RESPONSIVE LAW ENFORCEMENT FOR HIV PREVENTION

A MANUAL FOR TRAINING TRAINERS TO SENSITIZE POLICE ON THEIR ROLE IN A RIGHTS-BASED APPROACH TO HIV PREVENTION AMONG KEY POPULATIONS
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<td>Abbreviation</td>
<td>Full Form</td>
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</tr>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>CASCO</td>
<td>County AIDS and STI Coordinator</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organization</td>
</tr>
<tr>
<td>FSW</td>
<td>Female Sex Worker</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>KASF</td>
<td>Kenya AIDS Strategic Framework</td>
</tr>
<tr>
<td>KELIN</td>
<td>Kenya Legal and Ethical Issues Network on HIV and AIDS</td>
</tr>
<tr>
<td>KP</td>
<td>Key Population</td>
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<tr>
<td>KPTWG</td>
<td>Key Population Technical Working Group</td>
</tr>
<tr>
<td>LE</td>
<td>Law Enforcement</td>
</tr>
<tr>
<td>MSM</td>
<td>Men Who Have Sex with Men</td>
</tr>
<tr>
<td>MSW</td>
<td>Male Sex Worker</td>
</tr>
<tr>
<td>NACC</td>
<td>National AIDS Control Council</td>
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<tr>
<td>NASCOP</td>
<td>National AIDS &amp; STI Control Programme</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-Governmental Organization</td>
</tr>
<tr>
<td>PBS</td>
<td>Polling Booth Survey</td>
</tr>
<tr>
<td>PRC</td>
<td>Post-Rape Care</td>
</tr>
<tr>
<td>PWID</td>
<td>People Who Inject Drugs or Person Who Injects Drugs</td>
</tr>
<tr>
<td>SW</td>
<td>Sex Worker</td>
</tr>
<tr>
<td>UN</td>
<td>United Nations</td>
</tr>
<tr>
<td>UOM/TSU</td>
<td>University of Manitoba’s Technical Support Unit</td>
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</table>
ACKNOWLEDGMENTS

This manual is the product of considerable discussion, research, and determination. The development, pre-test, and release of this manual would not have been possible without the support of many individuals and organizations. We would like to acknowledge the members of NASCOP’s Key Population Technical Working Group (KPTWG), the Kenya Red Cross Society (KRCS), the University of Manitoba’s Technical Support Unit (UOM/TSU), the Kenya Legal and Ethical Issues Network on HIV and AIDS (KELIN), and Keeping Alive Societies Hope (KASH) for their contributions to the production process. Our perspective on issues affecting key populations would not have been as clear without their work. We would like to acknowledge the KPTWG’s willingness to allow us to refer to their documents to enrich this harmonized manual. The United Nations Office on Drugs and Crime (UNODC) deserves special mention. UNODC’s training manual for law enforcement officials on HIV service provision for PWID was highly informative.

Special mention also goes to the members of the key populations—MSM, sex workers, and PWID—for courageously sharing their intimate stories. Their openness, tenacity, and resilience in the face of grave human rights violations are inspiring and commendable. The Kenya Police Service deserves accolades for having the fortitude to introspect and for embracing the police’s important role in protecting public health. The Kenya Police Service’s responsiveness creates a more enabling environment for HIV service provision for key populations.

I would like to specially thank Dr. Martin Sirengo, Head, NASCOP, and Helgar Musyoki, Key Population Programme Manager, NASCOP, for their continued hard work in implementation of programmes with key populations. Thanks is due to Dr. Emmy Cheshire and her team, Dr. Bathsheba Osoro, Lilian Langat, and Aggrey Aluso, for coordinating all the advocacy work for key populations. Special thanks to Chief Inspector Wilson Lomali, Allan Malache, Parinita Bhattacharjee, and Emily Muga for their support in the advocacy process and development of this manual. And thanks to the Kenya Sex Workers Alliance (KESWA), the Gay and Lesbian Coalition of Kenya (GALCK), the Kenya Network of People Who Use Drugs (KENPUD), and the Harm Reduction Network for their assistance throughout the process. The manual was edited by Brooks Anderson and designed by 129 Degrees Design Studio.

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Director
National AIDS Control Council
BACKGROUND

THE IMPERATIVE OF REDUCING HIV PREVALENCE AMONG KEY POPULATIONS

To end the HIV epidemic in Kenya, it is essential to reduce HIV prevalence among groups whose behaviours and social marginalization heighten their risk of and vulnerability to infection. Because of their strategic significance for HIV control, such groups are referred to as key populations. The Kenya AIDS Strategic Framework 2014/15–2018/19 (KASF) identifies these key populations as female sex workers (FSWs), male sex workers (MSWs), men who have sex with men (MSM), and people who inject drugs (PWID). Because of their elevated risk and vulnerability, key populations have higher rates of HIV prevalence than the general population, as shown in figure 1.

Figure 1. HIV Prevalence among General and Key Populations in Kenya

<table>
<thead>
<tr>
<th>Population</th>
<th>HIV Prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Population (KAIS 2012)</td>
<td>5.6%</td>
</tr>
<tr>
<td>Sex Workers (IBBS 2010)</td>
<td>29.3%</td>
</tr>
<tr>
<td>MSM &amp; Prisoners (IBBS 2010)</td>
<td>18.2%</td>
</tr>
<tr>
<td>PWID (IBBS 2011)</td>
<td>18.3%</td>
</tr>
</tbody>
</table>

In 2008, 14.1 per cent of new HIV infections in Kenya were attributed to sex workers and their clients, 15.2 per cent of new infections were attributed to men who have sex with men and prison populations, and 3.8 per cent were attributed to people who inject drugs. By these figures, approximately 33 per cent of all new infections in the country are attributed to key populations.

Kenya has large populations of sex workers, MSM, and PWID. Recent mapping estimates show that there are 133,675 female sex workers throughout the country, with significant regional

variations ranging from a high of 29,494 FSWs in Nairobi Province to a low of 2,030 in North Eastern Province. In some cities 15 per cent of women are sex workers. It is estimated that there are 19,175 men who have sex with men and/or male sex workers, and 18,327 people who inject drugs in Kenya. These populations have many connections to the general population, including sexual and drug injecting relationships through which HIV is transmitted between key populations and members of the general population.

To reduce HIV prevalence among key populations, the KASF recommends scaling up HIV-prevention interventions so that 90 per cent of key population members are covered. Interventions targeting key populations in Kenya currently reach only 64 per cent of estimated female sex workers, 47 per cent of estimated men who have sex with men, and 44 per cent of estimated people who inject drugs. A combination of targeted biomedical, behavioural, and structural interventions is required to simultaneously reduce key populations’ HIV risk and vulnerability.

**STRUCTURAL DRIVERS OF HIV TRANSMISSION**

Structural factors such as violence, poverty, stigma and discrimination, and gender inequality increase people’s vulnerability to HIV. The KASF specifically takes cognizance of violence against key populations because of its contribution to HIV vulnerability. The significance of violence as a risk factor is evident from epidemiological modelling which has suggested that “elimination of sexual violence alone could avert 17 per cent of HIV infections in Kenya . . . through its immediate and sustained effect on non-condom use among FSWs and their clients in the next decade.”

Law enforcement (LE) agents are a significant source of violence against KPs. Studies by NASCOP in 2014 and 2015 found that violence against KPs by law enforcement agents is common, and that such violence against MSM and FSWs increased in that time period, as shown in Table 1.

**Table 1. Proportion of KPs Who Reported Being Arrested or Beaten by Law Enforcement Officers in 2014 and 2015**

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past 6 months, were you ever arrested or beaten up by police or city Askaris when you were injecting drugs / doing sex work / cruising?</td>
<td>44%</td>
<td>49%</td>
<td>24%</td>
<td>27%</td>
<td>57%</td>
<td>43%</td>
</tr>
</tbody>
</table>

4 NASCOP mapping estimates, 2013.
5 NASCOP programme data, 2014.
7 Gardsbane D. 2010. Gender-based violence and HIV. Arlington, VA, USA, United States Agency for International Development.
Reports from Mombasa and Nairobi indicate that PWID experience harassment from police and county law enforcement. Such harassment includes excessive use of force, false accusations, coercion of confessions, confiscation of injecting equipment, and extortion of money.

Violence committed by law enforcement agents against KPs significantly complicates and frustrates HIV-prevention interventions. Such violence creates fear and isolation among key populations, making it more difficult for HIV-prevention interventions to reach KPs. Police confiscation of condoms and syringes disrupts harm-reduction efforts and results in unprotected sex and unsafe injecting practices, which carry high risk of HIV transmission. Ignorance, prejudice, and disapproval toward key populations lead to police complacency and inaction when assaults or violations against key populations occur. Through such conduct, law enforcement agents violate key populations’ rights to health services, protection, liberty, privacy, and justice.

THE NEED TO SENSITIZE LAW ENFORCEMENT AGENTS

The police violate KPs’ rights because of misconceptions and low awareness about KPs’ circumstances, about KPs’ human rights, and about the effects of policing practices on HIV transmission. To reduce violence against key populations, the KASF calls for sensitizing law enforcement agents about HIV, about human rights, and about the consequences of their interpretation and implementation of laws on the coverage and effectiveness of HIV-prevention interventions.

