

Review of
good practices
regarding
reintegration of
girls and women
(16-24 years)
in situations
of sexual
exploitation in
the Eastern
Africa region



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Finally, we would like to take this opportunity to salute the staff of organisations who devote their energy to ensure that people access their right to live in dignity.



Abbreviations

BCC	Behavioural Change Communication
CSA	Child Sexual Abuse
CSEC	Commercial Sexual Exploitation of Children
ECPAT	End Child Prostitution and Trafficking
IT	Information Technologies
FHI	Family Health Intervention
FSCE	Forum on Sustainable Child Empowerment
IMRO	Ihorere Munyarwanda Organisation
KENWA	Kenya Network of Women with AIDS
MSCP	Multi-Stakeholder Child Protection
NGO	Non-Governmental Organisation
OP/SP	Optional Protocol on the Sale of Children, Child Prostitution and Child Pornography
OP/TIP	Optional Protocol to Prevent, Suppress and Punish Trafficking in Persons
SOLWODI	Solidarity with Women in Distress
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infections
UN	United Nations
USK	Undugu Society of Kenya
UYDEL	Ugandan Youth Development Link
VT	Vocational Training





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ABOUT THE REVIEW

About the scope

The decision to select “girls and women from the ages of 16 to 24 in situations of sexual exploitation” deserves some explanations.

Girls and women

We first want to state it clearly that the focus on female is in no way a denial of the presence of men in situations of commercial sexual exploitation in the Eastern Africa region. Although a large range of strategies and practices shared by organisations apply to both sexes, the gender bias remains significant in terms of socio-economic reintegration. That is why we have opted for a gender-specific publication.

16 to 24 years old

The 16 to 24 years age group is commonly considered as the “youth” group. Although a significant range of strategies and practices may apply regardless of age, the “youth” factor plays a significant role in terms of socio-economic reintegration. Within the “youth group”, children (16 to 18 years old) have specific rights in regard to international conventions.

Sexual exploitation

There is a political debate whether all women in situations of prostitution should be considered as “exploited” or whether they should be recognised as having the right to choose their lifestyle and be called “sex workers”. Yet, what is undebatable is that, internationally, by law, all children (under 18 years) in situations of prostitution are victims of sexual exploitation. The authors chose to apply the terminology “in situations of sexual exploitation” as long as the focus is on vulnerable women who did not make informed choices about their lives.

The selection is therefore a pragmatic choice, as it represents a group of persons sharing similar characteristics who need interventions.

About the contributors

The organisations which contributed to the publication do not specifically work with “girls and women aged 16 to 24 in situations of sexual exploitation”. The practices shared may, therefore, not strictly apply to this target group.

- ▶ Some interventions do not specifically target girls and women in situations of sexual exploitation but will recruit amongst them following overlapping vulnerability criteria. The target group may indeed present characteristics which are common amongst our population (suffering from addiction, being HIV-positive, heading a child family, staying or working in risky and exploitative places like streets, bars, etc). It is, therefore, likely for organisations to recruit women or children victims of sexual exploitation into their programme. They may be more or less represented according to the focus and location of the project.
- ▶ Some interventions specifically target persons engaged in sex work - regardless of their age and gender. Projects may be initiated by women in situations of prostitution, women’s rights agencies or religious agencies. Their grounds for intervention might be large, ranking from women’s dignity to sex workers’ rights. It includes projects initiated by health agencies targeting “sex workers” as Most At-Risk Persons regarding sexually transmitted infections (STIs).
- ▶ Some interventions specifically target girls and women legally recognised as victims of exploitation, whether they are under 18 or victims of human trafficking for sexual purposes. Interventions are usually done by child protection agencies or human rights agencies.

A good practice can be seen to be anything that works in combating and eliminating (...) exploitation whether in full or in part and may have implications for practice at any level (IPEC, 2003). It should be sustainable, ethical and relevant. It possesses the quality of being efficient during implementation. It must have been tried and seen to be working and useful in stimulating new ideas and guidance in helping in prevention, withdrawal and reintegration.

About the methodology

This section on methodology provides an overview of the methods used in collecting information for this publication. The methodology was conducted through four major phases of data collection.

► **Phase one** consisted of a literature review and collection of information on organisations and programmes dealing with the social and economic integration of children and youth affected by sexual exploitation and other vulnerable populations. It was undertaken through desk studies, reports, mailing and research documents. The desk review helped us scan the preliminary information and identify activities for follow-up for in-depth information. It resulted in a preliminary contact list of potential contributors.

► **Phase two of the data collection** involved the development and sending out of surveys to organisations in the Eastern Africa region. Country consultation workshops were held to hear about local contexts, promote interest in exchanging information on practices and identify additional contributors (**activity 1**). Some organisations were followed up by field visits for face-to-face interviews with project coordinators, key staff and key informants/stakeholders and young people to better understand why certain activities are undertaken regarding socio-economic integration (**activity 2**).

► **Phase three:** Validation meetings. After the first contributions were put together a seminar was organised in Kampala during which a panel drawn from various organisations discussed the output (**activity 3**). A second workshop was held in Mombasa with a reduced team for purposes of proofreadings. At that stage, FSCE from Ethiopia was invited to make its contribution (**activity 4**).

One lesson learnt is that a combination of methods in collecting data was useful and flexibility necessary to have a proper understanding of how the services occur, with which outcomes and mechanisms of delivery. The challenges met in the field included delays and in some cases non-response when it came to getting back to the study team.

The work has not included any evaluation and is not meant to be exhaustive.

List of organisations who participated in the development of this review

List of organisations by countries	Participation to activity	List of organisations by countries	Participation to activity
Uganda		Tanzania	
• AMICALL	1	• Commission for coordination and drug control	2
• Family Health International	1, 3	• COSETA	1, 2
• Kwagala Project	1, 3	• Dogo Dogo Center	2
• Plan Uganda	1, 3	• KIWOHEDE	2, 3
• RAHAB Uganda	1, 3	• MAKINI Organization	1
• Reach Out Mbuya	1, 3	• MAPAMBANO Center for children rights	1, 2, 3, 4
• Reproductive Health Uganda	1, 3	• MEDECINS DU MONDE	2
• Set Her Free	1, 3	• Salvation Army	2
• Uganda Children Center	1, 3	• Sober House Rehab Center for Women	2, 3
• UYDEL	1, 2, 3, 4	• TAWEDE	1
• WONETHA	1, 3	• Zanzibar Recovery Community	2
Kenya		Rwanda	
• Family Foundation	1, 2	• Association rwandaise des filles-mères, femmes libres et vulnérables	2
• KAACR	1, 3, 4	• IMRO (former AIMR)	2, 3
• Kuimirira Child Rights CBO	1	• Point d'écoute	2, 3, 4
• Kenwa	1, 3, 4	• Rwiyemezamitimo - Dufatanye	2
• LifeBloom	2		
• Malmala	2		
• One Lamb Initiative	1		
• Rescue Dada Center	1, 2, 3, 4		
• SOLGIDI	1		
• SOLWODI	1, 2, 3, 4		
• Tumaini ministries	1		
• Undugu Society of Kenya	1, 2, 3, 4		
• WEMA Center	1, 2, 3, 4	Ethiopia	
		• FSCE	2, 4

UNDERSTANDING CONCEPTS

Sex work and situations of sexual exploitation

In recent years, the term 'prostitution' has become a politically loaded term. In the Eastern Africa region, prostitution is illegal. Yet, some organisations advocate for the recognition of the occupational rights of women. In that regard, 'prostitution' is increasingly being replaced by the term 'sex work'.

Sex Work

Sex work is defined as the **“exchange of sexual services for remuneration or goods, where the parties consent and negotiate the details of the transaction”**.

Sex work is conducted in particular environments, such as brothels, bars, clubs, homes or particular streets and zones.

Sex workers may solely depend on income from prostitution or may resort to prostitution when the need arises (they are then known as part-time/casual sex workers).

Some organisations advocate, on the

contrary, that all women involved in prostitution are sexually exploited, as a result of a gender power imbalance. We shall not enter the political debate. We shall only assume that some women engaged in prostitution have - or feel they have - no other option and do not consider prostitution as a work.

The line between 'sex workers' and 'women in situations of sexual exploitation' - although blurred - allows for a distinction between those women who have made informed choices about engaging in sex work and those who have not: women in survival sex and women victims of trafficking.

Situations of sexual exploitation

Survival Sex

Survival sex is defined as **“the lack of opportunity to consistently exercise the right to refuse sex work in any circumstances”**.

This lack of opportunity is due to violence, poverty, abusive relationships and so on, and is **characteristic of an exploitative situation**. Women engaged in survival sex are mostly street-based.

Some of the women engaged in survival sex today were sexually exploited for commercial purposes during their childhood (*refer to next section - CSEC*). Psychological and physical harm resulting from child commercial sexual exploitation has long-term destructive consequences on the person.

These former victims of CSEC represent a large proportion of the young women engaged in survival sex.

Trafficking for sexual purposes

For women engaged in prostitution under duress, whether through threats or the use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability, sex work is the result of having no choice.

These women are **legally victims of trafficking for sexual purposes** (*see side box*).

Persons – especially women - victims of trafficking for sexual purposes should not be criminalised in countries where the *UN Protocol to Prevent, Suppress and Punish Trafficking in persons, especially women and children (OP/TIP)* has been ratified.



Focus on trafficking in women for sexual purposes

Trafficking has been defined in the *UN Protocol to Prevent, Suppress and Punish Trafficking in persons, especially women and children (OP/TIP)*.

Three elements need to be present to qualify the trafficking of persons above 18 years of age:

The Act (What is done)

Recruitment, transportation, transfer, harbouring or receipt of persons

+

The Means (How it is done)

Threat or use of force, coercion, abduction, fraud, deception, abuse of power or vulnerability or giving money or benefits to a person in control of the victim

+

The Purpose (Why it is done)

For the purposes of exploitation, which includes exploiting the prostitution of others, sexual exploitation, forced labour, slavery or similar practices and the removal of organs.

Status of ratification of OP/TIP in the Eastern Africa region - (April 2014)

	Rwanda	Kenya	Uganda	Tanzania
Signed	✓		✓	✓
Ratified	✓	✓	✗	✓

🔍 Commercial Sexual Exploitation of Children (CSEC)

“Commercial sexual exploitation of children comprises sexual abuse when remuneration in cash or in kind is made to the child or a third person”

Optional Protocol (OP/SP) to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography.

Status of ratification of OP/SP in the Eastern Africa region - (April 2014)

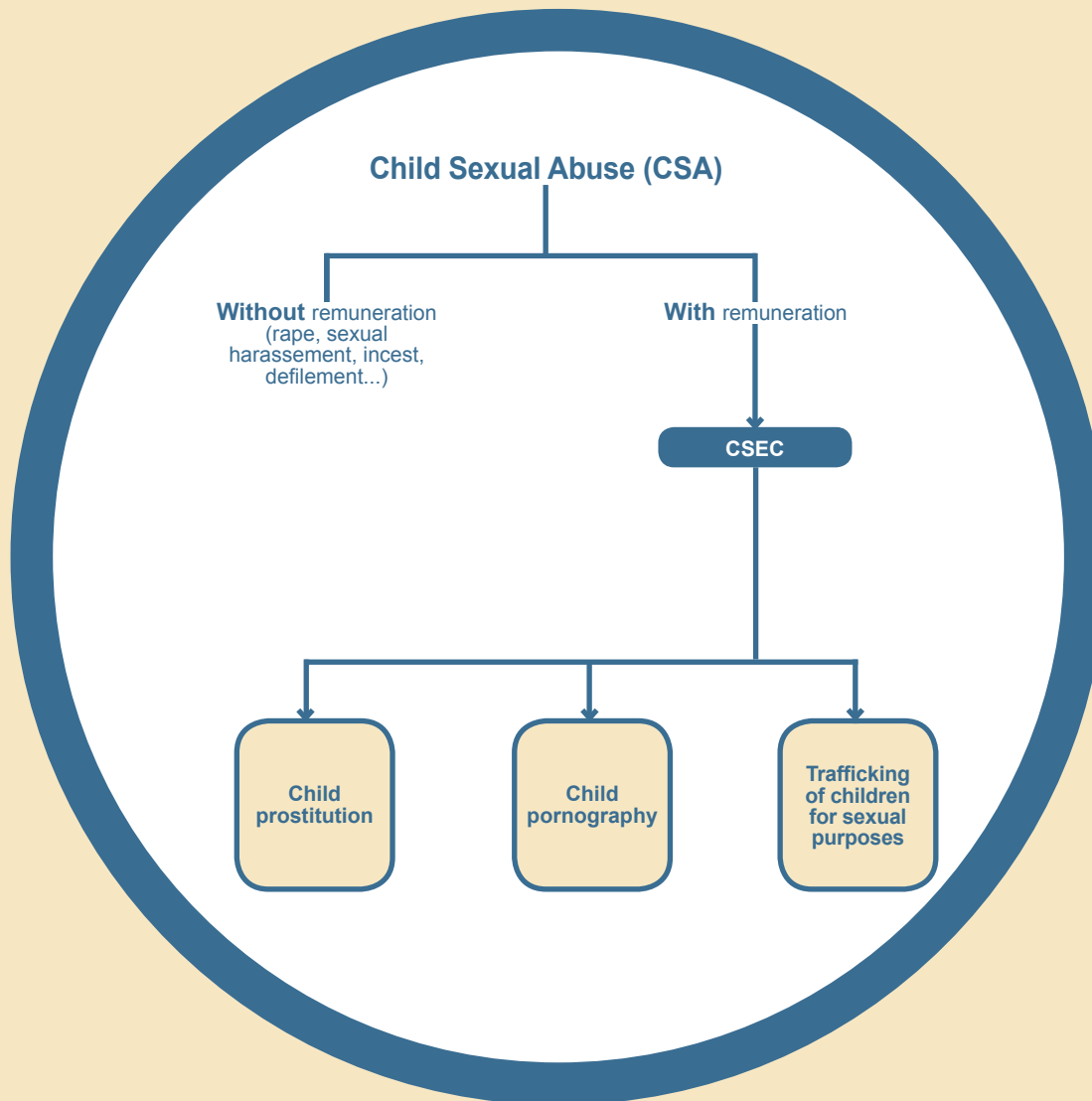
	Rwanda	Kenya	Uganda	Tanzania
Signed	✓	✓	✓	✓
Ratified	✓	✗	✓	✓

The Commercial Sexual Exploitation of Children (CSEC) is a violation of children's rights and consists of criminal practices that demean and threaten the physical and psychosocial integrity of children. It is one form of **sexual violence against children**.

The concept of CSEC was developed in the mid-1990s. CSEC includes child prostitution, child pornography and the trafficking of children for sexual purposes (*see figure next page*).

It is believed that this term of 'commercial sexual exploitation' better reflects that children cannot be expected to make an informed choice to prostitute themselves and better expresses the child's experience of force, exploitation as well as the physical and psychological harm inflicted through their engaging in prostitution.

It is preferable to avoid the term 'child prostitute' or 'child sex worker' and always to make it clear that a **child in prostitution has been forced by other people and circumstances into commercial sex**.



CSEC and CSA

Commercial Sexual Exploitation of Children is one form of Child Sexual Abuse. The remuneration factor (commercial or in-kind gain) distinguishes CSEC from other forms of CSA, such as incest, rape, defilement or sexual harassment.



Focus on Child Prostitution

“The use of a child in sexual activities for remuneration or any other form of consideration”

Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography

In November 2012, Wema Centre carried out a study in Mwakirunge Kuu area in Kisauni district, Mombasa county. It was discovered that some parents were guilty of prostitution of children. The researchers were informed of instances where mothers sent their daughters to the shops to collect goods, with the understanding that the girls would return later in the night to pay for the goods in kind, usually using sex.

