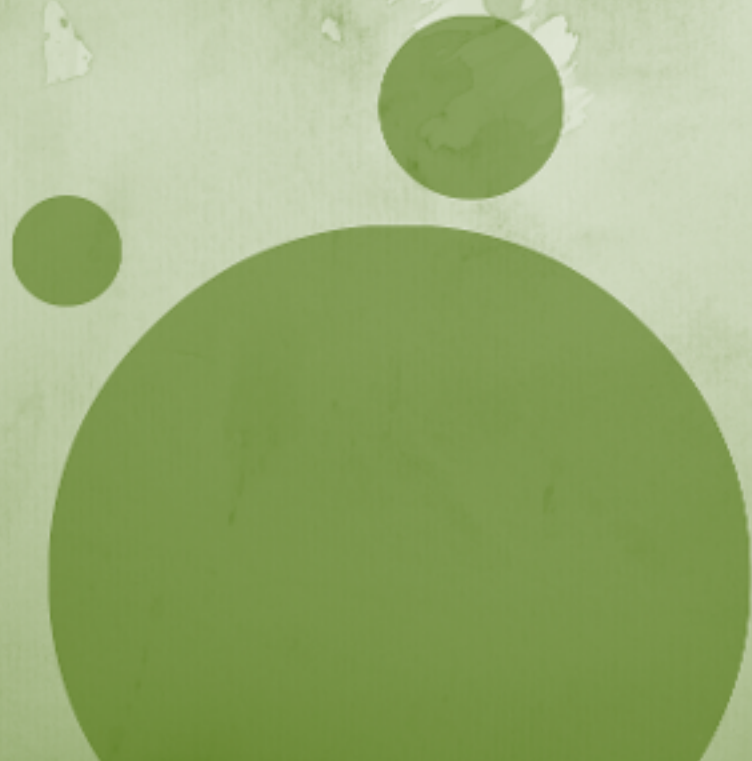


MAKING ACCESS REAL

Advancing access to sexual and
reproductive rights

Sisonke



Title: Advancing access to sexual and reproductive rights

Name of Organisation: Sisonke

Country: South Africa

December 2016

Who are we?

Sisonke is a network of sex workers that was established in South Africa in 2003. Sisonke means “*we are together*”. The organisation has grown and now has committees in five provinces and aims to move towards representation in all nine provinces of South Africa. Sisonke is a movement **formed by sex workers for sex workers** against abuse, isolation and disrespect for the rights of sex workers: as such we **represent ourselves**. Sisonke is a member of the African Sex Worker Alliance (ASWA) which is a movement that organises sex workers all over Africa.

What was the issue?

All South Africans have a constitutional right to health and health services. Our members identified as their main issue **a lack of access** by sex workers to health services that are non-discriminatory and address the particular needs of sex workers. In particular, our members did not have adequate access to condoms and lubricants, which are crucial protection for work. Although these were free from government there was an under-supply. The human rights, including the right to health, of sex workers are not respected and this can be attributed to the following:

Criminalisation Sex work is criminalised. Sex workers face ongoing harassment, arrest and violence by police and this impacts on their ability to move freely, do their work and access their rights.

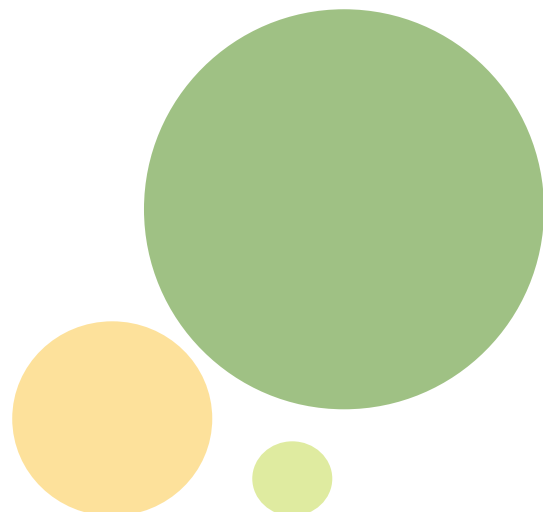
Lack of knowledge Sex workers do not know their rights, including their right to health and that they have a right to be provided with respectful health care by healthcare workers. Sex workers also lack knowledge on where to get help when they experience challenges and barriers to accessing health services;

Discrimination Sex workers face many forms of discrimination because of society's attitudes towards their work. These attitudes are mirrored by health care workers;

The crises in the health system Systemic challenges in the health care system itself such as understaffing and drug stock-outs also prevent sex workers from accessing health care.

The South African National AIDS Council (SANAC) is a voluntary association of institutions established by the national cabinet of the South African Government to build consensus across government, civil society and other groups and institutions to drive an enhanced country response to HIV, TB and STIs. The Council holds multiple roles including the responsibility for strengthening the government response to HIV, TB and STIs at local, district, provincial and national level, as well as mobilising resources domestically and internationally to finance the response to HIV, TB and STIs.

Sisonke wanted SANAC to **recognise sex workers as a sector of their own**, not just as part of the Key Populations Sector. Sisonke also wanted to be able to directly influence how SANAC and the government work with, represent and allocate resources and services to and for sex workers. Sisonke demanded specific changes to the conditions under which sex workers live and work and which prevent us from accessing health services. Sisonke demanded **access to mobile clinics** that would **deliver quality services** directly to sex workers at the most appropriate locations and times, with health care providers who are knowledgeable, sensitive and supportive of the sex worker population.



What did we do?

We adopted a range of strategies to support the aim of improving sex worker access to health including:

building a collective with other sex worker organisations and organisations working with, supporting and providing services to sex workers;

lobbying SANAC members to create a separate sex worker structure;

researching the specific issues faced by sex workers to build a strong evidence base;

positioning Sisonke as the voice of sex workers ensuring that Sisonke led fundraising and policy development, and was consulted on all efforts affecting sex workers within the country;

influencing access to health care services for sex workers at local, district, provincial and national structures through the reach of SANAC.

What did we achieve?

We gained direct representation within SANAC and established a sex worker sector which has influence over decisions that relate to the rights of sex workers.

We have informed and directly shaped the design of health services and delivery of these services to sex workers.

We have influenced allocations of funds from government and the Global Fund ensuring that funds were received by organisations which were understanding of the needs, realities and rights of sex workers.

We represented the voice, experiences and rights of sex workers at national decision-making meetings and advisory processes.

What are the key lessons learned?

Solidarity

Working with strong allies such as SWEAT, TB/HIV Care, Lifeline, Women's Legal Centre, and getting their support in our campaigns enabled us to build a strong front led by sex workers.

Lobbying

Our collective efforts of lobbying SANAC, individual organisations and the government was a lengthy process. We learned how to influence organisations that were not always supportive of the rights of sex workers through sensitisation training processes.

Ownership

We as sex workers defined the advocacy agenda and led from the front. We represented ourselves as people who are visible, able to articulate our own issues and represent ourselves in different spaces and at different levels of decision making.

This Case Study was prepared by Sisonke as part of the CAL Conversations Series: Co-creating Conscious Learning Cultures. This set of Conversations are a part of the KP REACH Project, funded by the Global Fund through Hivos.

For more information on Sisonke and the rights of sex workers

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