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OVERVIEW OF THE MANUAL

In view of the fact that sensitization guides targeting law enforcement agents already exist, the Key Population Technical Working Group's Advocacy Working Group recommended harmonizing and standardizing sensitization/training guidelines for various audiences. This harmonized training of trainers manual has been developed to prepare trainers to sensitize police and county law enforcement officers. Additionally, the UOM/TSU and KELIN, under the leadership of NACC and NASCOP, have also developed a training manual and handbook on human rights and legal literacy for key populations. These resources aim to reduce violence against KPs by enhancing rights-responsive policing and promoting legal literacy among the KPs.

This manual is designed to train trainers to teach law enforcement officers to exercise discretion when responding to incidents involving KPs and to practice rights-responsive policing to foster an enabling environment for HIV prevention among key populations. Workshop participants will be trained to teach police officers to respect KPs’ human and legal rights, particularly their right to access HIV services.

The manual covers the following areas:

- **Module I:** Introduction and objectives
- **Module II:** Understanding key populations
- **Module III:** Key populations, violence, and human rights
- **Module IV:** Violence, police procedures, and justice
- **Module V:** Working together and action planning

The overriding goal of this manual is to create a more enabling environment for HIV prevention. The manual will contribute to this goal by preparing trainers to shape police officers’ understanding, perception, and treatment of key populations.

**Scheduling**

This manual has been designed for a four-day training workshop to train trainers to sensitize law enforcement officials in the counties. It is preferable that participants attend all four days to enhance their knowledge and skills as trainers. A handout containing a one-day workshop schedule (handout 9) and a handout on facilitation guidance (handout 8) should be given to all trainees at the end of the workshop to help them conduct a one-day sensitisation with law enforcement officers. Adaptations can be made without losing sight of the objectives of the modules.

The modules should be presented sequentially. Likewise, activities within each module should follow the suggested sequential order. However, the facilitator can adapt any of the training material depending on the level of training and expertise of the participants and the availability of time.
PREPARING FOR THE WORKSHOP

PREPARATIONS TO BE DONE BY THE WORKSHOP ORGANIZERS

Before undertaking this training, it is important to prepare by developing a training preparation schedule and checklist.

Training preparation schedule
The preparation schedule indicates specific tasks to be undertaken, persons to undertake the tasks, and a timeline for performing the tasks. An example of a training preparation schedule is as follows:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Responsible person</th>
<th>Objective</th>
<th>Time frame</th>
<th>Benchmarks</th>
<th>Means of Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying and inviting participants</td>
<td>Programme officer</td>
<td>To ensure relevant target group is reached</td>
<td>October 15, 2015</td>
<td>At least 20 participants identified and confirmed</td>
<td>List of confirmed participants</td>
</tr>
</tbody>
</table>

Training checklist
This should be a reminder of the items to be bought or activities to be undertaken before the training. The checklist should include the following:

A. Finance
- Develop a comprehensive budget listing all possible expenses.
- Ensure you have clarity on budget lines in consultation with the finance person.
- Ensure you obtain expenditure approval before the training.
- Ensure you include money for contingencies and any per diems.

B. Training venue
- Identify at least three options. Then, select the best.
- Visit the venue to ensure there is enough room for all the participants.
- Book early.
- Reconfirm the venue at least a week before the training.
- Ensure all necessary systems are in place (e.g., electricity, projector, power backups, sockets, toilets, air conditioning).
- Ensure all participants know how to get to the venue.
- Find out policy on drinks, laundry, and other personal costs, especially if the training is residential.
C. Boarding facilities
   • Ensure there are enough rooms with boarding facilities for all the participants (in case of residential training).
   • All participants to provide the name and phone number of a contact person in case of emergency.

D. Resources
   • Prepare a file containing relevant resources, including a copy of the training programme schedule, for each participant.
   • Pre- and post-training questionnaires and evaluation forms should be prepared and printed in sufficient quantities before the training.

E. Transport
   • Arrangement should be made for how the participants get to the venue.
   • Circulate directions to the venue well in advance.

F. Reimbursement
   • Ensure reimbursement is arranged for the participants/facilitators/organizers if transport is not availed.

G. Programme
   • Ensure the programme gives presenters clear guidelines and timeframes.
   • The programme should allow for rest and rejuvenation.
   • There should be a variety of topics/methods of presentation.
   • If possible, arrange a cultural evening to enable participants to bond.

Concerning facilitators
   • Co-facilitation should be encouraged as much as possible.
   • There should be a briefing meeting for facilitators two days before the training.

Ensure that the facilitators know
   • what topics are to be covered during the training,
   • how long the sessions will be and who else will be presenting/facilitating,
   • the target group and how many participants are expected,
   • the venue and how to get to the venue, and
   • the equipment that will be provided.

Concerning participants
Ensure that participants have received instructions and that they know
   • what to expect from the training;
   • what to prepare for and what to bring to the training;
   • the dress code for the training (The participants should be asked to dress semi-formally or casually. Formal attire should be discouraged to ensure that the atmosphere is relaxed and that no one feels intimidated.);
   • expected weather conditions;
   • how to get to the venue;
• transport arrangements, if any; and
• policy on drinks, laundry, and other personal costs.

**PREPARATIONS TO BE DONE BY THE FACILITATORS**

The training will be based on the guidelines contained in this manual. You should therefore read the manual in advance. Read handout 8 for guidance on facilitation and teaching methods.

Prepare your checklist for the training and remember to do the following:

• Review the training checklist.
• Have enough copies of the handouts for the participants.
• Prepare all the newsprints/photos that you may need.
• Have all audiovisual resources and equipment in good working order.
• Have any posters/photos for the training ready.
• List all the appropriate energizers for the various modules. Rehearse these energizers and adapt them appropriately. (See annex 10 for suggested energizers and icebreakers.)

**On the training day**

• Arrive at least one hour before the commencement of the training.
• Set up the registration desk with registration pack for distribution.
• Set up newsprints and pin posters.
• Ensure the training room is set up well with water, sweets, etc.

**How to prepare for the activities**

Before starting each activity, the facilitator should

• Read the activity instructions and contents thoroughly.
• Prepare the materials and resources, such as flip charts, markers, and have them ready in the training room before the session begins.

**NOTES FOR FACILITATORS**

**Training programme schedule**

• A suggested training programme schedule is provided in annex 2.

**How to use the manual**

• Each module consists of activities. Each activity provides the following information:
  • How long each activity should take.
  • Instructions on how to implement the activities.
• If the facilitator is to make a presentation for an activity, the presentation slides are provided in the specified annex. If the facilitator is to distribute a handout, the handout’s number is specified that corresponds to the handouts that can be found after the annexes.

**Action planning**

• At the end of the training, the participants should identify concrete steps that they will take. The action plan must contain concrete timelines for implementation as well as monitoring.
**Evaluation**
- At the end of the training, kindly do a thorough evaluation, assessing all aspects of the training, and invite recommendations.

**How to close the workshop**
- Close the training workshop with a wrap-up debriefing, songs, tea, and distribution of certificates (if applicable).

**Training report**
- The training report should be finalized two weeks after the training and should capture all details of the training process. Participant lists should be disaggregated according to gender, rank, and geographical representation.

**After the training workshop**
Providing classroom training is only the first step. Participants also need to be provided with ongoing support. It is suggested that the facilitators involved in the training be available to provide support to these participants.

ALL THE BEST WITH THE TRAINING!
The objectives of this module are
• to get to know each other,
• to become familiar with the workshop’s objectives,
• to break personal barriers,
• to share expectations, and
• to become familiar with the scheduled activities.

ACTIVITY 1:
Welcome and introduction (30 minutes)

Instructions:
• Welcome participants.
• Ask them to complete the pre-training knowledge and attitude questionnaire (annex 1).
• Invite the organizers of the workshop to introduce themselves and the workshop.
• When it is your turn, briefly introduce yourself.

ACTIVITY 2:
Official opening remarks (30 minutes)

ACTIVITY 3:
Group introductions (30 minutes)

Instructions:
(You will need a light ball for this activity)
Use an innovative/fun way to conduct introductions. For example,
• Ask the participants to stand in a circle and to throw the ball to each other.
• The person who catches the ball says his/her name.
• This person throws the ball to the next person, who also says their name.
• After everyone has said his or her name, change the game: ask the person who has
the ball to throw it to another person and say that person’s name.

- This person catches it, shouts another person’s name, and throws the ball to that person.
- Ask people to sit down once they have had a chance to catch the ball.
- Keep going until everyone is sitting.

**ACTIVITY 4:**
Training norms / ground rules (15 minutes)

**Instructions:**
1. Ask one of the participants to lead the exercise.
2. Instruct him or her to solicit the rules by which they want the training to be governed.
3. Write the rules on a flip chart and paste in a conspicuous corner.

**ACTIVITY 5:**
Expectations and fears (30 minutes)

**Instructions:**
- Distribute two cards of different colours and ask each participant to write on one card his or her expectation of the training, and on the other any fear that may hamper his or her learning during the training.
- Put the expectations and fears in thematic clusters.
- Discuss with the participants which of the expectations can be realized based on the objectives.
- Explain why some expectations may not be met; for instance, they may be beyond the scope of the workshop.