When a person is under 18, we talk about child prostitution or prostitution of children. It applies when children offer sex in exchange for basic needs such as accommodation, food, clothing, drugs, safety or for favours such as higher grades at school and extra pocket money to buy those things that are otherwise out of their reach.

Any situation of child prostitution is exploitative. Children are pushed by social structures and individual agents into situations where adults take advantage of their vulnerability and sexually exploit and abuse them. The issue of consent does not apply.

Accordingly, it has been requested that state parties to the *Optional Protocol to the Convention on the Rights of the Child on the Sale of Children, Child Prostitution and Child Pornography* **decriminalise children in situation of prostitution.**

The act of **“obtaining a child for child prostitution”** should be fully covered under criminal or penal laws of the states that are party to the Optional Protocol. **Abusers (the term “client” should not be used) should, therefore, face criminal charges.**

Acts of **“offering, procuring or providing a child for child prostitution”** should be fully covered under criminal or penal laws of state parties to the protocol. Where child prostitution is organised, intermediaries or facilitators should face criminal charges.



Focus on Trafficking of children for sexual purposes

“Recruitment, transport, transfer, harbouring or receipt of a child for the purpose of sexual exploitation”

*Optional Protocol to the
United Nations Convention on
Transnational Organized Crime
to Prevent, Suppress and Punish
Trafficking in Persons, especially
Women and Children*

The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children specifies that trafficking in children for sexual purposes happens whenever a third person (or group) organises the recruitment, transport, transfer, harbouring or receipt of a child for the purpose of sexual exploitation.

As opposed to trafficking in adults (see p7), the consent of the child is not at stake here. The use of force, coercion or abuse is not required to qualify the trafficking of children.

Children victims of trafficking should not be criminalised in countries where the *The UN Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children* has been ratified.

Note: the understanding used to be that an element of movement within a country or across borders - however minimal – was necessary to distinguish trafficking. Nonetheless, the recent trend is for governments to read **‘recruitment for exploitation’** as a sufficient parameter without consideration of movement. With this evolution, trafficking of children for sexual purposes and prostitution of children overlap.



BASELINE SITUATION OF GIRLS AND WOMEN IN SEXUAL EXPLOITATION

1

Entry into sexual exploitation

2

Consequences of sexual exploitation



There are push and pull factors why young girls and women enter and engage in prostitution. Poverty is often cited as the main risk factor. However, the entry into prostitution happens when and only if several contributive factors combine. Each story is unique.

Anna Nabulya, Deputy Director of Ugandan Youth Development Link

Entry into sexual exploitation

- 1 External factors
- 2 Personal vulnerabilities
- 3 Triggers

Good practices on preventing entry

External factors

contributing to the entry into prostitution

Economic context, poverty, inequality

Poverty facilitates all forms of exploitation, including sexual exploitation. Economic and food insecurity are key factors in explaining the massive and increasing numbers of entries into survival sex. The exposure to (sexual) exploitation is also triggered by the limited access to the national social safety net and by the weakening of communities' capacity to deal with vulnerable persons, especially since the onset of the HIV/AIDS epidemic.

Gender-based discrimination

Girls and women are more vulnerable to any forms of abuse and exploitation. They are less educated than the men and are not empowered to be self-reliant. In this context, they may feel powerless to gain access to paid employment or social standing, especially outside the standard family setting.

Poorly applied legal framework, gaps in laws

Even if the country has laws that protect persons from exploitation or sexual violence, they are of little use if they are not known or enforced.

Violations of fundamental rights contribute a lot to the entry into (sexual) exploitation: denial of rights to education, to care, to freedom of expression...

Specific to child prostitution

Cultural beliefs and misconceptions

Early or forced marriage, beliefs around benefits of sexual intercourses with very young girls, discrepancies between laws and cultural norms regarding children rights... All these elements facilitate the sexual exploitation of children.

Personal vulnerabilities

contributing to the entry into prostitution

History of past abuse

Previous experiences of violence heighten one's vulnerability to sexual exploitation. The traumatising consequences of certain forms of violence make these maltreated children or women emotionally fragile.

Victims of sexual and physical abuse often have a distorted view of their body and sexuality overtime. A high proportion of girls and women in survival sex were physically or sexually abused during their childhood.

Young girls and women involved in illegal situations or exploitative work are more exposed to commercial sexual exploitation. In the Eastern Africa region, a high proportion of girls and women in survival sex were formerly exploited as domestic workers. **There is a clear link between all forms of abuses.**

In the Eastern Africa region, at-risk groups include migrants, out-of-school children, young persons living and working in hot spot areas, displaced children, refugees, orphans, child victims of violence, children in exploitative work (especially children living on the streets and domestic workers).

Deprivation of family protection

Children and young persons who are not under direct supervision of parents or communities (especially migrants) are at greater risk of sexual exploitation. They can easier be enticed by false promises and be recruited into sex trade.

Amongst the young person withdrawn from prostitution by UYDEL in 2011, 87% were not staying with their biological parents when they were identified, and 67% migrated to their location within the last 3 years.

Family breakdown creates personal vulnerabilities as well. Being abandoned by parent(s) or partner destabilises one's psychological and affective equilibrium and always make the person more vulnerable to all forms of exploitation.

Among the 187 young people withdrawn from prostitution by UYDEL in 2011, a third were orphans who had lost both parents while another third had lost their father.

Triggers

for the entry into prostitution

Being in contact with someone involved in prostitution

Young girls and women entering prostitution often have someone close to them (a sister, cousin, neighbour, friend or mother) who engages in prostitution herself thus leading them into it. Girls and women who live near a place where prostitution is carried out or those who work at places where prostitutes do their business are more at risk of stepping into prostitution.

A profitable industry

Sex work is a trade in which some people gain economic advantages by sexually exploiting others. The sex industry is, therefore, actively organising recruitment through pimps and intermediaries. Hotels and bars may also normalise and even encourage such practices.

Information Technology (IT) services

The development of IT, such as the Internet, social networks and mobile phones makes it easier for one to be recruited and access clients, especially for casual tarified sex.

Specific to child prostitution

Influence of peers

Peers influence the decisions of teenage girls greatly. The willingness to be part of a peer group may be a trigger into prostitution.

The age of entry into commercial sexual exploitation has been dropping increasingly, posing a huge challenge for the protection of children in Africa. 27% of the women engaged in prostitution in the Western Province of Rwanda reported they started sex work below the age of 15.

Site Assessment and Population size estimation of female sex workers, 2012)

Good practices on preventing entries



Good Practice to address external factors

Forum on Sustainable Child Empowerment (FSCE): Multi-Stakeholder Child Protection (MSCP)



Target group: children with protection issues

Key words: *community-based child protection - multi-stakeholder process - monitoring and evaluation*

Background

Forum on Sustainable Child Empowerment (FSCE) is an Ethiopian child protection organisation and member of the ECPAT network. In 2010, FSCE adopted the area-based approach aimed at addressing the problems faced by children in a specific geographic area, as opposed to a sector-based approach.

Key assumptions

1. All violations of children rights are closely interrelated and nurture each other.
2. Grass-root community structures and organisations can effectively protect children from abuse and exploitation. Local innovative solutions can be worked out when all stakeholders are able to meet, share experiences, learn together and contribute towards decisions.
3. The ultimate success lies in developing a collective commitment and the capacity to turn ideas and plans into action.

MSCP aims at facilitating the development of a community-owned action plan to eradicate violations of children rights in a given community

Main steps

1. The NGO identifies the pertinent perimeter for a “community” approach.
2. The NGO identifies child protection stakeholders at this community level and sets a multi-stakeholder council.

“If community meetings do not allow to find solutions, it means that you don’t have the right people around the table” (see selection of stakeholder on the next page).

3. The NGO facilitates a baseline survey involving all stakeholders to portray the magnitude and depth of child-related issues in the area. It will provide baseline indicators on 12 major child protection issues (see point 3 page 28).
4. The multi-stakeholder council adopts a strategic plan to address the priorities defined by the community itself.
5. All stakeholders contribute to the plan, including the NGO.
6. The NGO facilitates the monitoring of the action to feed the situation analysis and adapt the strategic plan.

Focus on MSCP...



Key strengths of the practice

Working on local solutions using local resources

Attempts to impose change from outside often lead to resistance. Initiatives to improve child protection are more effective when an open discussion of the issues can take place and a positive social consensus can emerge.

“When communities identify problems themselves and come up with their own solutions, the results can be both spectacular and sustainable.”

Working on a shared action plan

MSCP processes aim at facilitating community-owned efforts by working with existing community-level structures (government organs, families, children, CBOs...) and empowering them to assume responsibilities for providing care protection and support to vulnerable children.

“The solutions that the communities identify are more likely to be feasible and implemented than those that have been created by outsiders.”

Monitoring change

MSCP is based on the recognition that stakeholders of child protection will have the capacity to define the child protection indicators in their locality, prioritize needs and plan for action. MSCP allows one to evaluate the effectiveness of prevention efforts and to inform policy and programming on the basis of evidence.

1. Selection of stakeholders

The stakeholder analysis is a key step of the MSCP approach.

- ▶ Agree on and rank the criteria for assessing the stakeholders.
- ▶ List all the people and organisations you can think of that might fit your criteria. Various tools can be used to identify stakeholders such as brainstorming and interviews with key informants or focus groups.
- ▶ Cross-check the list by asking key people to look critically at the initial list of stakeholders you have produced.
- ▶ This list may be revisited several times as you design the monitoring and evaluation system to ensure that all key groups and people are included.
- ▶ Classify the stakeholders in a matrix on the basis of the criteria.
- ▶ Based on the matrix, select the MSCP council.

Types of criteria

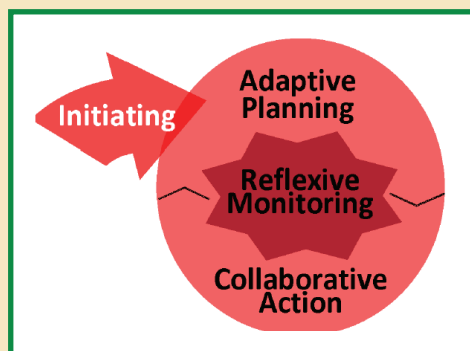
- Beneficiaries of the action – children and their parents/family members.
- Critical role in ensuring success – local leaders
- Legally required to participate – local administration, education office, children and women affairs office, labour and social affairs, police, justice, economic and finance, etc.
- Have specific knowledge of processes etc.
- Gender balance



Focus on MSCP...

2. Implementing the Participatory learning and action (PLA) approach

PLA is a “**community development approach whereby facilitators work with communities to help them analyse their needs, identify solutions to fill those needs and develop and implement a plan of action.**”



The four actions (initiating – planning – monitoring & action) are not a linear process. The model is based on experiential learning where learning comes from experience.

PLA involves techniques that help local people to express their views and ‘expertise’:

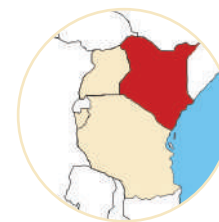
- **Mapping** : social mapping, census mapping, transect walks.
- **Diagrams**: Venn diagrams, seasonality diagrams, daily-routine diagrams.
- **Ranking/scoring activities** to provide a way for community members to rate/prioritise items or issues either relative to one another or according to criteria.
- **Focus group discussions** ; semi-structured interviews.

3. Monitoring through Child Protection indicators

Facilitation requires to organise and document a comprehensive overview of child protection issues. FSCE covers the twelve issues followed by UNICEF in their report on the achievement of the Millenium Development Goals: birth registration, violence against children, child marriage, female genital mutilation, child labour, sexual exploitation and abuse of children, child trafficking, migration, children with disabilities, children without parental care, children in justice systems and children in emergencies.

Good Practice to address triggers

Solidarity with women in distress (SOLWODI): Involving key stakeholders



Target audience: female sex workers, children in sexual exploitation, survivors of human trafficking

Key words: *breaking the cycle of exploitation, mobilizing key stakeholders*

Background

Solidarity with Women in Distress (SOLWODI) Kenya is an NGO with operations in the coastal region of Kenya whose mission is to empower female sex workers, children in situations of sexual exploitation and survivors of human trafficking in order to improve their socio-economic status, health and legal situation to enable them realise their full potential.

Key assumptions

1. Participation of the private sector such as the tourism industry is critical in child protection against sexual exploitation. The private sector must have reporting mechanisms of child abuses that link with the police or government agencies.
2. The stigmatization and marginalization of sex workers affect their children too. They must be empowered with parental skills and alternative livelihood support in order to be able to support their children and prevent their vulnerability to sexual and other forms of exploitation.

Taking the private sector on board

The organisation has facilitated the signing of Code of Conduct (*see focus next page*) against sexual exploitation of children in travel and tourism by 40 hotels within the coastal region of Kenya. These hotels have engaged to screen and report abusers while working closely with the tourist police unit.

Considering children of women in situations of prostitution

After working for a while with women in situations of prostitution, it appeared to SOLWODI that actions should be taken to break the cycle of exploitation. The organisation has facilitated the creation of SOLGIDI, Solidarity with Girls in Distress.

This twin organisation has developed actions to empower girls from sex workers through lifeskills sessions, counselling services and peer support sessions. The organisation helps secure their schooling with financial and/or mentoring support. The decisions regarding children are taken by their mothers. Therefore, the organisation also works with the mothers to empower them with decision-making and parental skills.



Focus on the Code of Conduct in Mombasa

Hotels and other accommodation facilities are often the place where children are sexually abused. Therefore, SOLWODI has facilitated the implementation of the Code of Conduct in hotels in Mombasa. The hotels have set up the following measures in their policies:

- ▶ The hotel displays information boards or logos, stating that it does not accept commercial sexual exploitation of children on its premises.
- ▶ Whenever employees become aware of cases of child sexual exploitation occurring within the hotel, they should immediately report to the hotel manager.
- ▶ All employees are trained in the Kenyan child protection legislation and provided with knowledge on how to handle problems should they arise.
- ▶ The hotel's security staff is trained to handle guests or personnel who sexually abuse a child, particularly on the hotel's premises.
- ▶ Measures are taken to prevent unregistered children from entering the hotel via bars, restaurants, lobby or reception.





Information board displayed at the entrance of Travelers Beach Hotel in Mombasa, one of the 1,310 signatories by the end of 2013.

Focus on the Code of Conduct in Mombasa



About the Code

The Code is an industry-driven, multi-stakeholder initiative with a mission of providing tools and support in order to combat the sexual exploitation of children in contexts related to travel and tourism.

As part of its mission, the Code promotes a tool called the *Code of Conduct for the Protection of Children from Sexual Exploitation in Travel and Tourism*, a project that brings together the tourism sector and the children's rights non-governmental organisation ECPAT. This tool consists of the following six criteria, which members of the tourism industry must adhere to once they join the Code:

1. To establish a policy and procedures against sexual exploitation of children;
2. To train employees in children's rights, the prevention of sexual exploitation and how to report suspected cases;
3. To include a clause in contracts throughout the value chain stating a common repudiation and zero-tolerance policy towards the sexual exploitation of children;
4. To provide information to travellers on children's rights, the prevention of the sexual exploitation of children and how to report suspected cases;
5. To support, collaborate and engage stakeholders in the prevention of sexual exploitation of children;
6. To report annually on their implementation of the Code-related activities.

Good practice to address personal vulnerabilities

ECPAT France: Lifeskills programme against sexual abuse



Target group: children 14 - 18 years old

Key words: *child empowerment - primary prevention*

Background

ECPAT France in Madagascar fights against the commercial sexual exploitation of children. The organisation has developed a programme to empower children to guard against potential sexual abuse.

