – | HIV/STD testing; medical consultation prof training |
| Ukraine | Poryatunok (B) | – | – | – | 46 | 32,176 | – | HIV/STD testing; medical consultation, |
| Ukraine | Odessa Charity Fund (B) | – | – | – | 434 | 10,904 | – | prof training |
| Ukraine | Regional SALUS Fdn (A) | – | – | – | 81 | 9200 | – | HIV/STD testing; medical consultation |
| Ukraine | Vinnitsa Public Congress (B) | – | – | – | 92 | 19,250 | – | prof training |
| Uzbek | SABO (A) | – | – | – | 9 | 390 | – | – |

Across all projects, more than 95% of the sex workers accessing services were women, and more than 70% were between the ages of 18 and 30. Although many projects cited the transitory nature of the sex workers they encountered, projects usually reported that more than half of the sex workers were from the immediate province or district where they were working, and that less than 15% of sex workers came from other countries. Projects in Bulgaria, Romania and Slovakia reported that Roma clients accounted for at least 40% and up to 90% of the sex workers reached.

Where information was collected about HIV risk factors, projects reported that 15% to 35% of sex workers had been diagnosed with an STD within the past six months of the project, and more than 30% of sex workers had a history of ever having an STD. Where collected, the self-reported rates of HIV infection among sex workers engaged by these projects were highest (15-17%) in large urban centers such as Moscow and St. Petersburg. Three projects in Bulgaria and Romania reported no HIV infections among sex workers tested in conjunction with their services.

The lack of access to medical care among sex workers was a recurring theme in the reports. For example:

"Half of the women participants of our project who have been diagnosed with syphilis report reluctance to treat it, partly due to lack of money, restrictive schedules and costs of some medical institutions, and the women's fear of condemning attitudes by health personnel and fear of further testing and diagnosis." – [Nikolaev Charity Fund, Nikolaev, Ukraine](#)

"When being medically examined, 10% of sex workers were diagnosed as having syphilis and half of the women had gonorrhea and trichomoniasis. Over half of these women had been previously refused from treatment because they did not have money to buy the necessary drugs" – [Tashkent City Women's and Children's Center \(SABO\), Tashkent, Uzbekistan](#)

"Some of the women [diagnosed with STDs] ask me to lend them money for treatments or give treatments on credit. Unfortunately, neither I nor our hospital have such funds. We can only counsel these women and make necessary procedures, but they have to buy treatments themselves." – [Dermo-venereologist in Tashkent, Uzbekistan](#)

Most projects also reported a harsh environment for sex workers, focusing particularly on women's lack of decision-making power and lack of economic, social and legal power. Some illustrative quotes from the project reports include:

"Sex workers report their greatest challenges to be negative social attitudes, danger of violence, and depression, and report that they most desire better protection from violence, less harassment from law enforcement, legalization of prostitution, creation of mutual aid groups, increased self-esteem, quitting drug use and the possibility of work" – [Anti-AIDS Fund, Poltava, Ukraine](#)

"The challenge is that a man pays for the time he spends with the woman. She does not belong to herself, she is in his full power. It is his choice to tell her whether he uses drugs or not, his choice to use a condom or not. It is only him who decides." – [Police officer in Tashkent, Uzbekistan](#)

"Pimps negotiate with clients the characteristics of sex sessions and so the pimp is often the real decision-maker. Since a sex worker costs about \$50 or even less, the pimps are not interested at all in investing in the health of "their" sex workers. Sex workers are forced by threat of violence to accept unprotected sex and unsafe working conditions." – [ARAS, Bucharest, Romania](#)

"More than half of the interviewed women report exposure to violence from clients, 53% have experienced violence from law enforcement (police) workers, 83% of these women did not apply to any organization for help considering it useless. A large number of women don't know the laws about sex work in Russia and more than four out of five women tell us they are interested in getting information about their rights."