**ACTIVITY 6:**
Overview of the training and the training’s objectives (15 minutes)

**Instructions:**
1. Present the training schedule, found in annex 2.
2. The training objectives should be written before on a flip chart.
3. Place the objectives adjacent to the expectations. The objectives of this training are to equip the trainees with appropriate human-rights and legal knowledge to prepare them to sensitize law enforcement agents about
   a. key populations’ challenges and needs,
   b. the human rights of key populations,
   c. the consequences of negative policing on HIV transmission,
   d. violence prevention as a means of HIV prevention, and
e. the importance of collaboration between KP CSOs and the police.
4. The participants’ expectations should be compared to the training objectives to see if there is compatibility. If there is any expectation which does not tally with the objectives, it can be put aside.

**ACTIVITY 7:**
Take a stand (1 hour)

**Objectives of the exercise:**
1. To enable the participants to clarify and examine their current perceptions and attitudes on the key populations.
2. To gauge the existing misconceptions and myths that may be influencing perceptions.
3. Provide an entry point for discussing the sensitive issues around KPs.

**Instructions:**
1. Write on separate sheets of paper or on separate flip-chart sheets the following three statements, so that there is one statement on each sheet:
   a. Agree
   b. Disagree
   c. Undecided
2. Pin up these statements at various corners of the training room. Ensure there is adequate space for participants to stand around the statements without overlapping
with the next group.
3. Instruct participants that you will read out various assertions, after which they are to stand beside the statement that best resonates with their opinion about the assertion.
4. Read out the following assertions (you may vary the assertions as appropriate for the trainees/audience):
   1. Men are by nature promiscuous, but women should be faithful.
   2. Homosexuality is a creation of the West and has no place in African society.
   3. Those who get raped are most of the time to blame.
   4. Prostitution is immoral, and I have a duty to rid our society of such people.
   5. Those who inject or use drugs are to blame for their problem because they can stop the habit if they want to.
5. Assertion-by-assertion, open discussion to the entire group. Give your input. Guidance for facilitating this discussion is provided in annex 3.
UNDERSTANDING KEY POPULATIONS IN THE CONTEXT OF HIV

AIM OF THE MODULE

This module helps participants understand that key populations find themselves in whichever predicament they are in as a result of factors outside their control. For instance, being an MSM is not a deliberate choice to break the law or commit a felony. Drug addiction is a disease, which progresses to an extent that addiction holds the addict hostage. Many sex workers are driven into sex work by poverty and gender norms. Understanding key populations will help trainers sensitize law enforcement officers to fulfil their mandate with a perspective that promotes the provision of HIV services to key populations.

SPECIFIC OBJECTIVES OF THE MODULE

By the end of the session, the participants should understand
• the structural factors that compel many people to engage in sex work,
• the predisposing factors to drug addiction and the science of addiction, and
• sexual orientation and gender identity expressions.

ACTIVITY 1:
Key populations and HIV prevention: Why key populations are key in HIV prevention (30 minutes)

Instructions:
Distribute handout 1, The Science of Addiction, and make the Key Populations and HIV presentation, found in annex 4, to explain
1. Which groups are key populations (SWs, MSM, PWID). (Show slide 2: who are key populations; slide 3: key population numbers; and slide 4: KP HIV prevalence rates.)
2. Why these populations are key populations (slides 5, 6, 7 & 8).
3. Factors that increase key populations’ risk of HIV infection (e.g., high-risk behaviours—unprotected sex, needle sharing, anal sex).
4. Factors that increase key populations’ vulnerability to HIV infection (e.g., violence; stigma and discrimination; poverty; gender norms; and laws that criminalise sex work, sex between men, and drug abuse).
5. The importance of targeted intervention (slide 9).
6. How violence, stigma, discrimination, and their criminalised status reduce key populations’ access to HIV prevention and care services. (Show slide 11: impediments to service access; and slide 10: low
coverage of key populations by prevention interventions.)

7. Why it is imperative for key populations to have universal and unimpeded access to HIV prevention and care services. (Show slide 12: eliminating violence would reduce the number of new HIV infections.)

**ACTIVITY 2:**
Getting to know key populations: Group work and discussion (30 minutes)

*Instructions:*
1. Have the participants convene in three small groups.
2. Tell one group to discuss the following questions:
   - What were the first things you remember learning about homosexuality? Do you remember learning anything from your family, friends, or community of faith? Was what you learnt negative or positive?
   - Have you ever learnt about or discussed issues of sexual orientation in school or at the police academy? What did you learn?
3. Tell the second group to discuss the following questions:
   - What is sex work? What are some of the factors that drive people to do sex work?
   - What are some of the behaviours that may make sex workers more prone to HIV infection?
   - What are the challenges that they experience while doing sex work?
4. Tell the third group to discuss the following questions:
   - What is your understanding of drug addiction?
   - What are some of the factors that make a person susceptible to addiction?
   - What are some of the ways through which drug addicts can be helped?
5. When they finish discussing, instruct each group to select a representative to present their key points to everyone.
6. Discuss the ideas, issues, and trends that have emerged from the groups.

**ACTIVITY 3:**
My life story: Experience sharing by key populations (1 hour and 15 minutes)

Invite representatives of key populations to share their life stories and their experience, especially what puts them at risk and makes them vulnerable.

Ensure that the following topics are covered when life stories are shared:
- **MSM:** How and when they learnt about their sexuality and sexual orientation, challenges of coming out in Kenyan society, risks of leading a dual life, violence and harassment experienced, and the coping strategies adopted.
- **FSW:** The factors driving women to sex work; explain that some sex workers get into the trade by choice; the risks they experience in this trade; how they manage their work, clients, and children; the harassment and violence that they experience; and how they cope with it.
- **PWID:** How he/she first got introduced to drugs, how it became an addiction, how life changed because of this addiction, what happened to the family relationships, what kind of life he/she leads now, and the challenges. What kind of violence they experience, who the perpetrators are, how they are coping with these challenges.

**ACTIVITY 4:**
Power walk (1 hour)

*Objectives:*
- To communicate that individuals and groups wield power, the strength of which influences their access to rights.
- To demonstrate how power structures operate and are kept in place by social
norms of class, gender, sex, and sexuality.
• To devise strategies to challenge power imbalances.

**Instructions:**
1. Inform the participants that they are going to be involved in an exercise. The exercise entails volunteers assuming assigned roles (described in point 3). Ask for eight volunteers (or however many is appropriate for the number of trainees).
2. Inform the volunteers that based on the roles assigned they will be asked basic health rights-related questions. They will take one step for each statement that resonates positively to their role. If the statement does not relate to their role, they are to remain where they are.
3. Some of the roles that can be assumed by volunteers are (this can be varied depending on context, audience, and target issue)
   (a) A 30-year-old sex worker who lives in Homabay with her 3 under-5 children
   (b) A 22-year-old female drug user operating in Ngara, Nairobi
   (c) A 25-year-old MSM rejected by his family, living with friends in the beach side of Ukunda, Kwale
   (d) A 19-year-old orphaned street-based sex worker staying with her grandmother in Nakuru
   (e) A 40-year-old male drug user and rag picker in Mombasa
   (f) A police officer from Starehe police station in Nairobi
   (g) A nurse from the government hospital in Eldoret
   (h) A housewife from Nyali in Mombasa
4. Inform the non-volunteering participants that their role will be to observe and validate the moves to ensure that the volunteers take moves that reflect the lived reality of the persons whose roles they have been assigned.
5. Read aloud the following statements:
   • I am assured of my next meal.
   • If in need of sexual and reproductive health services, I can walk into a nearby public health facility.
   • If I was to have sex, I would make a decision on the safest way to engage in it (sex).
   • I am assured of my safety when walking about in the community.
   • In case I am sexually assaulted, I am assured of getting help from a police station near me.
   • I have friends whom I can depend on.
   • My family will support me whatever I do.
   • I can take care of my children and send them to good school and feed them well.
   • I will get a clean needle whenever I want.
   • I can have a loving relationship with my partner/lover/spouse.
   **Note:** Reiterate that for each statement the participants should take steps as appropriate to their roles.
6. After all the questions are asked, ask the audiences if the steps taken are valid in reference to the real life situation in the community or not.
7. Ask the participants to observe if one of the volunteers is ahead of other.
8. After the exercise, engage the participants in a plenary discussion on what they learnt.

**Likely observations and points to emphasize:**
• Who took most steps ahead? Why?
• Who was left behind? Why?
• Who has most access to resources?
• What makes someone powerful (education, social acceptance, position in the society, job with a good reputation)?
• What makes someone powerless (profession, sexuality, addiction)?
• How do we behave with people who have power?
• How do we behave with people who have less power?
9. Discuss why it is important to protect the rights of the powerless, and our role in protecting their rights.
MODULE 03

KEY POPULATIONS, VIOLENCE, AND HUMAN RIGHTS

OBJECTIVES

The objectives of this module are to teach participants about
• the various types of violence that KPs experience and how violence increases their vulnerability to HIV;
• the places and contexts in which violence occurs, and the social and legal conditions that make KPs vulnerable to violence and other human rights violations;
• the consequences of negative policing; and
• key populations’ human rights.