The lifeskills programme against sexual abuse is a primary prevention programme which enables the building of capacity in children (14-18) so that they protect themselves against sexual violence.

Key assumptions

1. There is a link between sexual abuse and commercial sexual exploitation.
2. When empowered, children can become a major actor in the fight against (sexual) abuse.
3. Sexual issues are highly sensitive and should be introduced by an adult that is trusted by children.
4. Promoting acts of reporting and prosecution are necessary in changing behaviours.

Main steps

1. Identification of structures in which children (14 - 18 years old) spend time and develop trustful relations with adults (schools, socio-educative centres, institutions...)
2. Discussions with the management of the structure on the opportunity to conduct the lifeskills programme against sexual abuse, and elaboration of a partnership to clarify conditions and respective obligations.
3. Identification of caregivers who will facilitate sessions with children and assessment of their knowledge about sexual abuse and facilitating skills.
4. Training sessions in groups of 12 to 15 caregivers from different structures. It is organized with the following progression:
 - Understanding sexual exploitation of children
 - Protecting children affected or at risk
 - Facilitating preventive sessions with children
 - Listening skills to understand experiences of abuse
5. Monitoring of sessions with children.
The implementation of the sessions with children is supervised in each structure. A debrief is organised after each session to strengthen knowledge or facilitate skills.

This training approach will empower caregivers to develop child-friendly training methodologies on other issues.

Focus on lifeskills programme against sexual abuse



Manual 1: Understanding and addressing sexual exploitation

“Understanding sexual exploitation of children”

The aim is to correct negative perceptions of caregivers. A child does not choose to be involved in situations of sexual exploitation. This first part covers definitions and concepts related to sexual violence, information on abusers and external factors that contribute to exploitative situations and finally outlines the consequences suffered by children who have been abused.

“Protecting children affected or at risk”

This section discusses the legislative framework and offers guidance on attitudes necessary in protecting children and attitudes that should be banned because they are not in the best interest of children.

“Listening skills one needs to understand experiences of abuse”

Too often the word of the child is not considered. Listening requires new attitudes and a different perspective on the place and role of children in society. The intervention aims at studying the basic attitudes necessary for building trust and understanding the experience of the child. Trauma accumulated by the child can be severe. He/she will be able to grow harmoniously despite injuries if he/she meets someone willing to help.

Manual 2: Training guide

“Facilitating preventive sessions with children”

The sessions are intended to make children aware of situations that are dangerous to them and to teach them the attitude to adopt when they feel in danger of sexual abuse. The programme provides children with an educational progression:

1. Sexuality and feelings
2. Body and personal space
3. Sexual exploitation of children
4. Dangerous situations and finding solutions
5. Asking for support and protection

Sessions are backed up by short comics which tell the stories of seven characters.

Handbooks for children

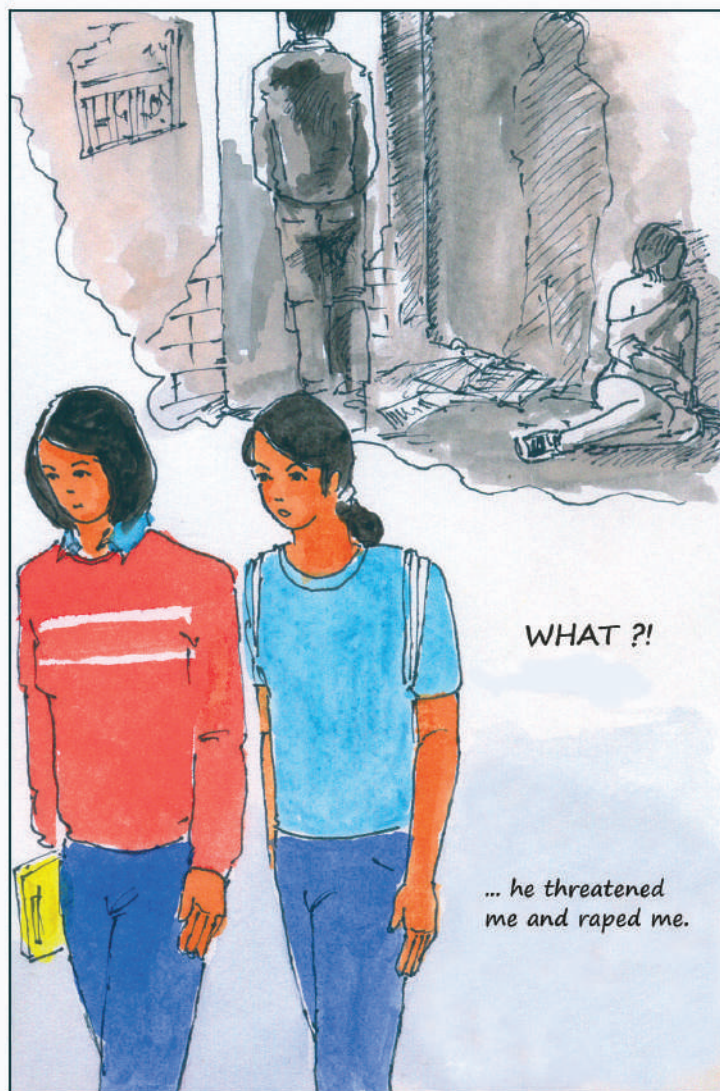
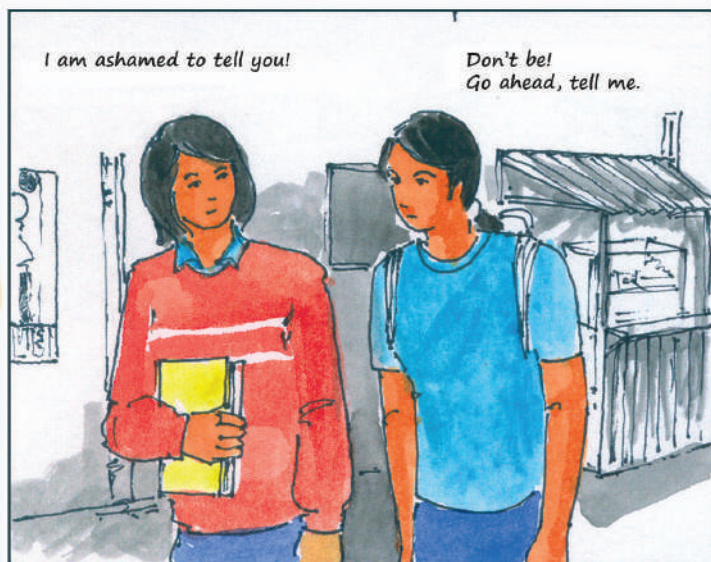
The handbook belongs to the child. It is illustrated with little text. Cartoons depict situations that are difficult to understand. The comic strip is a very effective media for children. Many children do not have good reading skills and have very short concentration abilities: drawings are a good way to capture their attention.



Focus on lifeskills programme against sexual abuse

Illustrating situations

Example below : Rape

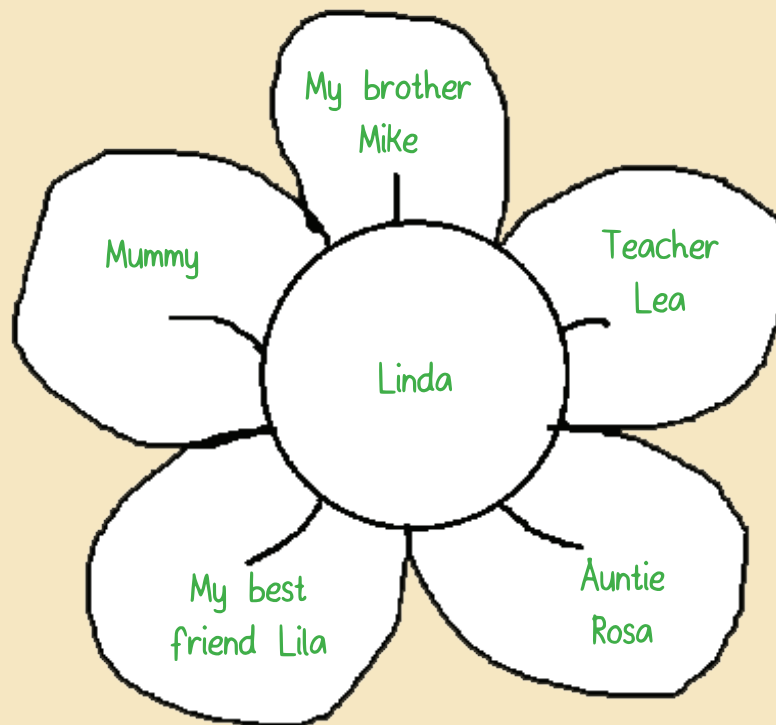


Focus on lifeskills programme against sexual abuse



Preparedness exercise: resource persons

One of the exercises is to ask children to draw a flower, then write their name in the middle and names of persons whom they trust in the petals. The flower will help children to open discussion with the adult they chose on the issue of sexual violence





Many of those factors that lead people into sex work also act as barriers to exiting, while additional problems occur because of sex work. It is highly challenging for young girls to exit as many factors maintain them in exploitation.

Robinah Muganzi, Set Her Free

Vulnerabilities holding girls and women in prostitution

- 1 Health vulnerabilities
- 2 Psychological vulnerabilities
- 3 Social vulnerabilities

Health vulnerabilities

holding girls and women in prostitution

Reproductive health problems and sexually transmitted infections

Since they may accept unprotected sex, girls and women engaged in survival sex are exposed to sexually transmitted infections including HIV/AIDS, early pregnancies and post-abortion complications.

In Rwanda, the overall prevalence of HIV among CSW was as high as 51% in 2010 (from 35% among the 15-19 age group to 63% among those aged 40 and above)

Source: TRAC Plus/MOH (2010)

Poverty-related diseases

Girls and women engaged in survival sex and their children also suffer from poverty-related diseases, such as skin diseases, asthenia and nutritional deficiencies.

Drug addiction

The use of drugs is common among girls and women engaged in survival sex. Dealing with drug addiction, therefore, represents a crucial step towards exiting, especially as it often forces sex workers back onto the streets.

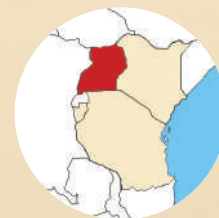
A study conducted by UYDEL (2011) showed that 81 % of CSWs were likely to engage in drug episodes both during and before sex transactions.

Challenges to accessing mainstream health services

Sex workers face critical judgment in the mainstream health services. They may delay or forego seeking care, which challenges their access to STI and HIV testing and treatment, post-exposure prophylaxis following rape, and access to condoms.



Case study Young girl in Uganda



Name: Loy, Age: 24yrs.

Loy was born in a rural district where she used to stay with her grand mother after both her parents passed on. Loy was trafficked to Kampala by a family friend holding up the promise of a good job. She was 12 years old when she started working in a bar. The family friend eventually chased her away from her home. Loy then stayed with a sex worker she met in the bar who introduced her to prostitution. She started going daily to nightclubs in Kawempe as she entirely depended on sex work.

Loy was regularly under the influence of drugs and could not remember the number of men she slept with; whether they paid or used condoms. She ended up HIV positive and with two children. Loy was identified by social workers from UYDEL. She registered with the rehabilitation programme.

“ The money you earn from sex work, you spend it on drugs and alcohol. To meet your needs, you multiply partners and accept sex without protection. It is very hard to quit using drugs. You need a very strong motivation.”, Loy.

Psychological vulnerabilities

holding girls and women into prostitution

Violence

Girls and women exploited in survival sex are exposed to physical violence whether from clients or between themselves. They also have to deal with psychological violence, like not being paid by clients. The constant feeling of insecurity affects girls in the long-term through **stress, depression and low self-esteem**. This emotional instability is a major barrier to the planning of their future.

- Suicide ideation
- Trauma (abuse defilement)
- Hallucinations
- Poor management of HIV/AIDS
- Violence and anger
- Grief following loss of parents
- Anxiety disorders
- Affection and mood problems
- Guilt/ Shame
- Insomnia (little or no sleep)

List of psychological issues reported by organisations during the country workshop in Uganda, 2013

Stigma

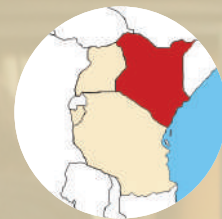
Girls and women exploited in survival sex are perceived by their communities as deviant. The criminalisation of sex work adds to this stigmatisation. The contempt they face on a daily basis leads to **low self-worth, guilt and hopelessness**. They internalise society's views of them and of their place in society. They get trapped in this identity and may find it extremely painful to admit they would like to change their lives as they don't see it as being possible.

Paradoxical resilience

Resilience is the ability to recover. It is a major coping skill. Resilience might paradoxically challenge reintegration. Some girls were able to over-adjust to survive. They show no signs of trauma and will not call for assistance. Their care is difficult because they will have to first understand their situation and how it has impacted their life.

Case study

Young girl in Kenya



Name: Halima, Age: 20 yrs.

Halima is 20 years old and she lives in a bed sit in Kibagare. She is originally from Sirare (a town on the Kenya-Tanzania border) and dropped out of high school in form three after the death of her mother in 2006. The mother left her, together with her six siblings in the care of their aunt. Since the aunt could not afford to pay her fees, she decided to move to Nairobi with the hope of getting employment. Halima met a friend called Neema who was involved in sex work. Neema invited Halima to go out with her one evening and showed her where she worked. On a good day she gets up to four clients who pay her an average of fee Ksh 2,000 while on a bad night she only gets Ksh 300. When going out at night she leaves her child, who is one year old, with the neighbour, but at a fee. To survive in the business, Halima has been driven into using all types of hard drugs. Taking drugs is one of the means of escaping from the tough reality of the sex business.

Interaction with Halima revealed that she has not been supported or interacted with any of the interventions or programmes targeting commercial sex workers in the past. Like many of her friends involved in sex work, Halima does not know how to protect herself from the constant violence and abuse they are exposed to. Halima and her friends consider violence “normal” or “part of the job”. They have very limited knowledge or information on sexual and reproductive rights. As a result, they are always reluctant to report incidences of rape, attempted murder, beatings, molestation or sexual assault to the authorities. On many occasions, Halima has been forced with part of her proceeds to bribe the security forces such as city council guards, police officers and night guards in order to avoid arrest and harassment while at work on the streets. Although this saddens her, she cannot quit since she has the responsibility of caring for her baby.

Halima is currently undergoing counseling and training by Undugu Society of Kenya (USK) staff. She has indicated that given an opportunity, she would be glad to stop the sex work and engage in an alternative and less risky means of survival. Her dream is to start a small business through which she can earn a decent income and care for her little boy in a safe environment free from drugs and violence.



Social vulnerabilities

holding girls and women into prostitution

Educational background

Girls and women in survival sex come from disadvantaged backgrounds, are poorly educated and lack the skills required for other types of formal or informal employment. They also face challenges in accessing mainstream vocational training facilities.

Social network

Because of stigma, girls and women in survival sex tend to restrict in the long term their social network to the sex workers' community. The specific networks and routines associated with that lifestyle are in that regard both supportive and negative. Exiting may place the person in a situation of extreme isolation. The absence of social support in the "normal society" creates a strong attraction to remaining in prostitution.

Money management

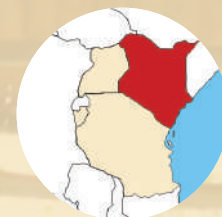
Precarious living conditions make it difficult to save money meaning that women can hardly plan for tomorrow. This creates the challenge of getting alternative self-employment.