– AIDS Stop Foundation, Novorossiysk, Russia

"The 50% of sex workers who are injection drug users report much higher risk behavior and often have no money for buying condoms" – Tartarstan Republican Center on AIDS Prevention, Kazan, Russia

Building Organizational Capacity

During the first six months of this initiative, the projects recruited, engaged and trained approximately 185 paid full-time and part-time staff and 191 unpaid volunteers, at an average of 6 staff and 6 volunteers per organization for both Part A and Part B projects.

Very few organizations reported major difficulties in staff recruitment or retention, although there were predictable challenges in identifying staff and volunteers who were adequately motivated and experienced for this work, willing to work at low salaries and part-time hours, and able to build new services for generally under-resourced organizations and populations. Administrative and management capacity accounted for as much concern as direct service capacity, although this could reflect the bias of those completing the reports. Some agencies, however, identified specific new staffing needs associated with their sex work harm reduction project, for example:

"One of the main problems that our project faces is drug use relapse by new staff and volunteer outreach workers due to working in a provocative environment, inadequate psychological support from the organization, personal health and other day-to-day problems... The project has emphasized that harm reduction hierarchy must first be accepted and observed by outreach workers in order for them to successfully promote it among clients... The program needs a special psychologist for the support of program staff... We also find it quite difficult to find a qualified bookkeeper at low salary for a rather large workload of record keeping, accountancy, payroll, and taxes." – No to Alcohol and Narcotics, Saratov, Russia

As the projects began their outreach and service delivery, many reached out to new sex work locations for the first time and noted challenges and successes related to this:

"Even within six months, a relatively short period of time, we have gained preliminary data on stratification of sex work in our city by geography, level of income, the main needs, and the issues and perspectives of sex workers. ... We developed new contacts with government and non-government organizations and our staff and volunteers trained in recruitment, individual and group counseling and telephone counseling. ... Our greatest challenge was in understanding the [sex workers] we are working for and their needs. ... With this grant we made our first attempts to speak with sex workers in the streets and have a group training session with eight women. This was the most difficult but was our greatest success. ... Our understanding is reinforced that it is necessary to involve sex workers in the delivery of HIV/AIDS and STD prevention." – Tashkent City Women's and Children's Center (SABO), Tashkent, Uzbekistan

"Our efforts in seven towns in central Ukraine are limited by a need for better transportation, but we have succeeded in getting a delegation of the European Commission to study the possibility of giving us an old bus which needs repairs. Also, although we have an agreement with a laboratory, the laboratory lacked HIV test kits and could not test blood that we had collected." – Stalist, Vinnitsa, Ukraine

Sex Work Harm Reduction Initiative – New Organizational Capacity Built

| Country | Organization | New training: staff and volunteers | New service locations spaces or venues | New population needs assessment and descriptions | New linkage and referral arrangements | New fundraising | New program/ financial management experience | New project evaluation |
|-----------|---|------------------------------------|--|--|---------------------------------------|-----------------|--|------------------------|
| Belarus | Vitebsk Women's Club (B) | – | – | – | – | – | – | – |
| Belarus | Vstrecha (A) | n/a | n/a | n/a | n/a | n/a | n/a | – |
| Bulgaria | Dose of Love (B) | – | – | – | – | – | – | – |
| Bulgaria | HSDF (A) | – | – | – | – | – | – | – |
| Bulgaria | Initiative for Health (B) | – | – | – | – | – | – | – |
| Bulgaria | Pleven 21st Century (B) | – | – | – | – | – | – | – |
| Estonia | AIDS Info/ Support Ctr (A) | – | – | – | – | – | – | – |
| Latvia | AIDS Prevention Ctr. (B) | – | – | – | – | – | – | – |
| Lithuania | Vilnius Substance Abuse Treatment Ctr (B) | – | – | – | – | – | – | – |
| Poland | Krakov Assoc of Help to Drug-Dependent (B) | n/a | n/a | n/a | n/a | n/a | n/a | – |
| Poland | TADA (A) | – | – | – | – | – | – | – |
| Romania | ARAS (A) | – | – | – | – | – | – | – |
| Russia | Against AIDS Fund (B) | – | – | – | – | – | – | – |
| Russia | AIDS Infoshare (A) | – | – | – | – | – | – | – |
| Russia | AIDS Stop Foundation (B) | – | – | – | – | – | – | – |
| Russia | Krasnoyarsk Regional Youth Community Org (B) | – | – | – | – | – | – | – |
| Russia | Maria (B) | – | – | – | – | – | – | – |
| Russia | NADA Saratov Branch (B) | – | – | – | – | – | – | – |
| Russia | Pervouralsk W/o Drugs (B) | – | – | – | – | – | – | – |
| Russia | Return Foundation (B) | – | – | – | – | – | – | – |
| Russia | Tatarstan Republic Ctr on AIDS Prevention (B) | – | – | – | – | – | – | – |
| Slovak | Odyssey (B) | – | – | – | – | – | – | – |
| Turkmen | Annageldy (A) | – | – | – | – | – | – | – |
| Ukraine | All Together (B) | – | – | – | – | – | – | – |
| Ukraine | Anti-AIDS Charity Fund (B) | – | – | – | – | – | – | – |
| Ukraine | Donetsk Society Assist (B) | – | – | – | – | – | – | – |
| Ukraine | Nikolaev Charity Fund (B) | – | – | – | – | – | – | – |
| Ukraine | Poryatunok (B) | – | – | – | – | – | – | – |
| Ukraine | Odessa Charity Fund (B) | – | – | – | – | – | – | – |
| Ukraine | Regional SALUS Fdn (A) | – | – | – | – | – | – | – |
| Ukraine | Vinnitsa Public Congress (B) | – | – | – | – | – | – | – |
| Uzbek | SABO (A) | – | – | – | – | – | – | – |