ACTIVITY 1:
Intersection between HIV and violence (30 minutes)

Make the presentation entitled Violence Prevention among Key Populations as a Means to HIV Prevention in Kenya, found in annex 5.

ACTIVITY 2:
Common forms of violence experienced by key populations (1 hour)

Instructions:
1. Distribute handout 2, Common Forms of Violence against KPs.
2. Have the participants convene in three groups.
3. Tell them to discuss the following points:
   • Group One to discuss common forms of violence that sex workers are exposed to.
   • Group Two to discuss common forms of violence that MSM are exposed to.
   • Group Three to discuss common forms of violence that PWID are exposed to.
4. Instruct each group to select a representative to present their key points to the entire group.
5. Discuss their ideas, issues, and trends that have emerged from the groups.
**ACTIVITY 3:**
Key populations and the law (1 hour)

**Instructions:**
2. Ask the participants to name some of the national and county laws that relate to drug use, sex work, or same-sex relationships.
3. List the responses on a flip chart.
4. Ask the participants to discuss how implementation of these laws impact KPs’ access to healthcare and how it increases their risk and vulnerability.
5. Make the presentation entitled *Key Populations and the Law,* found in annex 6.

**ACTIVITY 4:**
My experience with law enforcement officers (1 hour and 30 minutes)

**Instructions:**
1. For this activity it is important that you identify a local KP to share his or her experience with law enforcement agents. After the sharing, facilitate a discussion using the following questions:
   - *Question 1: What can we learn from this story?*
   - *Question 2: Did the KPs in this story break any law?*
   - *Question 3: Did the enforcement of the law help the KP or did it make him/her more vulnerable?*
2. List the lessons on a flip chart.
3. Go over each response, reinforcing important points.
4. Make the presentation entitled *Consequences of Negative Policing on HIV,* found in annex 7.

**ACTIVITY 5:**
Human rights and key populations (1 hour)

**Instructions:**
1. Distribute handout 4, *Key Populations and Human Rights in the Kenyan Constitution.*
2. Have the participants convene in groups.
3. For 10 minutes, let the groups discuss the following:
   - What are some of the human rights that KPs should enjoy?
4. Let representatives of the groups present summaries of their discussions.
5. After all the representatives have presented, highlight the key points.
OBJECTIVES

• To analyse cases in which KPs and law enforcers come into conflict, and to consider alternative ways that such cases could have been handled.
• To help the participants understand how law enforcers can handle cases of violence with a rights-based approach.
• To teach participants how victims of violence should be treated, and the correct procedures to be followed after a rape.
• To familiarize participants with the instruments and institutions through which key populations can pursue justice.

ACTIVITY 1:
Analysis of cases of violence against key populations (1 hour and 30 minutes on day 2, and 1 hour and 45 minutes on day 3. Totally, 3 hours and 15 minutes)

Let me tell you a story

Instructions:
1. Begin the session by telling the participants, Let me tell you three stories. Then narrate the stories below.
2. Ask the participants what they learn from these stories. Probe for as many responses as possible.
3. After each story, ask participants
   a. Did the police take the right action?
   b. Were the rights of the KPs violated? How and why?
   c. Can we actually control HIV or STI by taking such actions?
   d. Are KPs responsible for spreading HIV?
   e. Can we eliminate sex work / drug abuse in this way?
   f. What would have been the right action in this context by the county government / law enforcement?
Story 1.
UNDOING THE GAINS OF MANY YEARS OF EFFORT: THE IMPACT OF MASS ARREST OF PWIDS

According to media reports, around the end of August 2015 more than 400 drug addicts, branded as drug traffickers, were arrested at the Coast, mainly in Mombasa. The police action was part of the drugs, crime, and terror crackdown ordered at the Coast by President Uhuru Kenyatta. Police officers and county inspectorate departments carried out sweeps in parts of Changamwe, Mombasa Island, Kisauni, and Likoni.

On 1 September 2015 The Star newspaper reported that Changamwe police boss Joseph Muthee said 40 suspected drug traffickers and abusers were detained during joint operations. Muthee said police confiscated 34 roles of bhang and 52 sachets of heroin in “well-known notorious dens.” In Likoni, 29 suspects were arrested yesterday in parts of Shelly Beach, Mtonwe, and Shika Adabu. Mombasa deputy county commissioner Salim Mohamoud said 43 drug peddlers were arrested in Majengo. Addressing the media after meeting leaders, Mohamoud said several sachets of heroin, cocaine, and rolls of bang were seized. He urged the community to join security agents in the war on drug abuse. According to Mohamoud, “The drug menace is contributing to radicalisation and organised criminal gangs, hence, the need for cooperation from the community. The addicts need to be rehabilitated.”

Impact of the arrests on PWID harm-reduction programming
The mass arrest of PWID in Mombasa seriously disrupted the harm-reduction services of various agencies such as MEWA, REACHOUT and the Omari Project. In several instances, outreach workers who were distributing clean syringes in the shooting dens were arrested and branded as traffickers. Mr. Abdallah Badrus, programme manager at MEWA, an organization offering harm-reduction services to the PWID at the Coast, observed a significant drop in the number of PWID coming to the drop-in centers for harm-reduction services. Service providers also reported that provision of basic services such as needle and syringe exchange became impossible since the PWIDs had gone into hiding. It was feared that without access to sterile injecting equipment, addicts would share used needles and syringes, which increases the risk of HIV acquisition.

The raids and arrests that drove addicts into hiding reversed major gains in harm-reduction that had taken years of work!

Story 2.
ARREST OF FEMALE SEX WORKERS IN KISII

On 19 November 2015, 65 female sex workers were arrested in a joint operation between the Kisii county government and police department. After a night in the cells the sex workers were shoved into a police truck and taken to the Kisii teaching and referral hospital, where they were tested for sexually transmitted infections (STIs) without their consent. According to the medical and police officers, 26 of the women tested positive for STIs. Those who tested negative were released. The 26 women who tested positive were taken back to the cells without being offered treatment. Seven of the women were HIV positive and had missed their medication (ART). One woman had a disabled child who was left alone at home.

In the cells, the women were divided into

12 Case study contributed by Peninah Mwangi, BHESP, Kenya.
two groups: those who were clean and better dressed were separated from those who were not well dressed. These better-dressed women were held in a cleaner cell which had some form of beddings. The other women were put beside the men’s cells in a very dirty place that smelt of urine. The women slept on the cold, dirty cement floor without any mattress, blanket, mat or covering. Most did not have even a sweater.

When approached by activists, the Kisii governor’s office leading the operation mentioned that their objective was to eliminate sex workers from the county, as there were too many women loitering on the streets of Kisii, and spreading HIV and STIs to married men.

**Story 3.**

GRUESOME MURDERS OF SEX WORKERS IN NAKURU

The month of October 2015 will forever be etched in the memory of all stakeholders working with key populations in Kenya, particularly those in and around Nakuru County. That month, a series of murders terrified Nakuru’s sex worker community. The murders seemed systematic; all three victims were sex workers, and the murders happened within the same locality. One of the victims had her faced carved and eyes gorged out in what looked like a ritual killing.

Particularly intriguing was the police laxity in dealing with the cases. Despite the fact that the police removed the bodies from the murder scenes, the crimes were not recorded in the police records. It took joint intervention by government agencies and civil society organizations to get the cases recorded in the occurrence book (OB). As a result, the cases were recorded in the OB a week after the murders.

Also intriguing was the speed at which the police developed theories surrounding the murders. For the case of the lady whose eyes were gorged out, even before a post mortem was undertaken the police blamed the mutilation on stray dogs. In another case, the police said the girl died while attempting to terminate a pregnancy. In the third case, which seemed straightforward because the girl was murdered in the client’s house, the police claimed that the owner of the house lent it to a third party who committed the murder and ran away. They reported that the suspect committed suicide in Mombasa as the police were closing on him, and therefore the case was closed.

The reactions of the relatives of the murdered sex workers surprised many. Most of the relatives were not interested in justice and were eager to bury the deceased before the post-mortem. The Nakuru murders triggered a frenzy of media reporting, albeit long after the crimes. It was mysterious that the media did not investigate these crimes which appeared to be the work of a serial killer.

**Response: The role of the County KP TWG**

The most encouraging thing about the Nakuru murders was the collaborative efforts initiated by the County Key Population Technical Working Group (KP TWG). The KP TWG, NACC, and NASCOP were able to initiate immediate measures to follow up on the cases. The TWG got an audience with the County Police commander, Mr. Hassan Barua, who pledged action and indeed followed up with the OCS Bondeni to ensure that the cases were properly recorded and investigated. The KP TWG, NACC, and NASCOP also jointly rallied partners to support a series of sensitization events to hasten the response, pushing for action on the murders and enhancing the safety of the KPs.

Sensitization meetings were held with KP
reps, CSOs working with KPs, the police, and hotel and lodges owners. The outcome has been a well-coordinated multi-stakeholder network in constant communication through a WhatsApp mailing group that constantly shares information on issues around the security and safety of KPs.