Child care

Many girls and women in survival sex have children to take care of, but very limited options for alternative care. Having to look after a child, therefore makes it difficult to hold a job or attend a programme. It also requires one to look for money to buy food, clothes as well as meet health and education expenses. It may also be a strong motivation to exit.

Housing

Housing is a critical issue for many girls whether they have no place on their own and share a venue with other sex workers or whether they need resources to rent a place of their own. Having permanent accommodation is seen as critical in finding a route out, especially for young sex workers.



Case study

Young girl in Kenya

Name: Sylvia, 25 years old

After joining Kambaa Secondary School, Sylvia dropped out of Form 2 in 2006 as a result of an early pregnancy. In 2008, she was enrolled for a hairdressing course which she completed in 8 months. Since getting a job was hard in the rural area where she lived was hard, she moved to Nairobi to stay with a friend and look for work.

After several months and with no indication that she would soon get a job, Sylvia resorted to joining her friend in the prostitution business. She would offer her services for Ksh150 or Ksh200 in the morning or night depending on the needs of her clients. This enabled her earn some money to buy food and clothing for herself and her son. While on the streets one day, she met a client who refused to use a condom. Having no protection, Sylvia conceived. With the birth of her second son, Sylvia was determined to change her life, especially her night life but later on she noticed that her son had delayed development and her worst fears were confirmed when the doctors informed her that he had cerebral palsy.

Since the son had special needs, Sylvia confesses that she got involved in prostitution so as to provide for his needs as well as those of her first child. She openly says that she had no sense of belonging, felt rejected and depressed.

Sylvia has joined the Amazing Association supported by the programme of Undugu Society of Kenya. Sylvia smiles when she describes how her life has changed since she joined the association. She mentions that she has been provided with vital information on how to protect herself, especially so when she is on the streets. She has also gained a certain level of self-confidence. She successfully completed a 3 day course in business entrepreneurship and she is hopeful that her life will take a turn into the right direction



Concluding remarks

Elements increasing chances of succesful reintegration - Conclusions from the seminar in Kampala

Taking into account the vulnerabilities of girls and women in sexual exploitation, the following key elements should be achieved for better chances of successful reintegration:

- ✓ Early identification / short period of involvement in prostitution
- ✓ Opportunity to understand their situation and how it has impacted their life
- ✓ Improvement in self-esteem
- ✓ Development of self protection skills, especially safe sex
- ✓ Alternative for income generation
- ✓ Presence of support networks (family or peer groups)
- ✓ Individual determination (the decision is theirs)

REVIEW OF INTERVENTIONS BY ORGANISATIONS IN THE EASTERN AFRICA REGION

1

Approaches

2

Social empowerment

3

Socio-Economic reintegration



Whatever the approach, cooperation with local authorities remains essential for the sustainability of interventions.

Robinah Muganzi, Set Her Free

Approaches used by organisations

- 1 Street outreach / mobile work
- 2 Drop-in centres
- 3 Support groups
- 4 Residential care

Good practices on approaches

Street outreach / mobile work

In this setting, the organisation has a team of street workers to deliver outreach interventions. Street work has **three major features**:

- **Motivation and accompaniment** of the target group to possibly undertake alternative activities and when necessary, to seek other forms of support (referral to services).
- **Harm reduction** whereby priority is given to prevention, informal and non-formal education, especially safe sex and treatment adherence. Harm reduction activities are undertaken whether the decision of exiting has been taken or not. It may involve causing small changes to the environment (e.g. providing condoms and needles).
- **Advocacy** – outreach is also about social change. Street workers will advocate for the realization of rights and in that regard interact with the police, bar tenants, pimps...

Comments from the panel group on outreach work, Kampala 2013

- Street outreach / mobile work enables the reaching of large numbers of beneficiaries for harm reduction activities. It is decisive for early identification.
- Mobility may become an issue for the staff in terms of time, finance and fatigue. It requires long hours and a regular presence on the streets to be efficient. Security threats to the staff should be anticipated by the organisation.
- The approach builds the self-esteem and autonomy of the beneficiaries as it liaises the person with the services available in her environment. However, the fragmentation of services through referrals may make it more difficult to monitor changes and challenges.
- Street outreach / mobile work requires self-motivated and qualified staff.

Some organisations work through street work only. They organise referral to services available in the community. An interesting combination in the Eastern Africa region is to associate street work with support groups.

Focus on street work



Basics about social street work

Strategies

- Be visible and available
- Do not judge people. Limit yourself to observing acts and situations
- Be a resource for the community
- Be interested in people and their backgrounds
- Work in a political and community perspective; do not only work with the individual as a symptom but as an agent of change.
- This is an intervention based on relationships and affection. This does not mean that the results cannot be measured.
- Bring to community alternative discourses other than the stigmatised ones they have been exposed to.
- Connect people, groups and existing social mechanisms.
- Create a “neutral” space to meet people and promote activities.

Tactics

- Be known in the neighbourhood.
- Be discreet and respectful.
- Have varied and useful information: first aid, risk mitigation, news about the neighbourhood, etc.
- Learn to understand the demands.
- Use your body as a form of language and substance which people can relate their sorrows or joys to.
- Move on the border of authority and the neighbourhood, of the institutions and the people. Do not sink into either of those two environments.
- Put into practice training, leisure, adventure, recreational activities with the populations for whom you want to open-up new horizons to promote participation and positive experiences, to create a sense of trust and situations in which demands can be made and people can be heard.

Key words

- Availability and nearness.
- Regular and solid presence.
- Discretion, respecting life rhythms and cultures.
- Understanding the landscape.
- Understanding the times.
- Making contacts.
- References for the community.
- Methodological flexibility: adaptation to any situation.
- Knowledge of and recognition for different professionals on the ground.
- Own tools and resources.
- A team that provides support.

Source: *International Guide on the Methodology of Street Work in the World, The International Network of Social Street Workers and Dynamo International - 2008*

Drop-in centres

“A facility (sometimes associated with a substance abuse or HIV/ AIDs programme) where a person can get professional support without making an appointment”

Drop-in centres can propose, among others:

- Health services (testing & counselling on STIs...)
- Psychosocial support
- Legal advice
- One-night stay

Socio-economic reintegration services are often integrated in the package of services (vocational training, income generating activities...) since it plays an important role in recovery.

As for **One-stop centres**, a specific form of drop-in centres, they offer comprehensive sets of services for specific groups, including health services, mental health services, reintegration and legal support.

Comments from the panel group on drop-in centres, Kampala 2013



The drop-in facility is a catalysis for peers and allows serving a large population. Services may, however, be challenged by overwhelming numbers..



Standards are strictly monitored. However, it is difficult to measure its impact because of large numbers of persons served.



Drop-in centres provide support without placing too many demands and restrictions on young persons. They can attend whenever they need support. It is crucial in cases of emergencies.

Drop-in centres are usually associated with outreach activities, and increasingly with support groups. They are very decisive in the Eastern Africa region.

Residential care

“Care provided in any non-family-based group setting, such as places of safety for emergency care and all other short and long-term residential care facilities, including group homes.”




Residential care facilities provide place of safety, and regular ongoing support for children and young people.

Residential care may support victims of trafficking, domestic violence or isolated children (**safe homes**). Persons are usually placed there by committal orders by courts of law.

Residential care may also be an essential component of a package of rehabilitation, delivering specialised health services (**recovery centres**) or supporting comprehensive socio-economic reintegration services (**rehabilitation centres**).

Because of the diversity of approaches, organisations exhibit different length of stay for a period of 3 months up to 1 year.

Comments from the panel group on residential care, Kampala 2013

-  Residential care provides a supportive environment for change. It also creates a sense of belonging which is helpful for effective reintegration.
-  This approach allows the immediate withdrawing from situations of exploitation or danger and provides a safe and secure environment. Health issues can be addressed and monitored.
-  Residential care creates dependency. Even when exit strategies are set up, residential approaches do not involve communities right from the early stages of care and reintegration.

In the Eastern Africa region, residential care is increasingly restricted to addressing very specific needs (victims of trafficking, persons with issues of addiction, young children, etc).

Support groups




Support groups, also known as self-help groups, are groups of people who provide mutual support to each other.

People in support groups can give emotional, social, and practical support to each other. Together members learn to control problems they face in their lives. They can explore and learn to understand and combat stigma together, enhancing their self-esteem and self-efficacy. Through participation, they can enhance their social skills, promoting their social rehabilitation.

Support groups may operate informally or according to a format (associations or group saving loan associations). The groups usually meet, in members' homes or in community halls.

The organisation supports by providing the group with targeted information (safe behaviour, health promotion, HIV prevention programmes, gender-based violence...) and training (leadership, lifeskills, business management).

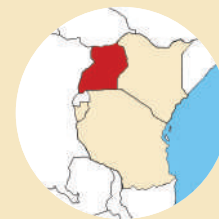
Comments from the panel group on residential care, Kampala 2013

-  This approach allows engaging with large numbers, usually with mixed aged groups. Interventions need to be implemented over a long period (3-5 years) but the intensity of support decreases over time. It is only appropriate within settled communities.
-  This setting promotes information sharing, collective ownership and independence. The group members become custodians of their ideas. Group needs may overwhelm individual ones.
-  Support groups are able to access different services / funds from the governments. They provide strong support for advocacy issues (large representation power).

In the Eastern Africa region, support groups are either non-formal groups or structured groups. They are either group saving loan associations, or peer associations, depending on the main objective of the group (advocacy or economic development).

Case study

Family Health Intervention (FHI) 360°: ROADS project



Faith knows the pain of enduring the chilling cold of the night waiting for a client who never comes. She also knows the pain of being slapped by clients who refuse to pay her.

Faith was born and brought up in northern Uganda's Nebbi district. Her Congolese father died during the war in Congo when she was 16 years old. Her mother soon passed away due to high blood pressure. She was left in the care of her grand mother who later passed away too, leaving Faith on her own. She had no other sibling and no known relatives. Faith left for Kampala where she worked as a housegirl and later as a bar attendant for nine months. However, she wasn't earning enough to meet her needs. She needed to supplement her income from the bar. Later on, she became a sex worker in order to supplement the meager income she was getting from the bar. But the experiences were not what she was looking for. "I sometimes got clients who didn't want to use condoms. Whenever that happened I asked myself, 'if I was to contract HIV, who would take care of me? I am an orphan; I have no relatives and want to have a family,' remembers Faith. She needed to quit this trade but didn't know how.

While working as a sex worker, she finally joined one of Konoweka Women's groups. "I realized I needed to take my life seriously and stop engaging in risky sexual behaviour," says Faith. In February 2013, she withdrew her savings of 300,000 UGX (\$150) to start a business. "I now fry potatoes and cassava for my clients in the evening. While it does not bring in a lot of money, I get enough to pay my rent, school fees for my four-year-old daughter and keep me away from contracting HIV."

To ensure she doesn't get tempted to return to her old ways, Faith has taken certain key steps. "I threw away my old sim card which had the contacts of my clients." She has also joined a church where she spends most of her time and wants to join the church choir. She plans to settle down, have a family and expand her business.

Konoweka Women's Group is one of the eleven groups supported by the Regional Outreach Addressing HIV and AIDS through Development Strategies (ROADS) project, funded by USAID East Africa. The programme offers HIV testing and counselling and referral services, condoms distribution, peer education (one-on-one and for groups), dissemination of information, education and communication materials, outreach services and health talks. The **Resource Centre** has eight peer educators who interact with clients and community members through their outreach programmes disseminating relevant HIV prevention messages.

Concluding remarks

Elements increasing chances of effective interventions - Conclusions from the seminar in Kampala

Organisations have to deal with a large range of issues (health vulnerability, drug addiction, violence, psychological issues, alternative income...). It is a challenging work where multiple strategies have to be used. Whatever the approach, effective interventions comprise:

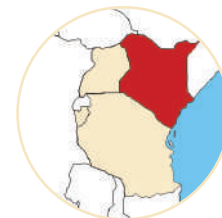
- ✓ Access to healthcare and health education
- ✓ Strategies for early identification and relapse prevention
- ✓ Relational support and empowerment on social and political rights
- ✓ Involvement of communities, families, peers...
- ✓ Economic empowerment
- ✓ Long-term presence and support

Good practices
on approaches



Good practice on support groups

Undugu Society of Kenya (USK): Association model



Target audience: children and youth who live and work on the streets (16-24 years old)

Key words: *enhanced participation, right-based approach, work transformation, peer-to-peer approaches, empowerment, rescue and prevention*

Background

USK is a Kenyan NGO that was established in 1973. Its development interventions and partnerships focus on the rehabilitation and reintegration of children and youth living and working on the streets and socio-economic empowerment of particularly poor urban and rural communities in Kenya. 350 associations have been formed with a membership of 6,000 children and youth, living and working on the street since 2006.

Key assumptions

1. The model focuses on capacity building and empowerment (with enhanced involvement and participation of children and youth) and the promotion of peer-to-peer education.
2. The model is curative - improves the lives of those children and youth already on the streets. It is also preventive in that it rescues the new entrants on/in the streets.
3. The associations provide social support structures through which the emotional issues affecting the children and youth on the streets are addressed.

Main steps

1. **Formation (3-6 months).** Children and youth are identified from their operational bases (*chuoms*), sensitised and prepared for engaging in associations. This is done through day and night street work. Group members are involved in recreational activities to occupy them positively, such as sports and focused group meetings. Associations start holding regular meetings, develop their code of conduct and come up with their constitution. USK's key role at this stage is to identify the hotspots bases and to introduce the association model to the target group.
2. **Capacity building (6-12 months).** Members are equipped with appropriate skills and knowledge to identify and solve problems and issues using Participatory Action Research approaches (P.A.R.). The associations then become avenues for advocating and promoting peer-to-peer rehabilitation. They are also instrumental in rescuing new entrants on the streets and referring them to places of safety. At this stage, USK's main role is capacity building in terms of training and exposure.
3. **Empowerment stage (6-12 months).** At this stage members are making incredible steps in transforming their lives and living conditions. They create awareness about the association model to others and mentor them through the same process. At this point, USK provides them with capital and also links them with other service providers.
4. **Disengagement** happens when the independence of the association, cohesion of the group, group activity and the linkages created with other partners are effective. USK's key role is to carry out a comprehensive evaluation once the project is completed.

Focus on association model

Strengths of the model

- ***The use of sporting and recreational activities*** and energies acts as an entry point into the bases. The model seeks the opinion of the girls on working with USK - it should be a **mutual agreement**.
- Most of the training done takes into account the ***level of the target group*** - it is **accommodative and non-discriminatory**. For example, age, language, gender and educational background are not hindering factors during the training.
- ***Different approaches*** are used to promote **participation** - Drawing, pictures
- ***The model builds the capacities of association members*** so that they identify their own problems and suggest possible solutions. USK plays a **facilitative role**.
- ***The use of youth facilitators as role models and mentors enhances behaviour change***. These are youths who were once on the streets having been trained and now employed by the organisation.
- The model plays both roles: ***curative and preventive intervention*** - new comers on the streets are rescued mainly by the association's leaders.
- ***Holding of workshops*** within their communities helps in creating awareness on specific issues and making their opinion valued. It also enhances the association's visibility and sustainability.
- ***Leadership meetings and exposure visits*** provide avenues or opportunity for sharing and learning from each other and developing good or promising practices.
- ***The training of members in peer education*** has been seen as a key methodology in achieving sustainable association results, which can last even after the project has ended.



Focus on association model

Linkages with other settings

The design of the project includes street work four days a week. This is done through the process of street mapping so that one can get to know where they are.

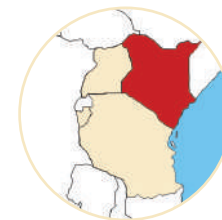
USK has a safe home called Kitengela that plays an important role in rehabilitation, especially of those who opt to stop abusing drugs. It is essential in the provision of care and protection when emergency cases happen.