"Our biggest challenge is staff security and transportation for work in the evening, especially if we are to expand outreach to highway sex workers." – [Anti-AIDS Fund, Penza, Russia](#)

Nearly all of the projects reported that gaining the trust of sex workers was a primary challenge and, where gained, a notable success:

"The most valuable success of the project has been the deeper and more stable contact between clients and outreach workers, allowing constant presence and development of acceptance and respect." – [Health and Social Development Foundation, Sofia, Bulgaria](#)

"One of our most important successes is the involvement of sex workers and pimps in secondary distribution of condoms, syringes, and informational materials." – [Project Renewal, Tartarstan Republican Center on AIDS Prevention, Kazan, Russia](#)

"Working with sex worker "bodyguards" and "security" is a continuing challenge for the project." – [Dose of Love, Burgas, Bulgaria](#)

"Sex workers reached on the street rarely visit the official clinic of this project. We had an early challenge in resistance from [pimps] but this resistance is lessening... We are seeing that sex workers are now starting to talk about STD prevention in their groups." – [Krasnoyarsk Regional Youth Community Organization, Krasnoyarsk, Russia](#)

"Sex workers have begun to help in reaching a larger number of sex workers with evaluation research and education." – [Poryatunok, Kremenchuk, Ukraine](#)

Training for staff and volunteers was conducted at some level by every project, both on-site and through regional and international initiatives supported by IHRD. At an international level, because the 10 Part A organizations were new to IHRD funding, and many were new to harm reduction service delivery, these organizations were invited to participate in a special workshop on harm reduction and sex worker issues, held in Bratislava in May 2001. In addition, all 33 Part A and Part B projects were invited to participate in the standard trainings offered to every IHRD-supported program. Each of the sex work projects was invited to send two people to a choice of two different trainings with organizational development being mandatory. The 2001 training topics were: organizational development; evaluation, research and technology; HIV issues; women and drug use; overdose prevention and safer injection; outreach, secondary exchange and drug education; and serving minorities and community outreach. By the reporting deadline, all Part A and Part B organizations had chosen their IHRD-sponsored trainings. In general, these trainings were well-received:

"We highly appreciated the Odessa (organizational development) training workshop. The experiences shared by the participating organizations, especially the moral support to help us feel that we are not alone, that our mistakes are quite natural and that we must continue our work, is the most valuable to us." – [Tashkent City Women's and Children's Center \(SABO\), Tashkent, Uzbekistan](#)