**Snapshot of the cases of the Nakuru Murders**

<table>
<thead>
<tr>
<th>Name</th>
<th>Hotspot of Operation</th>
<th>Date of Murder</th>
<th>TWG Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eunice Njeri</td>
<td>Honeymoon</td>
<td>1 Oct. 2015</td>
<td>Body was found behind St. Elizabeth Hospital in the early morning of 2 Oct. 2015. The case was reported to Bondeni Police Station. KESWA supported the post-mortem of her body which was laid at Ol Kalou on 9 Oct. 2015</td>
</tr>
<tr>
<td>Naomi Ngina</td>
<td>Three Ways</td>
<td>1 Oct. 2015</td>
<td>The KP allegedly picked up a client at Three Ways, but her body was later found at Railways and the matter reported at Railways Police Station.</td>
</tr>
<tr>
<td>Mariam Wangui</td>
<td>Honeymoon</td>
<td>10 Oct. 2015</td>
<td>Body was found behind St. Elizabeth Hospital in the early morning of 10 Oct. 2015. The case was reported to Bondeni Police Station.</td>
</tr>
</tbody>
</table>

Actions and steps taken by the Nakuru KP Technical Working Group:
- The listed members of the TWG met in the early morning of 12 Oct. 2015 and booked an 11:00 a.m. appointment with the Nakuru County Commander. Unfortunately, by 11:00 a.m. he had left his office, and he rescheduled the meeting to 3:00 p.m.
- The team proceeded to the sites of the murders and interviewed key informants, including bar attendants, fellow sex workers, and peer educators working within the HIV-prevention programme.
- Unfortunately, the murder cases were reported by the local media, and the tension for a demonstration increased.

By the time of compiling the report, the sex workers had already staged a peaceful demonstration. The team trailed the demonstration as it happened and confirmed that sex workers and representatives of some key HIV-prevention programmes were present. Participants in the demonstration included sex workers, Kenya Sex Workers Alliance (KESWA), Bar Hostesses and Sex Workers Empowerment Programme (BHSEEP), and HOYMAS.
ACTIVITY 2:
How do we deal with victims of violence?
(1 hour and 15 minutes)

Instructions:
1. Distribute handout 5, *Dealing with Victims of Violence*.
2. Have the participants convene in groups.
   - Ask them what they think survivors should do after rape
   - Not do after rape
3. The groups should choose a secretary to write down the responses and also to present to all.
4. Capture all responses on a flip chart and then tape them on the wall.
5. Discuss the responses, highlighting important points.
6. Share with the participants other do's and don’ts which have not been covered.

ACTIVITY 3:
Access to justice for key populations: Why it is important (1 hour)

1. Distribute handout 6, *Access to Justice*, and give participants time to read it.
2. Emphasize the following key points:
   a. Kenya’s Constitution gives everyone the right to access justice if they are the victim of a crime.
   b. Victims are entitled to legal aid and counselling at the state’s expense, and can claim compensation for loss, injury, and damages.
   c. Victims of crime may report the crime to the police, and the police are obligated to investigate and charge the perpetrator.
   d. If the police are not responsive to a complaint, victims can approach other bodies for justice, including government bodies, the Global Fund, and non-governmental groups.
3. Ask participants to share their experiences of seeking justice for rights violations.
OBJECTIVES

The objectives of this module are
• to teach participants about ways that law enforcers can work with KP CSOs and other sectors, and
• to prepare action plans for participants’ post-training action.

ACTIVITY 1:
How law enforcement and key populations can work together (1 hour)

This is a presentation and film viewing on global experiences of KPs and LE working together.

Make the presentation entitled Fostering Partnership between Key Populations and Police, found in annex 8.

ACTIVITY 2:
Joint action planning (1 hour and 30 minutes on day 3, and 1 hour and 45 minutes on day 4. Totally, 3 hours and 15 minutes)

Instructions:
• Distribute handout 7, Joint Action Planning between the Police and CSOs.
• Present the action planning matrix (found in annex 9), focusing particularly on the issue, the objectives, targets, and activities.
• Explain the importance of each item and their relationship to each other in the action plan.
• Ask the participants to work in groups and prepare action plans using the format.
• Invite the groups to make their presentations, one at a time.
• Distribute handout 8, Guidance on
Facilitation, and handout 9, One-Day Sensitization Schedule.

ACTIVITY 3:
Post-training knowledge and attitude questionnaire (45 minutes)

Instructions:
• Distribute the post-training knowledge and attitude questionnaire, found in annex 1.
• Explain how it should be filled in.
• Have the participants complete the questionnaires and return them to you.

ACTIVITY 4:
Workshop closing (1 hour)

Instructions:
• Thank the group for their participation and the opportunity it presented you.
• Thank the organizers for the opportunity to share.
• Pass on the mantle to the organizers.
PRE- / POST-SENSITIZATION KNOWLEDGE AND ATTITUDE QUESTIONNAIRE

NAME (optional):          COUNTY:

DESIGNATION:           BEFORE / AFTER

DATE:

Please tick whether you personally agree or disagree with the following statements:

**Sex workers**

1. Prostitution is a crime.
   
<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

2. Sex workers are to blame for spreading HIV.
   
<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

3. Sex workers respond to only physical communication/discipline.
   
<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

4. Sex workers do not have any human rights.
   
<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

5. Sex work is immoral.
   
<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>
6. Sex work is the livelihood that sex workers prefer.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

7. Sex workers deserve as much respect as other people.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

8. Only bad women do sex work.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

9. Women in sex work should accept violence as part of their work.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

10. Hitting a sex worker is not a crime.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

11. Because sex workers perform sex for a living, they cannot claim that they have been raped.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

12. A sex worker can help the police fight crime.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

13. Arresting a sex worker can reduce diseases in the county/country.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

14. Police and sex workers can work together to reduce the spread of HIV.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

15. HIV-positive sex workers deserve to die.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

**Men who have sex with men**

16. Men who have sex with men are criminals.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>
17. Men who have sex with men are the cause for spreading HIV.

| Agree | Disagree | Not Sure |

18. Men who have sex with men respond to only physical communication/discipline.

| Agree | Disagree | Not Sure |

19. Men who have sex with men have human rights protected by the Constitution.

| Agree | Disagree | Not Sure |

20. Same-sex relationships are unnatural.

| Agree | Disagree | Not Sure |

21. One should not be bothered about who is having sex with whom and how.

| Agree | Disagree | Not Sure |

22. Real men do not have sex with men.

| Agree | Disagree | Not Sure |

23. Men who have sex with men deserve as much respect as other people.

| Agree | Disagree | Not Sure |

24. It is OK to harass men who have sex with men.

| Agree | Disagree | Not Sure |

25. Men who have sex with men cannot change their sexual orientation.

| Agree | Disagree | Not Sure |

26. Assaulting a man who has sex with men is not a crime.

| Agree | Disagree | Not Sure |

27. A man who has sex with men can never claim that he has been raped.

| Agree | Disagree | Not Sure |
28. MSM can help the police fight crime.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

29. Arresting MSM can reduce diseases in the county/country.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

30. Police and MSM can work together to control HIV.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

31. HIV-positive MSM deserve to die.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

**People who inject drugs**

32. People who inject drugs are criminals.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

33. People who inject drugs are the cause for spreading HIV.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

34. People who inject drugs respond to only physical communication/discipline.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

35. People who inject drugs do not have any human rights.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

36. People who inject drugs do so out of choice.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

37. People who inject drugs are sick and need medical help.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

38. People who inject drugs deserve respect like other people.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>
39. Good people do not do drugs.

| Agree | Disagree | Not Sure |

40. People who inject drugs deserve to be treated violently.

| Agree | Disagree | Not Sure |

41. All people who inject drugs are thieves.

| Agree | Disagree | Not Sure |

42. Assaulting people who inject drugs is not a crime.

| Agree | Disagree | Not Sure |

43. People who inject drugs can never claim that they have been raped.

| Agree | Disagree | Not Sure |

44. A person who injects drugs can help the police fight crime.

| Agree | Disagree | Not Sure |

45. Arresting a person who Injects drugs can reduce diseases in the county/ country.

| Agree | Disagree | Not Sure |

46. Police and PWID can work together to reduce the spread of HIV.

| Agree | Disagree | Not Sure |

47. HIV-positive PWID deserve to die.

| Agree | Disagree | Not Sure |

48. People who inject drugs are irresponsible.

| Agree | Disagree | Not Sure |

**Police**

49. Law enforcement agents have unlimited authority, so they are above the law.

| Agree | Disagree | Not Sure |
50. It is OK for law enforcement officials to use violence against key populations.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

51. Key populations engage in behaviour that is against the law, so they have no rights as per the Kenyan Constitution.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>

52. Key populations cannot do anything to a law enforcement official if he/she does anything that violates a key population member’s rights.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Disagree</th>
<th>Not Sure</th>
</tr>
</thead>
</table>
# PROPOSED TRAINING SCHEDULE