The model is flexible to change. The use of community meeting, business training or family therapy has been introduced to improve the model.

Good Practice on street outreach / mobile work

WEMA:

The DreamCatcher Mobile Education project



Target audience: vulnerable children & young persons, including CSEC victims

Key words: *Relational support, early identification*

Background

WEMA Centre is a non-governmental organisation based in Mombasa. It responds to the needs and challenges of street children and other vulnerable young people in Mombasa through direct support, community engagement and advocacy.

WEMA runs a residential facility and implements a street outreach project, for which it has equipped a bus with computers as a Mobile Computer School christened "DreamCatcher".

Key assumptions

1. Street children and youth, including those in situations of sexual exploitation, are marginalised from the mainstream services. It is essential to reach them through street work.
2. Street work requires planning and resources, both human and financial.
3. Street work is dynamic and it should be planned around the lifestyle of the child for it to be more effective.

Main steps

1. Social workers go into the streets and talk to the children to recruit them into the project. The target group of the project are children of ages 17 years and below of either gender.
2. The e-learning bus is parked at hotspots. Children have access to computer-based numeracy and literacy classes. The bus is deliberately fitted into the children's lifestyles and allows easy access to the children.
3. The team identifies (using a *case record sheet* and *children database*), assesses (using *child status index* and *plan of treatment* tools) and assists children re-unite with their families or secures admission to various children in learning institutions as fast as possible. It may include referral to WEMA Centre which offers comprehensive services.
4. Supporting healthcare and providing health education, sports and recreational activities (including through partnerships) aims at constructively engaging children into meaningful and informative activities to ensure that they are shielded from antisocial behaviour or exploitative situations e.g. gluesniffing, child prostitution, fights, begging....
5. Counselling is undertaken through one-on-one or group counselling sessions to assist the children open up and help them make informed choices.
6. A weekly summary report is filled immediately after every visit.



Focus on outreach interventions

Planning

DAY/TIME	MORNING HOURS (9 AM - 12 PM)	AFTERNOON HOURS (2 PM - 5 PM)
MONDAY		
TUESDAY	R&R H.O.D with team targeting following areas for at least 1 hour each: <ul style="list-style-type: none"> • Makadara grounds • Digo and Moi Avenue • Mbaraki grounds 	Back to the bus for: <ul style="list-style-type: none"> • new case entries • Plan of treatment development • Further services to the recruited cases (E.G. counselling, food, first-aid, referral) • Street-visit report compilation using attachment 1 format • Signing off by the team
WEDNESDAY		
THURSDAY	R&R H.O.D with team targeting following areas for at least 1 hour each: <ul style="list-style-type: none"> • Majengo Mapya slum • Mworoto 2 slum • Mworoto - Tudor 	Back to the bus for: <ul style="list-style-type: none"> • new case entries • Plan of treatment development • Further services to the recruited cases (E.G. counselling, food, first-aid, referral) • Street-visit report compilation using attachment 1 format • Signing off by the team

“Children are involved in developing and monitoring the timetable.”

WEMA
Centre



Good practice on residential care

Sober House Rehab Centre for Women



Target audience: women with drug addictions

Key words: *recovery - oriented system of care*

Background

The Sober House project has been developed on the basis of the Zanzibar AIDS Control Programme survey showing an HIV prevalence of 16% amongst drug users. Zanzibar Drug Control Coordination in collaboration with the American International Health Alliance introduced in Zanzibar the recovery-oriented system of care. The first Sober House opened in January 2009.

Key assumptions

- 1.** Residential care provides women with a substance disorder with a structured and drug-free living environment.
- 2.** The model is self-supporting with clients paying a monthly fee, although those who fail to contribute are not turned out of the house.

Main steps

1. Enrolment

Enrolment is done through voluntary applications, escorted by family or friend, referral from outreach services or other NGOs.

2. Admission

Detoxification is done over 3 days using medicine. Health check ups are done for sexually transmitted infections (STIs) and Tuberculosis. In coordination with health providers. Treatment plans are set up and monitored.

3. Recovery

For 4 months, the client will stay in the house. Rules are established and a daily routine will help in recovery.

The schedule includes:

- Feelings sessions
- Group support sessions
- Meditation
- Information on specific topics
- Hand work
- Cleaning the house
- Computer, English language classes
- Income-generating activities (vocational training, running a shop)



*We don't judge. We care. We listen.
We give hope. We love. We educate.
We empower.*

Guiding principles in the safe home of Set Her Free

Social Empowerment

- 1 Self care
- 2 Peer education
- 3 Lifeskills
- 4 Psychological support
- 5 The role of families

Good practices on social empowerment

Self-care

It is clearly identified as a top priority that girls and women in situations of sexual exploitation are empowered to protect their health (and safety) and access health services.

Health education can be defined as **any combination of learning experiences designed to help individuals (and communities) improve their health by increasing their knowledge or influencing their attitudes.**

The stakes identified are the following:

- reduce risky behaviour
- encourage alternative living, including and especially for girls and women living with HIV/AIDS.
- increase their demand for and access to quality SRH/HIV services
- secure adherence to treatment.

Interventions on health education are implemented through behaviour change communication or/and through support group strategies:

Behaviour Change Communication

Behaviour change communication (BCC) **is a process of using communication to promote behaviour that leads to improvements in health outcomes.** It means working with individuals (and their communities) to:

1. Promote positive behaviour that fits their circumstances.
2. Provide a supportive environment which will enable people to initiate and sustain positive behaviour.

Support groups

Support groups are particularly efficient in promoting positive behavioural change and work out group-owned solutions.

The key message to work on is “Your safety first”

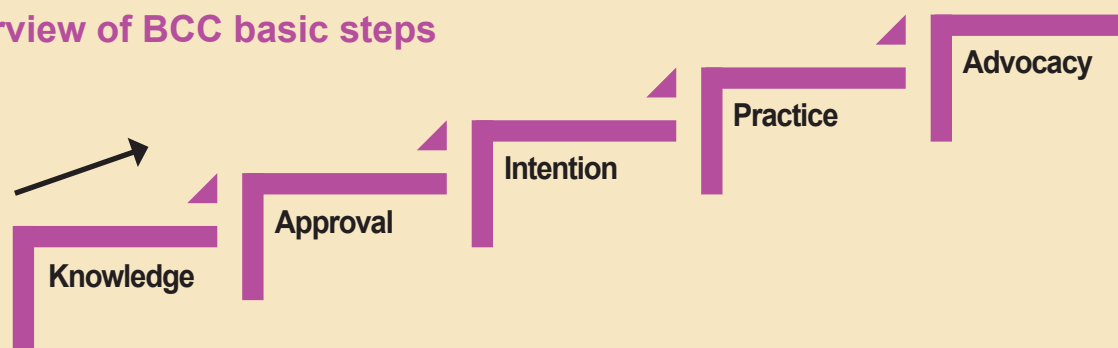
Jane WANGUI, KENWA

Support groups can come up with group rules to refuse unprotected sex or set up solidarity mechanisms to provide treatment when one member has been arrested and is in custody, for instance.

Behavioural Communication Change (BCC)



Overview of BCC basic steps



- **Knowledge:** First learns about a new type of behaviour.

Example: A young girl in sex work learns that engaging in unprotected sex activities with multiple partners increases her risk of HIV/STI infection.

- **Approval:** Approves of the new behaviour.

Example: The young girl in sex work thinks that practising safer sex and reducing sexual partners reduces the risk of HIV/infection. She thinks it is a good idea that will help her stay healthy and safe.

- **Intention:** Believes the behaviour is a good one and decides to adopt/embrace it.

Example: The young girl in sex work decides that she does want to only practise safer sex.

- **Practice:** Begins to practise the new behaviour.

Example: The young girl in sex work practises only protected sexual activities.

- **Advocacy** (promoting the behaviour and persuading others to change theirs):

- Feels that there is a benefit to the new behaviour.
- Promotes the new behaviour among family and friends.
- Persuades people to change their own behaviour.

Example: The young girl in sex work now believes that practising only protected sexual activities has helped her remain safe and healthy. She now tells other young girls in sex work about the benefits of practising safe sexual activities and she encourages them to do the same.

Peer education

“Peer education is a very efficient way of disseminating information, initiating change and providing support amongst the targeted community.”

Peer education is the **process of imparting knowledge and practices by a peer educator to people of similar age, interests and social background.**

Peer education embraces different realities in the field. It may target individuals, groups or communities and may be delivered through music, dance and drama performances, informal group discussions or more structured interventions (*see approaches in table below*).

Recruitment and use of peer educators is a common practice among the organisations visited in the region.

Depending of organisations, peers may be in charge of information, education or counselling. Some organisations apply a “twining approach” with a social worker. Others have wider networks with peer-led activities (usually on health education). It has been noticed that peer roles may evolve overtime - with some skilled peers taking more responsibilities.

	Peer information	Peer education	Peer counselling
Objectives	Awareness Information Attitude change	Awareness, information, attitude change, self-esteem, prevention skills, coping skills, psycho-social support, problem-solving	Awareness, information, attitude change, self-esteem, prevention skills, coping skills, psycho-social support, problem-solving
Coverage	High	Medium	Low
Intensity	Low	Medium / high	High
Confidentiality	None	Important	Essential
Focus	Community Large groups	Small groups	Individual
Training required	Briefing	Structured workshops Refreshers	Intense and long
Relative cost	Low	Medium	High
Example of activities	Drama, special events, material distribution	Repeated group events based on a curriculum	Young people living with AIDS counselling

Save the Children, *Learning to Live: Monitoring & evaluating HIV/AIDS programmes for young people*, 2000

Recruitment of peers

The peers who are recruited in programmes share characteristics with the target group - such as age, gender, culture, subculture and place of residence. Most peers have gone through similar experiences, including commercial sex lifestyle and/or drug-related experiences.

Recruitment may combine:

- Application from former victims who are willing to become a peer educators in their neighbourhood.
- Selection by the target group to choose peer leaders among themselves.
- Identification by social workers of peers who have the appropriate skills.

Peer education is a voluntary activity. Most peer educators see their intervention as an opportunity to help friends in difficult situations and give them support. Most of them also deliver their interventions in their neighbourhood - at street and slum bases. Some may intervene in drop-in centres, shelters, sports and recreation venues or entertainment events. Others take advantage of drug-use locations like clubs, streets, raves, parks, etc. In such cases, their interventions are scheduled and fees for transportation agreed upon.

Peer educators must show self-confidence and good interpersonal skills. They have to endorse a non-judgmental attitude in order to play a supportive role. They should, therefore, be trained in order to do so.

Training of peers

Peer educators are trained to increase their knowledge and skills about rights, health and drug-related issues. They usually have a low literacy level and can't write, keep records or read materials. Their management requires the development of appropriate resources.

Peers go through regular trainings to improve their ability to listen and communicate effectively and deal with emotions and difficult situations. Peer interventions are backed up by experienced social workers.

With time, peers might have higher expectations and demand for incentives.

Peer network








When the organisation wants to develop peer-led activities, it does not rely on a few peers. It builds a network of peer educators.

To build the network:

- Involve peers in group sessions to promote interactions with one another.
- Develop team-building and trust-building exercises to create working relationships among peers.

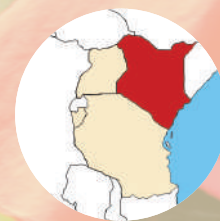
As with any group, interpersonal tensions tend to occur. It is also common for cliques to form within a peer group. Thus, regular training and meetings are key.

Comments from the panel group on Peer Education, Kampala 2013

-  **Role models.** Peer educators do not only teach peers about a desired risk reduction practice but also model it, by “**practising what they preach**”. Peer educators inspire and encourage their peers to adopt health-seeking behaviour through group life skills training sessions.
-  **Knowledgeable about issues.** Peers share common weaknesses, strengths and experiences with the target group. They can facilitate the setting of group rules among fellow peers to support each other to resist behaviour that puts them at risk (of infection by STIs and HIV for example). Peer education increases self-confidence and may lead to permanent employment by organisations.
-  **Comfort zone.** Peer educators often stay in the ‘comfort zone’ of their own life context and experience. They may not necessarily understand some of the specific needs of other vulnerable populations with whom they do not share certain characteristics.
-  **Permanent access to the target groups.** Peers have permanent and free access to peers and communities, which helps organisations in terms of financial and human resources. Peers can inform those who do not attend services and facilitate / participate in awareness-raising campaigns.
-  **Personal agenda.** They have their own personal agenda too and may not undertake the activities they are supposed to. A significant number of peers record high absenteeism. It is an issue as peer management requires investment from the organisation.
-  **Scope of actions.** Peers might be stigmatised by communities and not be credible enough to undertake certain activities. They may not communicate the organisation mission well. Clarifying roles, incentives and limiting operational areas is the safest way to resort to peer education.
-  **Group dynamics in peer networks.** Experience shows that many peer educators’ groups naturally fall into a pattern, in which only one or two peers provide health/technical information. If the group’s ‘experts’ are suddenly unavailable, the others feel incompetent or unqualified to undertake the intervention. It is important to make sure that each peer educator in the group has opportunities to increase their confidence and expertise.

Peer education is one of the main ways of maintaining continual contact with communities. Building a peer educators’ team involves regular training actions and regular meetings. It is important to establish feedback mechanisms with the peers to ensure their involvement in the implementation (for example participation tool or peer review meetings).

Case Study Recruitment - Judy, 17 years old



Pushed to come to the Mathare slum in Kenya by her auntie who had promised to help her get a job, Judy, 17, dropped out of school.

For 6 months Judy waited for auntie to find her a job. She wandered around in the slums and got in touch with a group of 6 young girls who introduced her to prostitution. Initially she resisted, but because she wanted to be part of the group she joined them eventually. One day as the girls were seated near their room, an NGO social worker recognised them, asked them about their experiences and told them the reasons why they needed to visit the rehabilitation centre. Judy and two other accepted while the other three refused.

After 5 days at the centre Judy enrolled to be a peer educator and was oriented to be able to counsel and talk to other girls in the slums about prostitution, drug abuse and why they need to join rehabilitation programmes. Judy says peer education is not easy because some of her peers don't easily believe and accept what you are telling them. From time to time Judy and other peer educators brief the social worker about their challenges and successes.



Lifeskills

Going by the World Health Organisation (WHO) definition (1997), Life Skills are **‘living skills’ or abilities of adaptive and positive behaviour that enables individuals to deal effectively with demands and challenges of everyday life.**

Life skills education usually strives to enable the persons to cope with their daily challenges, adapt to changing environments, protect themselves from violation of their rights and question systems that encourage such violations. Lifeskills programmes usually include creative activities, expressive activities, physical activities, group and community action activities.

Type of clusters of lifeskills

1. The first cluster of skills is about **self-confidence** building and **self-care** initiated with harm reduction activities.
2. The second cluster is about **interpersonal skills** needed for effective communication, anger management, empathy and handling negative feelings.
3. The third cluster is on **problem solving skills** – decision making, critical thinking, negotiation. These skills are decisive for economic integration.
4. Lastly, **skills for collective social action** – decision making in a group, critical thinking around social issues, strategising for problem solving, planning and execution are equally important.

Comments from the panel group on collective social action, Kampala 2013



It is believed that efforts need to be directed for the target group to become more resourceful and empowered so that they can better protect their rights and safeguard themselves from exploitation. One stake is to address stigma from communities.



Examples of strategies used in Mombasa, Nairobi and Kampala: drama and music shows. The participants identify the messages that need to be delivered to advocate for their rights.



Other innovative strategies have been set up using IT technologies. Access to social networks through internet has a high potential to address discrimination and stigma.