To assist in program implementation, IHRD also sponsored regional Technical Advisors who have exceptional experience in the design and delivery of harm reduction services to visit many of these new sex work projects and offer assistance as needed. To support linkages among the 33 sex work projects and between the sex work projects and existing networks that address sex work issues in both the East and West, all grantees received ongoing updates about sex worker-related issues, including access to educational

materials, research reports and conferences. Also to promote international linkages, IHRD supported project staff to participate in skills building seminars and meetings as much as possible. Beyond direct service funding, IHRD made grants to several organizations addressing sex work issues, such as supporting the European Project AIDS and Mobility for their conference entitled, "East-West mobility in Europe: Overcoming barriers to HIV prevention for migrant sex workers" and supporting the TADA/TAMPEP seminar in Poland on sex workers in Central and Eastern Europe.

However, most of the new linkages reported by the projects were local, such as the following examples:

"We were successful in obtaining a contract with the City Council for Health Care for complete medical check-ups of 250 sex workers participating in our project, and we are now developing a joint program with the Municipal Gynecological Counseling Center." – Mothers Against Drugs, Volgograd, Russia

"We are now working on creation of a joint project with an antenatal clinic to render medical services to sex workers in Novorossiysk." – AIDS-Stop Foundation, Novorossiysk, Russia

"As a result of our new project activity, the doctors and other medical workers in the local STD clinic have become more active in identifying sex workers and working with them on HIV prevention." – Pervouralsk Without Drugs, Russia

Negotiating relationships with the local militia / police, and also with the criminal structure surrounding sex workers seemed to be a major challenge for most of the projects. Some examples of success were noted:

"At the beginning of the project, we had a very hard problem with the criminal structure which controls commercial sex. Fortunately we were able to increase their understanding of the project, show that we are not competitors, and provide to them education about sexual health, drug use and HIV prevention. After that, women became active in the project themselves." – Vitebsk Women's Club, Vitebsk, Belarus

"One of our biggest challenges and successes was gaining the trust and building a partnership with the municipality and the police department." – Pleven 21st Century, Pleven, Bulgaria

"Our project encountered big resistance in one Roma community which was combating a big problem of drug abuse and trying to beat the heroin dealers out of the community. Our outreach team met with the community leaders of the anti-drug effort and negotiated continuation of our work." – Health and Social Development Foundation, Sofia, Bulgaria

"Prostitution and drug use are illegal here, and it was difficult to arrange a formal agreement with the local police. After the first incident where an outreach worker was arrested during a police raid in a sex trade location, the project manager was able to obtain an informal agreement with the police for project activities in sex work areas." – ARAS, Bucharest, Romania

"The project is succeeding in establishing a relationship of trust with sex workers and their pimps, and developing a tolerant attitude to sex workers and to the project from the Ministry of Internal Affairs." – Donetsk Society for Assistance to the AIDS-Infected, Donetsk, Ukraine

"Now that sex workers have condoms, the militia seem to treat sex workers better." – The Way Home, Odessa, Ukraine

"Work relations have been established with the Moscow Oblast Department of Organized Crime Prevention. The close relation of sex work with criminal groups is intense and as such, collaborative efforts with regional police officials is necessary for safety. The staff of the Moscow Oblast DOC escort us on outreach visits and provide assistance if needed." – [AIDS Infoshare, Moscow, Russia](#)

Unfortunately, continued difficulty with militia and police were also described by several projects:

"Our main problem is still the cooperation with militia officials. Outreach workers quite often meet with illegal behavior of militia staff (seizure of condoms, syringes and other materials) in spite of the fact that we raised this problem more than once at the level of city administration and city internal affairs authorities. There have been cases of detention of the project staff and volunteers by the militia. The fact that people are at work is not paid attention to. The authorities of the municipal militia cite a big fluctuation of personnel and difficulty in informing every staff member, but it is evident that most militia staff consider punitive measures regarding injection drug users and sex workers most effective. Only the supportive position of the city and medical authorities makes the militia restrain negative attitudes and activities. During the past six months we have managed to communicate about harm reduction to some of the militia staff, and we hope that we can eventually convince our city Internal Affairs authorities to organize a training on HIV prevention for the ranks of militia to change the situation." – [No To Alcohol and Narcotics, Saratov, Russia](#)