## DAY 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity/Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30</td>
<td>Registration of participants</td>
</tr>
<tr>
<td>9:00 – 9:30</td>
<td>Activity 2: Official opening remarks</td>
</tr>
<tr>
<td>9:30 – 10:00</td>
<td>Activity 3: Group introductions</td>
</tr>
<tr>
<td>10:00 – 10:15</td>
<td>Activity 4: Training norms / ground rules</td>
</tr>
<tr>
<td>10:15 – 10:45</td>
<td>Tea</td>
</tr>
<tr>
<td>10:45 – 11:15</td>
<td>Activity 5: Expectations and fears</td>
</tr>
<tr>
<td>11:15 – 11:30</td>
<td>Activity 6: Overview of the training and the training's objectives</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>Activity 7: Take a stand</td>
</tr>
<tr>
<td>12:30 – 13:00</td>
<td><strong>Module 02: Understanding Key Populations in the Context of HIV</strong></td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00 – 14:30</td>
<td>Activity 2: Getting to know key populations</td>
</tr>
<tr>
<td>14:30 – 15:45</td>
<td>Activity 3: My life story</td>
</tr>
<tr>
<td>15:45 – 16:00</td>
<td>Tea</td>
</tr>
<tr>
<td>16:00 – 17:00</td>
<td>Activity 4: Power walk</td>
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</table>
### DAY 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00 – 8:30</td>
<td>Reflections from day 1</td>
</tr>
<tr>
<td>8:30 – 9:00</td>
<td><strong>Module 03: Key Populations, Violence, and Human Rights</strong></td>
</tr>
<tr>
<td></td>
<td>Activity 1: Intersection between HIV and violence</td>
</tr>
<tr>
<td>9:00 – 10:00</td>
<td>Activity 2: Common forms of violence experienced by key populations</td>
</tr>
<tr>
<td>10:00 – 10:30</td>
<td>Tea</td>
</tr>
<tr>
<td>10:30 – 11:30</td>
<td>Activity 3: Key populations and the law</td>
</tr>
<tr>
<td>11:30 – 13:00</td>
<td>Activity 4: My experience with law enforcement officers</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00 – 15:00</td>
<td>Activity 5: Human rights and key populations</td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Tea</td>
</tr>
<tr>
<td>15:30 – 17:00</td>
<td><strong>Module 04: Violence, Police Procedures, and Justice</strong></td>
</tr>
<tr>
<td></td>
<td>Activity 1: Analysis of cases of violence against key populations</td>
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</table>

### DAY 3

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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</thead>
<tbody>
<tr>
<td>8:00 – 8:30</td>
<td>Reflections from day 2</td>
</tr>
<tr>
<td>8:30 – 10:15</td>
<td>Activity 1: Analysis of cases of violence against key populations (continued)</td>
</tr>
<tr>
<td>10:15 – 10:45</td>
<td>Tea</td>
</tr>
<tr>
<td>10:45 – 12:00</td>
<td>Activity 2: How do we deal with victims of violence?</td>
</tr>
<tr>
<td>12:00 – 13:00</td>
<td>Activity 3: Access to justice for key populations</td>
</tr>
<tr>
<td>13:00 – 14:00</td>
<td>Lunch</td>
</tr>
<tr>
<td>14:00 – 15:00</td>
<td><strong>Module 05: Working Together, Action Planning</strong></td>
</tr>
<tr>
<td></td>
<td>Activity 1: How law enforcement and key populations can work together</td>
</tr>
<tr>
<td>15:00 – 15:30</td>
<td>Tea</td>
</tr>
<tr>
<td>15:30 – 17:00</td>
<td>Activity 2: Joint action planning</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
</tr>
<tr>
<td>--------------</td>
<td>---------------------------------------------------</td>
</tr>
<tr>
<td>8:00 – 8:30</td>
<td>Reflections from day 3</td>
</tr>
<tr>
<td>8:30 – 10:15</td>
<td>Activity 2: Joint action planning (continued)</td>
</tr>
<tr>
<td>10:15 – 10:45</td>
<td>Tea</td>
</tr>
<tr>
<td>10:45 – 11:30</td>
<td>Activity 3: Post-training knowledge and attitude questionnaire</td>
</tr>
<tr>
<td>11:30 – 12:30</td>
<td>Activity 4: Workshop closing</td>
</tr>
</tbody>
</table>
## MYTHS AND TRUTHS

<table>
<thead>
<tr>
<th>Myth</th>
<th>Truth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men are by nature promiscuous, but women should be faithful.</td>
<td><strong>Disagree:</strong> Sexual behaviour is a matter of personal choice and social convention. Society tends to be more tolerant of promiscuous men than of promiscuous women.</td>
</tr>
<tr>
<td>Homosexuality is a creation of the West and has no place in African society.</td>
<td><strong>Disagree:</strong> Homosexuality is present in many societies, including those with limited contact with the West. Homosexuals were present in many African societies long before the arrival of colonialists. Homosexuality is one of the many normal forms of sexual expression. Sexuality need not be static; it can change, and that is okay. People fall somewhere along a spectrum of sexual orientation. Despite powerful societal pressure, each society has some gender non-conforming populations.</td>
</tr>
<tr>
<td>Those who get raped are most of the time to blame.</td>
<td><strong>Disagree:</strong> Although some people attempt to exonerate rapists by saying that their victim dressed or behaved provocatively, the blame for committing rape always belongs to the rapist.</td>
</tr>
<tr>
<td>Prostitution is immoral, and I have a duty to rid our society of such people.</td>
<td><strong>Disagree:</strong> People’s entry into the sex trade is often forced by dire circumstances such as destitution, drug addiction, homelessness, abandonment, and an absence of better options. Sex workers need help and protection, not persecution or prosecution.</td>
</tr>
</tbody>
</table>
| Those who inject or use drugs are to blame for their problem because they can stop the habit if they want to. | **Disagree:**  
- Drug addiction is a complex disease, and quitting takes more than good intentions or a strong will. In fact, because drugs change the brain in ways that foster compulsive drug abuse, quitting is difficult, even for those who want to quit.  
- Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge an addicted person’s self-control and hamper his or her ability to resist intense impulses to take drugs. |
Key Populations and HIV

Why Sex Workers, Men Who Have Sex with Men, and People Who Inject Drugs Are Key in HIV Prevention

Who are key populations?

Sex Workers (SW)
Men who have Sex with Men (MSM)
People Who Inject Drugs (PWID)

These populations are at increased risk of HIV irrespective of where they live in the country. They experience cultural, social and legal barriers that increase their vulnerability to HIV.
Slide 3

Key population numbers are high

133,675 FSWs
13,019 MSM
18,327 PWID

*One figure represents 500 people

These individuals live amongst us and relate with other people and families in the community

Slide 4

High HIV prevalence and new infections occur among key populations

FSW 29.3% MSM 18.2% PWID 18.7% General Population 6%

New HIV Infections by Population

20.3% Casual heterosexual sex 14.1% Sex workers and clients
2.5% Health-facility related 3.8% People who inject drugs
44.3% Heterosexual sex within union 15.2% MSM and prison

33% of the new HIV infections occur in key populations
Addiction to drugs

- Addiction is a chronic, often relapsing brain disease that causes compulsive drug seeking and use despite harmful consequences to the addicted individual and to those around him or her.
- Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge an addicted person’s self-control and hamper his or her ability to resist intense impulses to take drugs.
- Drug addiction is a complex disease, and quitting takes more than good intentions or a strong will. In fact, because drugs change the brain in ways that foster compulsive drug abuse, quitting is difficult, even for those who desire to do so.

Addiction is a disease, not a crime.

Toxic effects, intoxication, and dependence are related to drug dose, use patterns, and mode of drug administration, and in turn mediate the consequences of drug use for the individual drug user.
Slide 7

**Homosexuality**

- Nature vs. nurture arguments not conclusive.
- People fall somewhere along a spectrum of sexual attraction.
- Despite the powerful societal pressure, each society has some gender non-conforming members.

Slide 8

**Sex work: socio-structurally determined**

- Sex work is demand driven.
- Entry into sex work is driven by poverty and limited economic/employment opportunities.
- Economic support for the family (parents, children, spouse, etc.) – HIV as predisposing factor?
- Gender inequality
- Low levels of education
- Substance use, abuse, and addiction.
- Disinheritance of widows?
Slide 9

Efficiency rationale for working with KPs

**Targeting has a Multiplier Effect**

- 500 Nairobi FSWs: 80% infected, 80% condom use, 10,000 infections averted per year
- 500 men: 10% infected, 80% condom use, 18 infections averted per year

---

Slide 10

Low coverage of key populations by interventions

- FSWs: Current coverage 64%, 90% recommended coverage
- MSM: Current coverage 47%, 90% recommended coverage
- PWID: Current coverage 44%, 90% recommended coverage

*KASF IV recommends scaling up interventions to reach 90% of key populations to reduce new infections in the country*
Slide 11

Violence and unsafe environment are barriers to access to services for key populations

Provisions of Article 43(1)(a) of the constitution of Kenya states that every citizen has the right to the highest attainable standard of health. Key population experience high violence and harassment making them unlikely to access health care services.