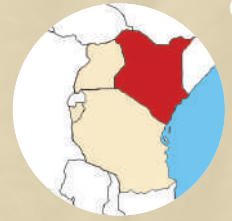


Identifying and recording case studies shows efficient to support dialogue with communities and stakeholders. Success stories are also useful in motivating the target group about change.



It remains essential to:

- Work closely with opinion leaders and other stakeholders in the community.
- Prepare the girls participating in advocacy activities since some can break down.



Case study

Young girl in Kenya

My name is B. I was born on 23rd February 1994 in a place known as Ng'arua. I grew up in a challenging environment where some of the basic needs were not available. I grew up in a family of five. My parents were not financially stable but they managed to enable us get basic education at a nearby school where I had my primary education. Sadly, I was not able to go further with my education because the money my parents were earning was not enough to feed the entire family and take us to school.

Even though I had certain dreams while growing up, I was afraid they would never be realized because of the lack of finances. However, I didn't lose hope. I started working here and there to raise money but my efforts bore no fruit. I am hoping that one day even if it takes ages I will be able to achieve my aspirations.

My hobbies are travelling, reading novels and singing. Currently, I am learning ICT and Advocacy skills in the Digital Story Telling project sponsored by Undugu Society of Kenya. It is my wish that I will eventually become a professional in digital technology. I will keep in mind all the efforts offered unto me towards improving our lives.

My role model is my mother because she disciplines me and always wants me to be a good lady in future. My vision is to be a respectable lady and to help the needy and better their lives.

Last but not least, I would like to thank the Undugu Society of Kenya for this great project they started.

Extract from a blog created under the Digital Story Telling project initiated by Undugu Society of Kenya to empower girls with advocacy and ICT skills. Girls are able to share their thoughts and identify grounds for advocacy within their community (blogs, photo exhibitions, etc).



Psychological support

Interpersonal relationship

Developing interpersonal relationship with girls/women is crucial to help them deal with their emotions. Emotional support is a powerful stress buster. It can come from sympathetic and compassionate family, friends, peers (*see peer support*) or practitioners.

- Organisations in the Eastern Africa region resort to **several types of psychological support** as some women may express their anger through drama, others through individual counselling and other through group support. The more options, the better.
- **Counselling for the staff** is recommended since the work is very demanding.

Counselling

Counselling is meant to **understand, detect and deal with anger management, guilt, self-blaming or low self-esteem.**

Some organisations have social workers who have been through advanced training including psychology, social work and psychometrics.

Various techniques are conducted: one-on-one sessions, group sessions, art or play therapy, etc. The recruitment of a therapist (even part-time) is recommended, especially for those managing recovery centres in order to deal with trauma or suicide tendencies.

Art therapy

The ability to express - in words, paintings, music, dance or any other tool of communication - can empower individuals, enabling them to convey feelings, needs, desires and moods. This holds especially true for traumatized victims.

The Motivational Interviewing Approach



Motivational Interviewing (MI) is grounded in a respectful stance with a focus on building rapport in the initial stages of the counselling relationship. A central concept of MI is the identification, examination and resolution of ambivalence about changing behaviour. Ambivalence: feeling two ways about behaviour change, is seen as a natural part of the change process. The skillful MI practitioner is attuned to client ambivalence and “readiness for change” and though fully utilises techniques and strategies the client is responsive to.

The most recent definition of Motivational Interviewing (2009) is: “A collaborative, person-centred form of guiding to elicit and strengthen **motivation for change**.”

It has three essential elements:

- 1.** MI is a particular kind of conversation about change (counselling, therapy)
- 2.** MI is collaborative (person-centred, not expert- recipient)
- 3.** MI is evocative (seeks to call forth the person’s own motivation and commitment)

Research indicates a clear correlation between client statements about change and effective change.

The more someone talks about change, the more likely they are to change.

In Motivational Interviewing, the therapist seeks to guide the client to expressions of change talk as the pathway to change.

“Change talk” is defined as statements by the client that reveal consideration of, motivation for or commitment to change.

Different types of change talk can be described using the mnemonic **DARN-CAT** :

Preparatory Change Talk

Desire (I want to change)

Ability (I can change)

Reason (It’s important to change)

Need (I should change)

Implementing ChangeTalk

Commitment (I will make changes)

Activation (I am ready, prepared, willing to change)

Taking Steps (I am taking specific actions to change).

This focus is an extract from the following publication - <http://vhatc.org.vn/en-GB/post-motivation-interview-definition-and-approach.465>

See you tube video Dr. William Miller, "Motivational Interviewing: Facilitating Change across Boundaries"

The role of families

Socio-behavioural change is a gradual process where everyone is important in effecting the desired change. **Support works best when integrated into the social support systems.**

There are different situations regarding relationships with families. The young girl or woman may be:

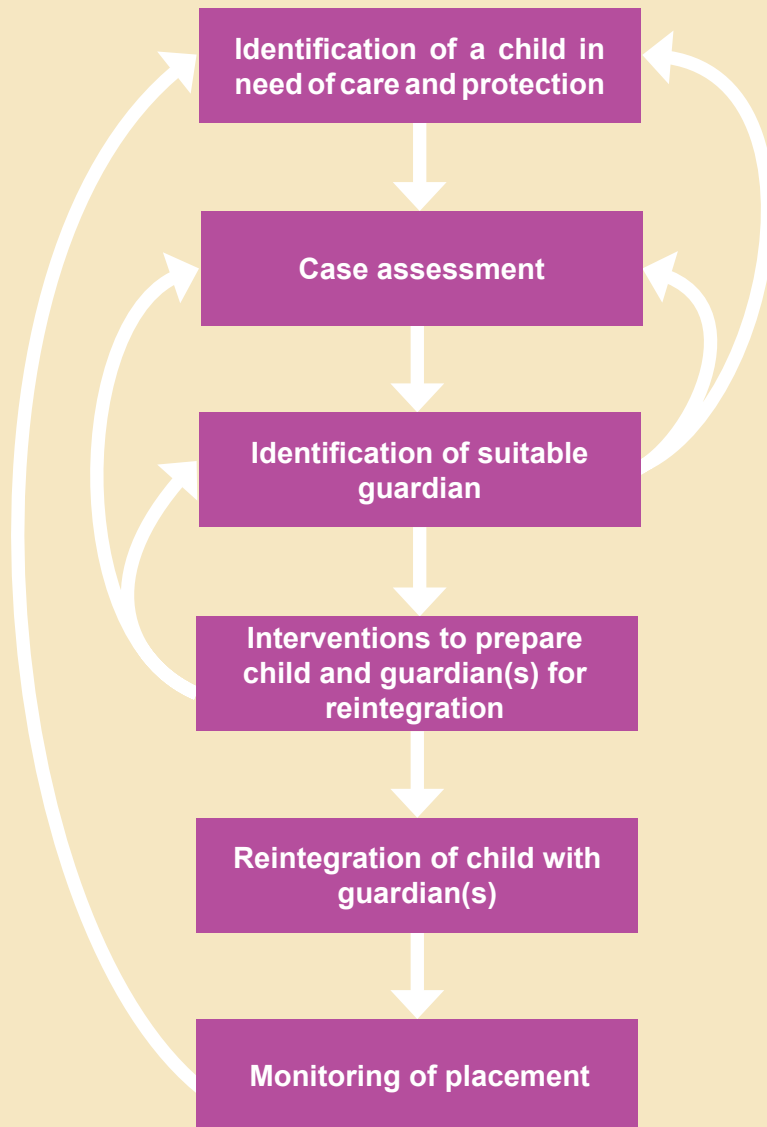
- **Living with her parents** (on a full or part-time basis). In that case, early collaboration with families is essential: alternative life projects shall be discussed and planned together with all family members as it will mobilise or impact them. Interventions may include counselling sessions and/or parents' schools on child care, positive education, etc.
- **Willing to resettle with parents** (home or with other relatives where she feels comfortable). Resettlement requires of course that all factors including employment, safety, and social support are met. When the girl is under 18, resettlement can take long. The organisation is responsible

for assessing whether the child will be safe in the new location. Organisations usually request community stakeholders for support in monitoring (see basics about reunification of children next page).

- **Opting for independent living.** She may already have a location (house) or be looking for another living place. The formulation of a new life project must take into account the availability of personal networks in the new environment. Some organisations help in paying rent or provide shared rooms for a predetermined period (from 3 months to one year).

Girls and women may be tempted to start a new life in a location where they are not identified as “sex workers”. Losing the support of their social network may challenge their success though. Support from the close environment remains critical in helping them to overcome difficulties, whether family, peers, etc.

Basics about reunification of children



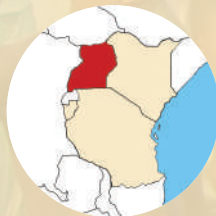
The reunification process is far from being linear. The child or guardians may for instance initially fight, meaning further counselling is needed. In some very sad cases, guardians have passed on meaning that the assessment process must start over.

Working with communities play an important role in strengthening access to mainstream services and reducing stigma and discrimination.

Extract from the “Child Reintegration Guide”, published by Rescue Dada Centre in March 2014.

Case study

Independent living, Uganda



Jane joined Rahab Uganda in 2006 and reintegrated into school, at secondary level. After her senior six in 2009 she was resettled. The option was independent living since her mother had relocated to a place about 80kms from Kampala. The reasoning was that if she was resettled with her mother she would have missed out on an opportunity to work, which job placement she had already secured as she waited to continue with her education.

There is a preparation process before resettlement. For a whole year, Rahab social workers counselled and discussed with her what it would look like living outside the protected environment of the Rahab home. They also identified another girl who was living independently after being discharged by another organisation. This would provide company and accountability for each of them. This arrangement worked out well, they clicked and lived together for about a year before each of them moved on. By this time Jane had got basic training in computer studies. She then got a job as a mentor in another organisation that works with sexually exploited girls, similar to Rahab.

Support was given at resettlement in terms of rent for three months and some household items. Rahab also continues with the follow-up of the resettled girls for at least three months after they leave the home. The organisation also encourages them to keep in touch with the Rahab family for more support. Jane has kept in touch till today and once a year all the girls that have gone through the home have a get-together. The sense of family has made resettlement successful against all odds. Jane has continued to pursue further education as she works diligently at her current job.

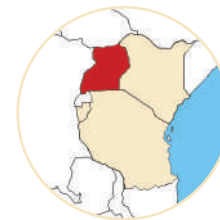


Good practices on Social empowerment



Good practice in promoting self care

Ugandan Youth Development Link (UYDEL): Behavioural Change Communication



Target audience: children & young persons engaged in risky behaviour, both male and female, 16 - 24 years old

Key words: *efficient communication - building on positive behaviour*

Background

UYDEL is a Ugandan organisation that was established in 1993 and works with vulnerable young persons (16-24 years old), including boys and girls in situations of commercial sexual exploitation. The organisation has an extensive practice of behaviour change communication.

Key assumptions

1. It is essential for the target audience to adopt safe and positive behaviour.
2. Behaviour change is a long process. One first needs to get the information and to approve it. In that regard, the person who delivers the information is important. It then may take time for the person to intend to change and finally undertake the first steps to change. Interventions must provide appropriate support all the way.
3. Efficient communication needs to answer the "5W model": Who says What to Whom through Which channel with What effect ?

Main steps

1. Each BCC session must be carefully prepared and the "5Ws" screened using the checklist (*see next page*). The communication will not be efficient if the objective and message are not clear and/or not adequately channelled.
2. Basic elements must be captured in the activity sheet:
 - State the topic (risk identified) and the objectives
 - Identify participants (ages, profiles, and number)
 - Identify methodologies, duration and resources needed
3. Building on positive behaviour and personal strengths are more efficient in bringing change. The organisation has incorporated the APAC approach:
 - **Ask-** find out which behaviour the person is currently practising well and identify which one needs improving
 - **Praise-** praise the person for the behaviour that she/he is implementing correctly
 - **Advise-** give advice regarding the behaviour that needs improvement
 - **Check-** evaluate, assess, counsel and follow up with the person.
4. BCC is about active learning and participation:
 - Be punctual, greet and welcome participants warmly
 - Summarise key points
 - Use tools and teaching methods that promote active learning: brainstorming, group activity, visual aids, experience sharing and story telling, role play, music, dance and drama, question and answer, indoor games and sports, jewellery/handcrafts-making group dialogues
 - Provide information where participants can obtain more services (Referrals)

Focus on UYDEL Behavioural Communication Change (BBC)



UYDEL BCC checklist

WHAT information needs to be communicated?

WHY does this information need to be communicated?

- *Why is the message important?*
- *How will people benefit if they change their behaviour?*

HOW will the information be communicated?

- *How can the message be most effectively communicated?*
- *Which materials/channels can be used to communicate the message? (see table below)*

HOW OFTEN does the message need to be communicated?

- *How often should the message be repeated?*
- *What type of reinforcement can be given for positive actions and behaviour change? (Tokens, certification or rewards)*

WHEN should the information be communicated?

- *Is the individual or group ready to initiate behaviour change? (see figure next page)*
- *What time of day or during which period should the message be communicated?*

WHO will communicate the information and who will receive it?

- *Who is the best person to communicate the message?*
- *Who is the most informed or knowledgeable on the topic?*
- *Who speaks the local language?*
- *Who should receive the message?*
- *Who has access to the groups that need to hear the message?*

WHERE is the best location to communicate the message?

- *Where should the message be communicated?*
- *What opportunities (in terms of resources, space, etc.) are there in the community to communicate health messages to large groups of people?*

Example of materials and channels for behaviour change

Method	How Method Helps Change Behaviour
Posters, counseling, cards, brochures	Provide information
Radio, TV, songs	Remind people about safe behaviours
Stories, dramas, plays	Present role models for behaviour change
Discussions	Provide opportunities to plan for solving problems
Peer groups	Provide encouragement

Good Practice in counselling

Undugu Society of Kenya (USK): Family Therapeutic approach

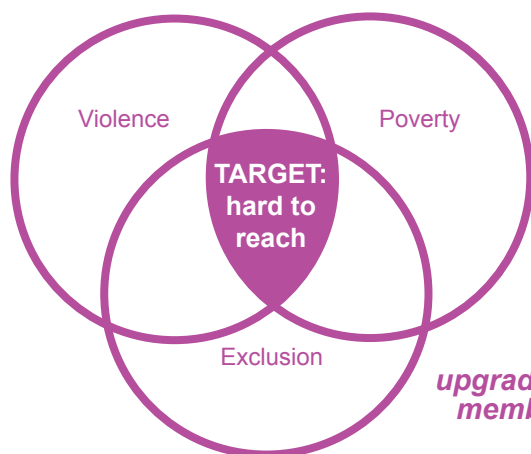
Target audience: hard-to-reach children guardians, families or at least one parent

Key words: *safe environment for children - breaking the cycle of violence - safe families - safe children*

Background

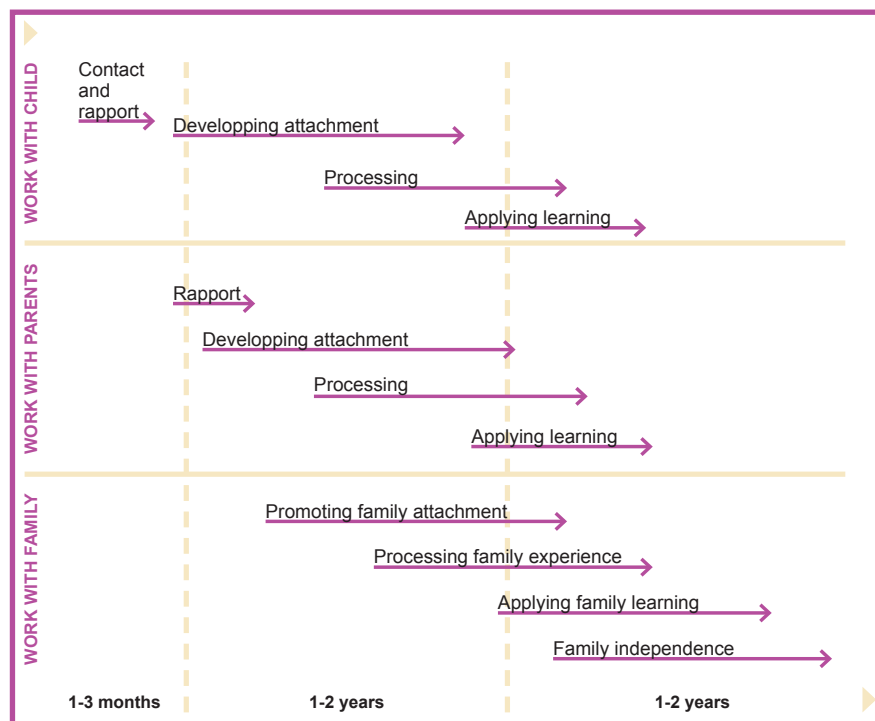
In 2010, USK initiated a new project whose aim is to work both with the child and the family. Undugu's hypothesis is that these children - the hardest to reach - are children who have not only suffered the hardships of poverty and exclusion, but have also suffered from family violence. They have often been neglected from a very early age and frequently suffered losses which they have not been able to understand and "process".