"During the past six months, at least seven sex worker volunteers were arrested in the course of secondary syringe exchange." – [All Together, Lviv, Ukraine](#)

"We have had disagreements with the police on our approach to sex work, HIV prevention and drug addiction, and in general the public, as well as the relatives of sex workers and drug users, have a negative attitude toward sex workers, drug users, HIV+ people and our project activities." – [Mothers Against Drugs, Volgograd, Russia](#)

Finally, in building organizational capacity, many organizations reported new contacts with funders and media to gain further support for their work:

"As our national government is negotiating with the World Bank over a loan for TB/HIV prevention, our project became a useful source of information for the World Bank regarding drug use and HIV prevention among injection drug using sex workers. This raised the social importance of the project in the eyes of the local administration, and raised interest by the national party in the continuation of the project." – [Vitebsk Women's Club, Vitebsk, Belarus](#)

"During the past six months, the project has succeeded in gaining additional funding from local companies and from the Foundation for Reform in Local Self-Government." – [Pleven 21st Century, Pleven, Bulgaria](#)

"Recently we have raised new funds from the British Council in Ukraine, the Dreyfus Fund, and the US Embassy in Ukraine." – [Nikolaev Charity Fund, Nikolaev, Ukraine](#)

"We have been invited to participate in national strategic planning on HIV/AIDS and can also report a new collaboration between our project and Uzbekistan Airlines." – [Tashkent City Women's and Children's Center \(SABO\), Tashkent, Uzbekistan](#)

"As a result of these harm reduction projects, our City Government of Tallinn and the national Ministry of Social Affairs have given new financial resources for syringe exchange in eastern Estonia, an area greatly affected by HIV." – [AIDS Information and Support Center, Tallinn, Estonia](#)

"During the past month, three programs covered the topic on the municipal radio, and we had a meeting with a journalist from Newsweek." – [Mothers Against Drugs, Volgograd, Russia](#)

"The work done by sex workers was highlighted in a documentary film shown on eight channels in Ukraine. The representatives of our project and sex workers from the project were also invited to the studio of Internews Ukraine for a talk show." – [Poryatunok, Kremenchuk, Ukraine](#)

Conclusions and Recommendations

Six months into the initiative, the projects are succeeding in reaching sex workers with harm reduction information, education, counseling, referrals and services. More than 6,500 sex workers have already been reached at least once with harm reduction information about HIV, STDs and drug use. Approximately 6,200 (95%) have been engaged more than once with follow-up information, education, counseling, referrals, and services. More than 5,100 sex workers are reported to be engaged in syringe exchange services.

- Further population assessment work by the projects, with this detail requested in the 12-month year-end report, should be carried out to determine the demographics and risk characteristics of sex workers being reached with one-time outreach and services, follow-up outreach and services, and syringe exchange. Specific and consistent collection of demographic and risk-factor details could include: % < 18 years of age; % using any drugs; % injecting any drugs; % ever having had an STD; history of violence, patterns of condom use, and reported follow-up to project referrals.
- The 12-month year-end report should be clarified to determine if/when sex workers counted under this funding initiative may be "double-counted" as clients under other IHRD funding.

As the projects began their outreach and service delivery, many reached out to new sex work locations for the first time. Gaining the trust of sex workers was a primary challenge and, where gained, a notable success. Most projects cited the importance of continuity in outreach and services as a factor in building trust with sex worker populations and linking them to care.

- Continuity of funding will help these projects build upon successes.
- Additional funding could help to support linkages with medical services that provide free and accessible HIV testing, free and accessible STD testing and treatment, and free and accessible obstetric and gynecological care.
- High-level political work and national-level and local level policy funding could help to support cooperation by governments and militia with these sex work harm reduction projects.
- Where second-year funding is to be awarded, projects should be given an opportunity to modify budgets to address newly identified needs, such as improved transportation, clinical supervision and additional staffing for adequate outreach safety and supervision.

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