<table>
<thead>
<tr>
<th>Sexual violence</th>
<th>Unsafe work environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>22% FSWs 17% MSM 8% PWID</td>
<td>44% FSWs 24% MSM 57% PWID</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indirect: Fear and constant experience of violence leads to anxiety, depression, loss of self esteem and lower priority to health directly increase vulnerability to HIV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct: Rape, coercion to have sex without condoms or share needles can directly increase risk to HIV</td>
</tr>
</tbody>
</table>

Slide 12

Violence elimination is key to averting new HIV infections

Studies done in Kenya show that Reduction or elimination of sexual violence alone could avert 17% of HIV infection among FSW and their clients in the next decade. Investment in comprehensive community empowerment based HIV prevention interventions could avert 10,800 HIV infections among FSW, cumulatively averting 20,700 adult infections in next 5 years.
Slide 1

Violence prevention among key populations as a means to HIV prevention in Kenya

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Slide 2

Violence against KPs and efficacy of HIV programmes

- The focus on structural interventions, especially violence prevention and response, has been low. Perhaps because the effect of violence against KPs on HIV-prevention programme performance has not been widely recognized.
- Evidence linking violence and HIV vulnerability has recently become available.
- It’s thus imperative that HIV-prevention programmes address violence against key population.
Slide 3

**Violence and unsafe environment are barriers to access to services for key populations**

Provisions of Article 43(1)(a) of the constitution of Kenya states that every citizen has the right to the highest attainable standard of health. Key population experience high violence and harassment making them unlikely to access health care services.

- Sexual violence:
  - FSWs 22%
  - MSM 17%
  - PWID 8%

- Unsafe work environment:
  - FSWs 44%
  - MSM 26%
  - PWID 57%

There are direct and indirect intersection of violence and HIV.

**Indirect:** Fear and constant experience of violence leads to anxiety, depression, loss of self-esteem and lower priority to health directly increase vulnerability to HIV.

**Direct:** Rape, coercion to have sex without condoms or share needles can directly increase risk to HIV.

Slide 4

**Violence against KPs and efficacy of HIV programmes**

- Violence and HIV/AIDS are mutually reinforcing (UN Women, 2012).
- Root causes for both include gender discrimination, power imbalances, and harmful social gender norms (WHO, 2010).
- Violence against key populations dramatically increases their risk and vulnerability to HIV.
- Rape, coercion to have unprotected sex with authorities, coercion in intimate relationships to have unprotected sex or to share used needles directly put key populations at risk.
Slide 5

Violence against KPs and efficacy of HIV programmes

- Fear of violence discourages KP from coming to places where commodities (condoms/needles) or services are available, or forces them to engage in sex or inject in a hurried manner neglecting their safety.
- Constant experience of violence leads to anxiety, depression, loss of self esteem, and disregard for health, thereby making them vulnerable to HIV.

Slide 6

Violence against KPs and efficacy of HIV programmes

- Violence against key populations is widespread, perpetrated, legitimized, and accepted by many, including law enforcement authorities, gatekeepers, managers, clients, and intimate partners.
- Arrests, raids, and imprisonment are associated with unprotected sex, with STI / HIV symptoms and infections, and with inconsistent condom use with clients.
Slide 7

**Violence against KPs and efficacy of HIV programmes**

- Fear of arrests is a barrier to HIV testing.
- Where key populations move underground to avoid police detection, there is greater risk of pressure to engage in unprotected sex.
- Police confiscation of condoms and syringes prompts unprotected sex and unsafe injecting practices. Syringe confiscation is also associated with HIV.

Slide 8

**Violence against KPs and efficacy of HIV programmes**

- Beattie et al. found that sex workers who reported experiencing violence in the past year were significantly less likely to report condom use with clients, to have accessed the HIV intervention programme, or to have ever visited the project sexual health clinic, and were more likely to be infected by STIs.
- Among female sex workers in Mombasa, a study found that high-risk sexual behavior, low control and frequent violence in relationships with emotional partners heighten FSWs’ vulnerability and HIV risk, requiring targeted interventions (Luchters S et al., 2013).
Slide 9

**Violence against KPs and efficacy of HIV programmes**

- MSM who are victims of intimate partner violence (IPV) are more likely to engage in substance use, suffer from depressive symptoms, be HIV positive, and engage in unprotected anal sex (Buller et al., 2013).
- A study in Karnataka, India, found that HIV prevalence among MSM-Transgender who reported sexual violence was 20%, compared to 12% among those not reporting sexual violence.

Slide 10

**Experience of violence against key populations in Kenya**

- Sex workers are subject to abuse, harassment and beatings from clients, law enforcers, and power brokers. In a study with female sex workers in Kenya, 59% reported having been raped. Police harassment/violence was a commonality (FIDA 2008).
- Among SWs surveyed in Coast Province, 66% reported at least one form of sexual violence, including being forced to have sex without a condom, being beaten, or being verbally abused (Tegang et al., 2007).
- Female sex workers reported that stigma, blame, and lack of respect led to their abuse (Schwartz U et al., 2004).
Slide 11

**Experience of violence against key populations in Kenya**

- Polling booth survey conducted by NASCOP in 2014, 44% FSW, 24% MSM/MSW, and 57% PWID reported experiencing violence from police and askaris in the last 6 months.
- In the same survey 22% FSW, 17% MSM/MSW, and 8% PWID also reported having beaten or forced to have sex in the last 6 months.

Slide 12

**FSW Experience of Violence**

<table>
<thead>
<tr>
<th>Area</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eldoret</td>
<td>45</td>
<td>44</td>
</tr>
<tr>
<td>Kisumu</td>
<td>77</td>
<td>37</td>
</tr>
<tr>
<td>Mombasa</td>
<td>31</td>
<td>30</td>
</tr>
<tr>
<td>Nairobi</td>
<td>51</td>
<td>52</td>
</tr>
<tr>
<td>Nakuru</td>
<td>63</td>
<td>61</td>
</tr>
<tr>
<td>Naivasha</td>
<td>64</td>
<td>64</td>
</tr>
<tr>
<td>Thika</td>
<td>43</td>
<td>37</td>
</tr>
<tr>
<td>Bungoma</td>
<td>39</td>
<td>31</td>
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<tr>
<td>Homa Bay</td>
<td>33</td>
<td>33</td>
</tr>
<tr>
<td>Kericho</td>
<td>58</td>
<td>58</td>
</tr>
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</table>

In the past 6 months ever arrested or beaten up by police, City Askaris, etc.
Slide 13

**MSM Experience of Violence**

Arrested or beaten up by police, City Asias, rowdy groups, etc. in the past 6 months

<table>
<thead>
<tr>
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<th>2014</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
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<td>23</td>
</tr>
<tr>
<td>Kisumu</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>Mombasa</td>
<td>21</td>
<td>11</td>
</tr>
<tr>
<td>Nairobi</td>
<td>22</td>
<td>19</td>
</tr>
<tr>
<td>Naiuru</td>
<td>23</td>
<td>19</td>
</tr>
<tr>
<td>Thika</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Slide 14

**PWID Experience of Violence**

Arrested or beaten up by police, City Asias, rowdy groups, etc. in the past 6 months when injecting drugs

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
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<td>43</td>
</tr>
<tr>
<td>Mombasa</td>
<td>44</td>
<td>49</td>
</tr>
<tr>
<td>Nairobi</td>
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<td>44</td>
</tr>
<tr>
<td>Kisumu</td>
<td>34</td>
<td>30</td>
</tr>
<tr>
<td>Mallowi</td>
<td></td>
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</tbody>
</table>
Experience of violence against key populations in Kenya

- Key populations work and live in complex environments dominated by power structures with family, community, workplace, and the state.
- Kenyan national laws & by-laws criminalize sex work, same sex relationships, and drug use. This exposes KPs to punishing behaviour, including physical violence, emotional abuse, rape, and extortion, from a range of actors, including law enforcement officers and askaris whose role is to protect the human rights of the citizens.
- While there have been HIV-prevention programmes for key populations in Kenya since 1990, few have comprehensively addressed violence against key populations.

Experience of violence against key populations in Kenya

- The globally recommended combination for HIV prevention among KPs acknowledges the need to address violence as part of the structural interventions at the earliest.
Slide 17

Violence prevention and response programmes in the context of HIV prevention

- Effective violence prevention and response programmes exist for key populations today.
- A modelling exercise conducted to measure the impact of reducing violence against female sex workers on HIV epidemics in Ukraine and Kenya estimated 25% reduction in incident HIV infections among FSWs when physical and sexual violence was reduced. Cumulative infections averted were 21,200 and 4,700 in Kenya and Ukraine respectively.