The hardest to reach and help



Key assumptions

1. When a positive family environment where relationships are nurturing and protective is created, the impact is dramatic and powerful.
2. Investing in the whole family to resolve violence, rather than only working with a child, is the key to permanently breaking intergenerational cycles of family violence.
3. To create sustainable changes, a functional and positive network needs to be developed around the child.



"The project aims at improved family functioning at different levels, upgrading of mutual understanding and emotional support between family members; the development of skills to solve the problems that the family faces" – Buthaina Ibrahim, family counsellor, USK



Focus on Family Therapy



Main steps

1. Identification of a case of a child who has undergone traumatising experiences such as abuse and violence within his family, hard to reach and excluded children.

2. The children are rescued from the streets and taken to Kitengela place of safety for care and protection and several therapeutic sessions are held with them. Work with the parents also starts and cases are documented. During this time, tools are used to generate information, while solutions to the problem are developed. This is done once a week by two staffers per family.

3. Team meetings are held on a weekly basis, whereby a case is presented to the team and analyzed.

Case analysis includes the following:

1. Presentation of the case (10 min)
2. Request for help (3-5 min)
3. Clarifications of the case (10 min)
4. Identification of issues, themes (3-5 min)
5. Preparation of strategies
6. Feedback regarding the strategies
7. Feedback from the case worker

There must be a case presenter, moderator and time keeper.

4. Monitoring: After six months an evaluation is done for the family in order to measure the progress made and identify areas that need more attention to develop a safe and supportive environment. This is done by the family worker and the family.

Strengths of the model

A solution-focused approach:

Family therapy involves discussion and problem-solving sessions with the family. It focuses on small steps to manage change.

Solution-focused therapy is a model designed to be applied over 1 to 4 sessions, which focus on looking for solutions rather than solving problems. To use the identification of strengths and successes to help the client develop self-esteem, good decision making and the ability to establish and achieve their goals.

Steps

- Chat to identify and reinforce strengths
- Defining the problems
- The miracle questions - establishing goals
- Defining possible solutions
- Interval to consult
- Positive feedback
- Task

The Miracle question:

When you are asleep one night, a miracle happens: your problem is solved. When you wake up, you don't know that this miracle has taken place, but what are the things that would happen that would indicate that the problem has disappeared?



Focus on Family Therapy

A strength-based approach

To support change, questions are asked about the client's story, strengths and resources. At the foundation of the strength-based approach is the belief that children and families have unique talents, skills, and life events, in addition to specific unmet needs. It is important to begin the process with a positive vision. Wherever there is a problem in the person/family, the strength-based approach will look for the inherent strengths that can be used as a starting point for further growth.

Useful questions - open questions

- What are you most proud about yourself/ your children?
- Tell me what you/your children are good at.
- What are some of the things you have done to have a family that is so full of life?
- I can see that you are good at cooking and that requires patience. Have you always been patient?
- Who do you think taught you patience - how did you learn to be patient?



On the way to the goal...



↓ A sign of
change

★ GOAL / CLIENT

0 _ 1 _ 2 _ 3 _ 4 _ 5 _ 6 _ 7 _ 8 _ 9 _ 10

The problem at
its worst

The day after
the miracle

A family-empowerment approach

It ensures that children and parents feel that their interests are considered within their family and are able to set goals as a family for the benefit of all the family members. The family provides positive experiences for all its members and new stress are dealt with in a way which is not damaging to anyone within the family. As such, the family replaces negative cycles of interaction with a virtuous cycle. Parents are able to focus on the immediate and longer-term needs of their children and act to meet these needs, quite independently of outside encouragement. The families create and maintain a safe environment for children.

Monitoring

The model proposes an assessment grid of 34 questions to score the family situation. It is evidence-based as social workers grade from 1 to 5 between two opposite statements and justify their answer using evidence. The evaluation is done every 6 months with the family monitoring achievements.

Grades are summed up so that the total score ranges between 34 and 170. When the score of 150 - 170 has been reached, the family is caring and supportive and the NGO can disengage.

Areas considered

- | | |
|--|---------------------------------------|
| 1. Violence, sexual abuse, accessing support | 7. Health and protection |
| 2. High risk behaviour, reproductive health | 8. Validating emotions of others |
| 3. Family relationships and communication | 9. Family activities |
| 4. Roles and responsibilities | 10. Dependency |
| 5. Protection and social development | 11. Social support network |
| 6. Emotional stability | 12. Tolerance and community relations |
| | 13. Guiding and planning |
| | 14. Legal documents |

Good Practice in promoting lifeskills

Medecins du Monde: Education on rights



Target audience: people who use drugs (PWUD)

Key words: *enabling environment, empowerment*

Background

Medecins du Monde Tanzania has created an information card that is distributed to their beneficiaries. It recalls human rights with a focus on legal rights. It encourages to report when the police does not respect rights.

Police responsibilities

- Explain why the persons are apprehended
- Explain victims' rights when they are apprehended
- Tell them they can contact a lawyer, any representative or next of kin.
- To take a statement of offence within four hours and read it to the victim who then signs if she/he understands it
- To be sent to court within 24 hours

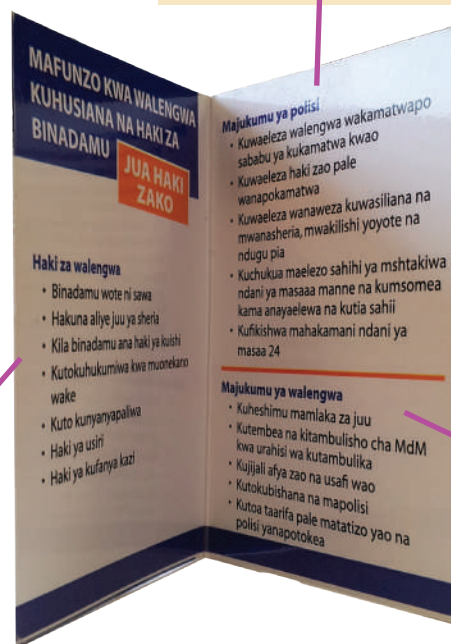


Information Card

Know Your Rights

Human rights

- All human being are equal
- No one is above the law
- Every human being has the right to live
- Should not be judge by appearance
- Should not be stigmatised
- The right to privacy
- The right to work



Card holder responsibilities

- Respect higher authorities
- Keep an MdM identity card for easy recognition
- Maintain good health and own cleanliness.
- Should not argue with police
- Report when they face problems with the police.



Building an economic alternative for current and former victims of commercial sexual exploitation is an important step towards socio-economic reintegration. The challenge is to identify the best occupation which can help them live positively on their own and improve their welfare. The way out has to be chosen by the person herself. Organisations may support by registering the target audience to economic empowerment services (vocational training, access to start-up capital...). The larger the options are, the better it is.

Socio-Economic reintegration

- 1 Orientation services
- 2 Vocational skills training
- 3 Reintegration services
- 4 Access to capital

Good practices on socio-economic reintegration

Orientation services

Motivation of the person plays a central role in making reintegration succeed and can quickly be undermined when reality does not meet expectations.

Matching with market opportunities

The first step for organisations is to have accurate information on market opportunities. It can be done through baseline marketability studies and/or inputs from young people already set up in the market by the organisation. Information also needs to integrate government policies and frameworks in terms of trades, youth employment opportunities and policies.

Trade presentations

Some agencies organise a formal presentation of trades for the target audience to get a proper idea of the conditions of work, availability of job offers, expected income, among others, especially when dealing with a young group.

Field visits to artisans / businesses

Field visits can be organised in small groups of candidates sharing the same interests. Visits to businesses will allow candidates to visualize and ask questions in order to better understand the daily nature and conditions of work. Formal trade presentations and field visits can be combined.

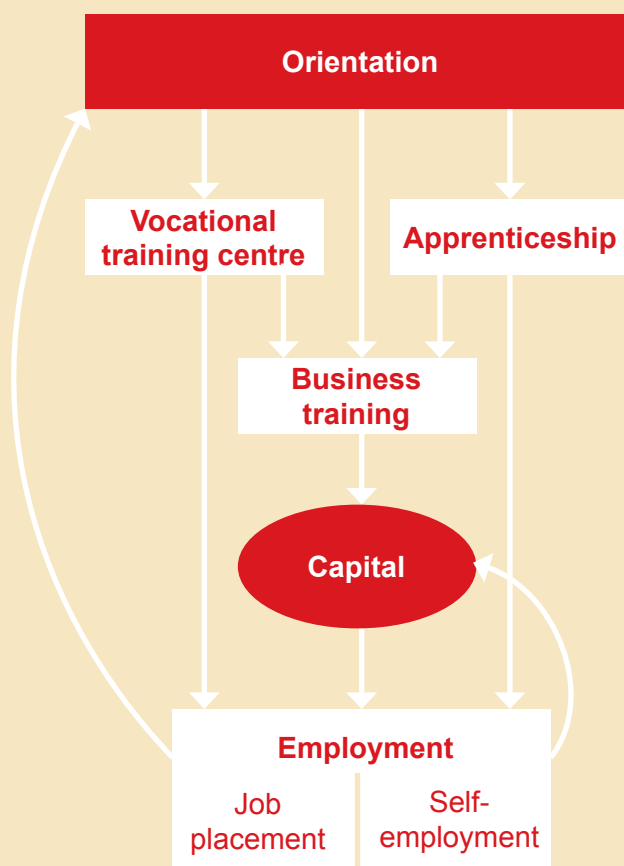
Career guidance

One-on-one discussions will help the young person choose the best option, taking into consideration her personal resources, skills and constraints.

Some of the considerations below must be taken into account:

- Age and education level / standard
- Interest and talents
- Availability of vocational training facilities (if needed)
- Market opportunities at reasonable distance
- Financial perspectives against family budget
- Personal constraints (babycare for instance)

Overview of reintegration path



In the Eastern Africa region, the informal market offers the largest job opportunities. Therefore, all organisations prepare girls and women to integrate into the informal market.

► On the informal market, the distinction between job placement and self-employment is somehow blurred.

“Employees” may not receive a fixed amount and be paid according to their daily activity (eg. commission per head for a hairdresser). They are sometimes expected to get their own customers, retributing a share to the owner.

Rescue Dada Centre

► Strategies of reintegration in the Eastern Africa region try to anticipate multiple sources of income (at one time and over time). It implies developing global competencies (self-care, lifeskills, business management, interpersonal communication, literacy skills, etc), multiple technical skills (artistic skills, tailoring skills, business skills, etc) and simultaneously both collective and individual projects.

Practices presented are therefore neither exclusive of each other nor linear.

Vocational Skills Training

Vocational skills training is defined as **training that emphasizes a skill and knowledge required for a particular job or for self-reliance.**

Vulnerability to sexual exploitation is partly caused by the lack of employable skills and knowledge for adaptation in the community. Vocational education and training is a direct means of providing young people with skills more relevant to the evolving needs of employers and the economy.

Empowering with vocational skills is a key component in promoting secure livelihoods and social functioning of the youth at present and in the future.

In the region, three schemes of vocational training placements were identified to impart to skills as a way of increasing access to employment and careers.

Each vocational training scheme has strengths and challenges that need to be considered. It should be adapted to the environment, the resources of the organisation, the profile and number of candidates and the support scheme set up by the organisation.

Comments from the panel on vocational skills training by organisations, Kampala 2013

This is where the organisation takes it upon itself to deliver skills and knowledge to the target group. Many organisations have been able to set up their own training infrastructures. Vocational training and psychosocial support can be provided simultaneously.



Private courses give a chance to candidates with poor educational background. It is recommended to work closely with the concerned ministry to get a certified training course. It clarifies between occupational activities and vocational training services.





Access to the training facility is one of the critical issue. Various solutions may be considered: boarding facilities, payment of transport fees and recruitment in surrounding living area.



There should be a diversification of courses provided by the organisations so as not to hinder career choices. Additional schemes can be proposed (referral to other VT facilities, support to income-generating activities, etc).




Comments from the panel on registration in mainstream vocational schools, Kampala 2013

This is where the organisation organizes the registration of candidates in a VT school.

-  This scheme best reduces risks of stigma when later applying on the job market. In urban settings, it may allow a large choice of skills, and potentially proximity solutions.
-  Attending mainstream vocational schools brings a number of challenges: long teaching hours, minimum academic background, appropriate social behaviour, etc. Candidates must be supported by way of boarding facilities or the provision of meals or/and transportation fees.

Comments from the panel on vocational skills outsourced among artisans, Kampala 2013

Youth are placed with the artisans of the trade they chose, in their living area. A memorandum of understanding is signed with artisans stating the obligations of parties, time, fees and expectations of both parties.

-  This scheme is based on learning by doing. Trainees sometimes receive a share of the money paid by the clients. After discharge, artisan-trainers may employ the trainees or refer them through their network. It works in both rural and urban settings.
-  The curriculum is elaborated by each artisan. The scheme can be reinforced by registering trainees to seat for national examinations of government trade tests.
-  Support is challenging as trainees are scattered in the local market and dealing with customers.

In the informal market, employees are expected to provide their own tools. It is helpful to procure professional tools or to facilitate access to capital.

Business Education

Initiation to business environment

Understanding business environment will help the young person to hold and maintain a job. It can be delivered through:

- **trainings** in the area of customer care, hygiene, working hours, etc.
- **Guidance on employer-employee relations** (especially when beneficiaries have been taken in charge in long-term shelters and are used to attention and indulgence).
- **Internship** to experiment and adjust to working environments. It allows one to get confidence and make contacts. One month is sufficient since interns are not always paid.
- **Support** in writing CVs and practicing motivation interviews. Group sessions are usually preferred.

Access to banking

New banking facilities with very limited costs have been developed in the Eastern Africa region (through mobile phones). Yet access to banking remains an issue for underage beneficiaries.

Business training

Different training modules have been developed by ministries, organisations and consultants. Therefore, organisations should be careful when selecting the most appropriate one.

Comments from the panel on business training, Kampala 2013

The target group evolves in a precarious and unstable environment which creates huge challenges for the sustainability of their business.

