



Independent observer
of the Global Fund

IN WESTERN KENYA, MODEST INROADS BEING MADE AGAINST FEAR AND IGNORANCE ABOUT HIV AND SEX WORK

Female sex workers stand in a "wellness centre" at a VCT centre in Kisumu
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The red-light district in Kisii, on the shores of Lake Victoria in western Kenya, isn't much of a tourist destination; its narrow roads are lined with shacks and shops and maybe a gathering spot or two where the offerings are locally brewed beer and roasted goat meat, with a football match blaring from a TV mounted in the corner.

But off the main strip is a brothel of 14 dingy rooms, each no larger than 10 square meters and furnished with a lumpy mattress and a bare light bulb. It's here that dozens of sex workers ply their trade, using this 'sex den' as a safehouse of sorts to guard against any unwarranted, violence.

"It's better to be here than in the street; we don't face the same risks," says one woman, idling in the doorway, on a break between clients who will pay her as much as \$12 for a tryst, and just a little bit more if she accepts to not use a condom. "If a client refuses to pay, or is violent, we can put pressure on him because we are together."

There's a certain hierarchy among the sex workers in towns like Kisii: at the top are those who work with a small network of trusted clients at home, or at nightclubs, who are bought drinks as well as paid for their services — as much as 2,000 shillings (around \$23). At the bottom, in the street, are the youngest and most desperate sex workers who daily face the threat of rape and other violence — in exchange for 50, or even 20 shillings.

Faith Omolo, aged 30 and diagnosed with HIV in 2007, knows too well the dangers of working the streets. So do her four children, who remind her to pray every night before she heads out to work.

“A policeman asked me what I was doing here,” she said, recalling a night in December when she was plying her trade along a busy road linking Kisii to the provincial capital, Kisumu. “I told him I was working. He raped me. He didn’t use a condom. His colleagues didn’t say anything. I came back home crying.”

?A female sex worker attends a mobile clinic in Nairobi

Image not found or type unknown

A female sex worker attends a mobile clinic in Nairobi

There is little recourse for these young women, and few would even consider reporting to police, or even to hospital, after an attack. Stigma is so prevalent, and these women so derided in their communities, that it is safer to keep quiet.

But in a cheery, brightly lit room where one can overlook the cracked walls and missing linoleum tiles, there is a growing activist movement trying to draw sex workers out of the shadows. In a project supported by a Round 10 Global Fund grant implemented by the Kenya Red Cross Society, two sub-recipients are training sex workers and former sex workers to be community educators, in order to share lessons about protection, prevention and reducing the risk of HIV transmission.

Collaborating on the project are the Impact Research and Development Organization ([IRDO](#)) and Liverpool VCT, Care and Treatment ([LVCT](#)).

Together, they carry out the educator training, providing both support and back-up for their quiet work with sex workers. Trained community educators are encouraged to develop networks of as many as 200 sex workers, and meet with them several times a week, discreetly distributing condoms and lubricant, and providing advice about how to reduce the risks that come from transactional sex. The educators encourage them to seek counseling, to know their status and to use protection, all in exchange for a modest stipend of around \$20 per month. For some, the rewards are more than financial: they are being seen as women of value, rather than of loose morals.

“When you are an educator, you are supposed to be a model,” said Silvia Auma Abwao. “But when you find yourself in the same bar as them, chasing the same clients, you are basically in competition, and it becomes hard. We would like to spend more time being educators and less time doing sex work”.

A HIV positive homosexual man has his blood pressure checked at a VCT clinic supported by the Global Fund

Image not found or type unknown

A HIV positive homosexual man has his blood pressure checked at a VCT clinic supported by the Global Fund via the Kenyan Red Cross

Irene Moraa, who runs the key populations program for LVCT, would also like to see more time being devoted to education and less to sex work. But constraints on the program — and targets established by the KRCS — mean that they are required to do more with less.

“We have set targets to reach nearly 2,000 sex workers in four districts; and with just five educators, it’s not enough,” said Irene Moraa, who runs the key populations program for LVCT. “We need to do more training.”

More training could potentially include specific work designed to reach younger women, who are the hardest to target and the least likely to know where to turn for information. Their lack of education is a hazard — for themselves and for their clients.

Robby Nyakobe has been engaged in sex work since the age of 16. She says that most of her clients offer her more money to not use condoms — which is fine, according to her, because she can always use PEP: post-exposure prophylaxis.

When asked whether she had used PEP before, and if she knew about the side effects, Robby shrugged. That it is free, and easy to get — and, in all likelihood, reduces her exposure to violence from her clients — makes it an attractive proposition.

Photos by Phil Moore

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