The training should:

- *focus on savings.* In that regard, previous experiences of merry-go-round or self-help groups are supportive.
- *provide role-play exercises on how to start with very limited resources.*
- *focus on basics* (buy / produce / sell / save). Avoid too much information (or plan advanced trainings).
- *propose time management tools:* what to do on a weekly and monthly basis so as to provide guidance for the trainee.
- *anticipate challenges / unexpected events* (family problems, requests for money from close friends, etc).

Employment services / post-monitoring

Follow-up in the job market includes:

- **Job-seeker services:** supervising job-search actions, networking for job opportunities, mediation services with employers, etc.
- **Self-employers services:** support in business management.

Business education can be delivered by specialised organisations or specialised staff in the organisation.

Focus on training tools



Virginia has followed the SAIE training (South-African Institute for Entrepreneurship) implemented by USK. She has learned how to manage her time to successfully run both her personal life and business and make savings.

MAY 2013

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Buy	Manufacture	Sell	Collect/Pay	Plan	Spend	Rest
WEEK 1	BUSINESS CYCLE CHART		Selling fruits → sweets → cigarettes	Pick money from Undergou Bank loan	What I need → fruits - wangs & banana → Mr. Berry sweets	Food 200 Transport 100	At home
WEEK 2	I will go to the market to buy oranges, sweet banana, sweets.	Am packing and pricing my fruits & sweets.	Bananas oranges cigarette apples	Rent 50 → All payments do.	I have to buy oranges my → cigarette - Supermarket	Food 200 Hospital 150 Transport 100	Visit my aunt church
WEEK 3	Oranges 1000 Cigarettes 500	Pack the oranges cigarette → pack apples	Oranges apples cigarette	Get all money Sold on credit → pay for kiosk sol.	Add Mangoes - avocado - mini-Berry → Tropical cigarette	Food 200 Transport 100	Church
WEEK 4	Mangoes - 700 avocado - 500 Mini Berry 400 Tropical - 600 Cigarette - 400	Packing & pricing Expenses	Mangoes avocado Mini berry Tropical cigarette	Count all money → collect debt	Oranges - bananas - cigarette - Apples - drinking water	Food 300 Transport 100	Church
WEEK 5	Oranges 200 Banana 300 Cigarette 200 apples 300 water - 500	Rent - 200 Packaging & pricing Fixed cost: Rent 100	Mangoes Banana cigarette apples water	2500 Repay the bank Fixed cost: Interest	Count all cash on hand Less opening savings = Total earnings this month	2500 300 2800	Business Expenses Savings Training South African Institute for Entrepreneurship

Records keep set separately.

Access to capital


Access to capital means how to **obtain/get money to start or expand a business**. This money can be a loan, a grant, or group / individual savings.

Addressing vulnerability to income is one the best strategies in improving women's control over their bodies as well as reducing risk taking.


Promoting access to capital is one of the services proposed by organisations. It is done through 3 main channels:

- Facilitation of saving schemes
- Access to loans (banking schemes or Revolving Loan Fund)
- Granting (cash, in kind)

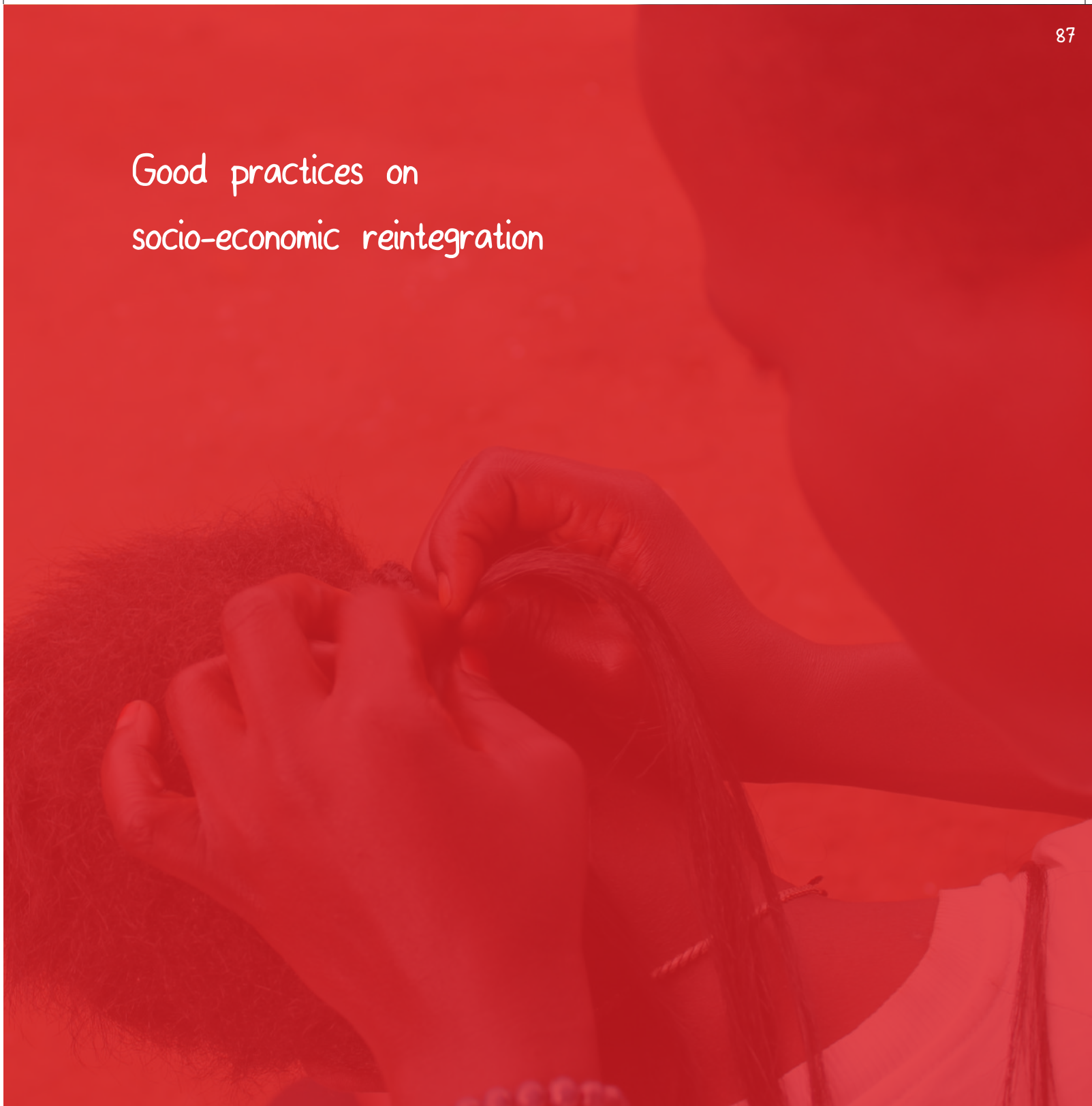
Definitions

 **A Group Saving Loan association** is a self-selected group of people, (usually unregistered) who pool their money into a fund from which members can borrow. The money is paid back with interest, causing the fund to grow. The approach is characterised by a focus on savings and builds on collective wisdom and peer pressure to ensure the proper use of credit.

It is sometimes called a self-help group or support group, although these latter terminologies may organise mutual aid without involving saving schemes.

 **A Revolving Loan Fund (RLF)** is a source of money from which loans are made for small business development projects. The central fund is replenished as individual projects pay back their loans, creating the opportunity to issue other loans for new projects.

Good practices on socio-economic reintegration



Good practices on vocational skills

Training by the organisations: UYDEL in Uganda

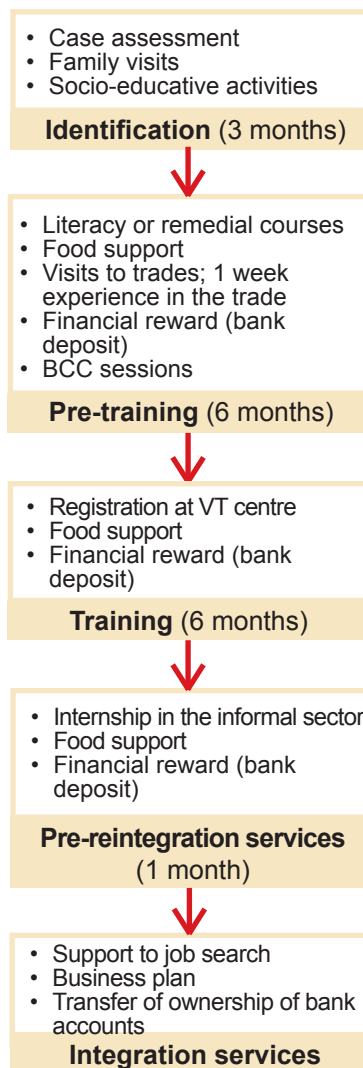
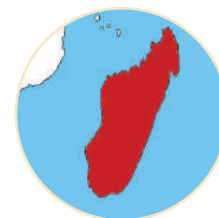


UYDEL experience: boarding services allow the withdrawal of young persons from unsafe environments.

The organisation proposes eight skills and monitors how well young persons do on the job market after discharge, so as to review its course offer.

Granting basic equipment to those who qualify helps finding a job.

Registration in mainstream VT schools: ECPAT France in Madagascar



ECPAT experience: a long pre-training phase with a demanding schedule will allow girls to adjust to VT school. The 1 week experience in the trade will help the candidate to get acquainted with the terminology and technical processes, and better deal with theoretical sessions.

A financial reward is granted weekly when attendance is good. The deposit is done on a bank account. After graduation, ownership of the bank account is transferred to the girl. She is able to cope with financial needs while finding her first job, or getting tools.

Outsourced among artisans: USK in Kenya



Identification of girls requiring skills training and filling of the application form.

Organisation of trade choosing workshops for girls interested in skills training. The workshop is meant to expose the girls to different vocational courses in the informal sector, their marketability, advantages and disadvantages (market survey report shared). Following the completion of this workshop, the girls will be in position to make an informed choice of which vocational trade to pursue.

Attachment of the girls to artisan trainers in the informal sector for apprenticeship training, provision of training tools and signing of contractual agreements with them. Artisans are then trained on how to work with the girls and understand their situation. Artisans will be paid training fees for the services rendered. Training through the apprenticeship approach will take between six months and a year depending on the course selected by the girls.

The job practical training will take 5 days per week. The sixth day will be set aside for theory classes for the trades, where the girls will cover different

aspects such as safety at work and business management aspects (customer care, setting prices, book keeping, among others).

Each girl will be provided with safety clothing, basic training tools and materials to facilitate effective learning. Girls pursuing examinable courses will be given books and everything done to ensure they sit for their trade test which will enable them graduate with government certifications for the courses taken.

Follow up is done on weekly basis by the training officer and feed back is prompt both to the trainer and the girl. Lifeskills sessions are held with girls on a monthly basis.

***USK experience:** Artisans are chosen by the candidates themselves in their neighbourhood (maximum 1 hour distance from their living place). The training schedule is set on a part-time basis so that trainees have time for other occupations (including baby care).*

Trainees are asked to write in a logbook what has been learned daily. Additional weekly theoretical sessions are organised for those who want to sit for the national examination.

Trainees are members of associations that meet weekly. Meetings offer the opportunity for monitoring and supervision.

Good practice on access to capital

Ihorere Munyarwanda Organisation (IMRO): Group Saving Loans Associations (GSLAs)



Target audience: female sex workers - usually adults

Key words: *savings - empowerment*

Background

Ihorere Munyarwanda Organisation is a Rwandan organisation implementing advocacy, networking and outreach interventions in the context of HIV/AIDS and health promotion. It promotes access to vocational training and creation of job opportunities for vulnerable people (income-generating activities), and group saving loans among its key audience.

Key assumptions

- 1.** Poverty alleviation is key in promoting safe behaviours. Self-help groups enable the meeting of a variety of goals including empowering women, developing leadership abilities, increasing school enrolment, and improving health.
- 2.** GSLAs can dramatically raise the self-respect of individual members and help to build solidarity networks, especially among sex workers.
- 3.** GSLAs are a conduit for other interventions, especially health education.

Main steps

1. The facilitator from the organisation introduces the concept of savings and loan services to the target audience and facilitates the formation of associations comprised of 20 to 30 persons. Since trust and interpersonal relationships are fundamental to the effective functioning of the scheme, members choose who should be in their group.

2. The facilitator organises training to support the association in defining its own rules: agree on the objectives, select representatives and set the terms for savings and loans (weekly savings, interest rates, repayment schedules...). The association is trained in record keeping so as to manage the fund.

8 sessions:

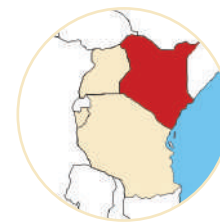
- Leadership and group dynamics
- Setting objectives
- Elaboration of the internal regulations
- Accountancy and meeting management
- Registration of saving operations
- Registration of loans operation
- Solidarity fund
- Selecting and operating an income generating activity

3. The group meets on a weekly basis to collect the savings. Once sufficient savings have accumulated, they advance loans to themselves and repay according to the schedule and conditions they have agreed upon as a group. Typical loans range from \$10 to \$20. The group usually sets a monthly interest rate of 10%. A bank account is opened as a group and the savings kept there. During weekly meetings, group members discuss other issues, according to the objectives they share.

4. The facilitator observes groups' meetings and supports them to ensure that procedures (including reporting) are working well. If there are no issues, the group may function independently after a while. The facilitator may liaise the association with services.

Good practice on access to capital

Kenya Network of Women with AIDS (KENWA): Revolving Fund



Target audience: female sex workers - usually adults

Key words: *access to loans - empowerment*

Background

The Kenya Network of Women with AIDS (KENWA) is a grassroots' community-based organisation formed and run by women living with HIV/AIDS. KENWA operates in order to empower people living with HIV/AIDS (PLHIVs).

The association organises different services, including the prevention of mother to child transmission, a comprehensive home-based care scheme, and nutritional support. It also organises support groups and group therapy where PLHIVs share their problems and sorrows, promote the education of members on their rights, and provide economic empowerment through income-generating activities.

Key assumptions

1. Economic empowerment will help women to reduce their vulnerabilities and improve their health.
2. Access to microfinance is difficult for women living with HIV/AIDS as insurance costs are prohibitive.
3. Managing a business is not a universal competence, some people do not have the capacity to manage a business

Interventions

KENWA facilitates the creation of support groups of 5 to 15 women from the same residential area. Groups open a bank account.

KENWA facilitates the provision of business training by contracting with specialised actors (Equity Bank Foundation or Start your Business Project).

Scheme 1: Facilitating access to microfinance

KENWA negotiates agreements with different micro finance institutions. The association deposits an amount in the bank to act as insurance in case women default, face health challenges, or are not able to pay back.

Women who participate in a group for at least 6 months may ask for a loan at the bank. Their project has to meet the bank's criteria (providing the issue of insurance).

To access this scheme, women need an ID (they must be adults), have a good business idea, and be able to handle paper work.

Scheme 2: providing access to the revolving fund

Women who have engaged with the organisation for more than 2 years in a self-help group may qualify for loan from the revolving fund. The scheme builds on the saving schemes as 40% of each loan must come from the group savings. The amount lent increases over time.

CONCLUSION

The review has given insight of activities or approaches set up by organizations in the Eastern Africa region. The main conclusion is that interventions should cover the full number of the following chapters:

Health

Reproductive health, nutrition, effects on drug and substance use, HIV & STIs, personal hygiene

Environment

Physical protection and basic needs; emotional safety...

Education

Functional, literacy & numeracy (money management, time management)

Social skills

Protection and
lifeskills

Political

Access to justice,
advocacy, rights...

Psychological services

Specialised care to
help “undo damages”
through counselling,
group therapy...

Vocational training or/and income generating activities