Slide 18

Figure 6.1 Trends in New HIV Infections among Female Sex Workers in Kenya in the Context of Declining Prevalence of Violence

![Graph showing trends in new HIV infections among female sex workers in Kenya](image-url)
Slide 19

Targeting Has A Multiplier Effect

- 500 Nairobi FSWs
  - 60% infected
  - 60% condom use
  - 10,000 infections averted per year

- 500 men
  - 10% infected
  - 60% condom use
  - 18 infections averted per year

Slide 20

Violence prevention and response programmes in the context of HIV prevention

- Beattie et al. found that structural approach to addressing violence can be effectively delivered at scale.
- Addressing violence against sex workers was found to be important for the success of HIV-prevention programmes and for protecting their basic human rights.
- Successful interventions to address violence against key populations include
  - education on rights,
  - community mobilization to respond to violence and discrimination,
  - practical warning systems in sex work networks,
  - sensitization workshops with police and law enforcement authorities,
  - advocacy at community and policy level to promote human rights, and
  - policy change to make the environment safe.
Kenyan national guidelines on key populations and the 2013 WHO guidelines

- Community empowerment and education on rights
- Mapping stakeholders and advocacy
- Promoting the safety and security of key populations
- Providing services to key populations who experience violence
- Fostering police accountability
- Collecting evidence and documentation of incidents

THANK YOU
Key Populations and Law

Overview and case presentations from affected populations

Law and sanctions on SW

- There is little or no evidence to support the contention that criminal sanctions will curtail sex work, selling sex, or buying sex. Many of the activities that surround it are illegal in most countries, rendering rational, effective community-based responses hard to implement (UNAIDS, 2014).
Slide 3

Kenyan laws that affect MSM

- Sex work – Penal Code Sections 153 and 154. (prostitution? is SW a crime?)
- Section 19(m) of the Nairobi General Nuisance By-laws (2007) provides that “any person who in any street – loiters or importunes for purposes of prostitution is guilty of an offence.”
- Sections 258 (m) and (n) of the Mombasa Municipal Council By-laws (2003) state that
  - Any person who shall in any street or public place-
  - (m) Loiter or importune for the purpose of prostitution
  - (n) Procure or attempt to procure a female or male for the purpose of prostitution or homosexuality ... shall be guilty of an offence.
- Part VIII of the Kisumu Municipal Council By-laws
  - A person shall not-
    - (m) molest, solicit, or importune any person for the purposes of prostitution or loiter on any street or public place for such purposes; or (n) willfully and indecently expose his person in view of any street or public place.

Slide 4

Kenyan laws that affect MSM

- Section 162 Unnatural Offences
  - b) Has carnal knowledge of any person against the order of nature; or
  - Permits a male person to have carnal knowledge of him or her against the order of nature is guilty of a felony and is liable to imprisonment for fourteen years.
- 595 anti-gay prosecutions in Ministerial Statement on Non-Enforcement of Anti-Gay Laws in Kenya;
  - Only 40% of the cases related unnatural sexual offence as defined by section 162 (a) and (b) of the penal code.
Slide 5

**Kenyan laws that affect MSM**

- The *Narcotic Drugs and Psychotropic Substances Act* - Section 5 (1) (b) & (d) have been and can be used to bring criminal charges against people performing services to reduce the harm caused to the health of injecting drug users.

Slide 6

**Impact of the laws on key populations**

- The laws on prostitution, on sex between men, and on drug use exacerbate widespread violations of human rights of key populations and impede their access to healthcare services.
- This imposes challenges on the agencies working with them towards fulfilling their constitutional rights in line with article 43(a).
Critical enablers

- Supportive legal and policy framework
- Supportive law enforcement practices
- Empowerment of key populations
- Alternatives to imprisonment, including decriminalization of some (i.e., PWID)
- Alignment of the existing laws with the Constitution. In view of article 43.

THANK YOU
CONSEQUENCES OF NEGATIVE POLICING ON HIV (PRESENTATION)

Slide 1

Consequences of Negative Policing on HIV

Experiences from around the globe

Slide 2

Introduction

• In most countries the behaviours and work of key populations are criminalised, and police are responsible for regulatory control.
• There is evidence that certain police practices can limit key populations’ access to essential HIV prevention, treatment, and care services.
• Hence there is need for multisector partnerships between police and HIV programmes.
• This is recognised in various UN declarations and resolutions (including UNESCAP resolutions 66/10 and 67/9).
**Slide 3**

**Barriers to HIV programming**

- There is evidence that various law enforcement cultures and practices can create barriers for key populations’ health and well being, including barriers to HIV prevention programmes.

![Graph showing comparisons](image)

Sex workers who were arrested in the past 1 year had higher HIV and STI compared to those not arrested. Evidence from India (Beattie et al. JIAS, 2015).

**Slide 4**

**Threats of arrest and bribery**

- Use of the threat of arrest and extortion by police towards key populations are common and documented across countries.
- Most police and KP interactions constituted police officers attempting to gain money or sex by virtue of their uniform, their weapons, or by threatening to use force.

A recent report by Swaziland Action Group Against Abuse found that 27% of sex workers had been arrested by police for loitering, and that 60% of those arrested were sexually and physically abused by the police.
Slide 5

Physical intimidation and sexual assault

- Key populations report physical abuse and assault by police.
- Routine arrest is accompanied by beating or forced sex.
- Because of the uniform and the power that police have, there is a common perception among key populations that the police have the right to beat them.

A Human Rights Watch report found that in Cambodia prostituted women and girls face beatings, rape, sexual harassment, extortion, arbitrary arrest and detention, forced labour, and other degrading treatment in the hands of law enforcement. Human Rights Watch report, Cambodie, 2010

Slide 6

Possession of condoms as cause of arrest

- Key populations, especially sex workers, are arrested even when they are doing peer education and not working—condom possession is considered to be proof of their profession.
- Similarly, possession of needles can be seen as proof of drug use.
- This hampers outreach and distribution of condoms and clean needles which can prevent HIV transmission.

50% of the outreach workers in Kenya said that police had harassed them in the course of their work, 50% of sex workers in Zambia said police destroyed their condoms, and 60% of sex workers in Russia said police used condoms as evidence of sex work. http://www.opensocietyfoundations.org/reports/criminalising-condoms
Slide 7

Use of police crackdowns

- In many settings police stage periodic crackdowns on sex workers / drug users to appease local residents, businesses, or ruling politicians.
- Such crackdowns displace key populations and take them away from interventions.

In Canada, heavy police presence and crackdowns displaced people from services. Police presence was frequently associated with an increase in drug-related harms and a decrease in access to harm-reduction services like needle/syringe exchange programme (Shannon et al. AJPH, 2009).

Slide 8

Implication for KP health and well-being

- Violence is associated with unprotected sex and heightened risk of STI and HIV transmission.
- No use of condoms in coerced sex or rape by police can increase risk of HIV and STI transmission.
- Paying bribes to police in order to avoid arrest means there is less money to pay for condoms, or the sex worker must accept more clients to make up for lost income.
- Fear and stigma can act as barriers to health services.
- Living in constant fear of violence can harm a person’s self-esteem and compromise safe-sex negotiation skills.
- Arrests or detainment can mean that key populations miss their ART or MAT medication or become sick because of side effects of drug use.

Access to health, a constitutional right, is denied if arrests or violence occur. That impacts negatively on HIV prevention.
THANK YOU

Fostering Partnership between Key Populations and Police

Experiences from around the globe

Introduction

• In most countries the behaviours and work of key populations are criminalised, and police are responsible for regulatory control.
• There is evidence that certain police practices can limit key populations’ access to essential HIV prevention, treatment, and care services.
• Hence there is need for multisector partnerships between police and HIV programmes.
• This is recognised in various UN declarations and resolutions (including UNESCAP resolutions 66/10 and 67/9)
Slide 3

**Partnerships**

- Despite criminalised environments, there are examples of key population programmes working with police to create greater understanding of the sex trade within police ranks.
- Additionally, there are examples of police-led interventions, as well as reform measures taken by police institutions.

Slide 4

**Prevention of violence towards key populations**

- Resourcing Health and Education in the Sex Industry (RhED) in Victoria Australia has an *Ugly Mugs* programme which liaises with local police to report and prosecute perpetrators of violence against sex workers.
- This programme was the recipient of the Australian Violence Prevention Award in 1996 and has been replicated successfully in other states and countries (http://sexworker.org.au/SafetyLegalInfo/ReportanUglyMug.aspx).
Slide 5

Police internship

- Thailand’s Sex Workers in Network Group (SWING) has an intern programme for police recruits that aims to make health care accessible by building relationships of mutual respect and reducing fear of arrest.
- Police cadets’ internship gives them firsthand knowledge of the working life of sex workers (http://www.pactworld.org/cs/reach_news_and_media_swing_story)

Slide 6

Police training and education

- Save the Children’s Poro Sapot programme works with police liaison officers and conducts peer education among police in Papua New Guinea (PNG).
- Emphasis is on respect for and protection of the dignity of sex workers and peer educators as well as gatekeepers and police.
- The aim is to develop safe and HIV-preventive environments.
- (Reid R. Putting values into practice in PNG, April 2010)
Slide 7

Ongoing communication and joint workshop

- In Karnataka, India, the Avahan programme implemented by Karnataka Health Promotion Trust (KHPT) organised joint workshops with the police.
- Advocacy with senior police officials was done to help them understand the interpretation of law and the objective of the HIV programme.
- Trainings of trainers were conducted involving police officers, NGO staff, and key populations.
- Regular sensitisation was done in all local police stations, creating awareness about HIV and sensitising the police about problems faced by key populations.
- Peer educators were introduced to police, and sex workers were taken to the local police stations to create awareness about police procedures and to build rapport with the police personnel.

Slide 8

Influencing pre- and in-service police curriculum

- Keeping Alive Societies Hope (KASH) has worked in Kisumu and neighbouring counties to conduct joint workshops for police and sex workers to discuss, share, and learn about HIV and Kenyan laws affecting key populations.
- KASH also documents abuses against sex workers.
- The programme is now supported by the provincial police administration, which has made it an integral part of the all police training in Kisumu.
Slide 9

**Developing police HIV/ AIDS strategy**

- In 2005, Nepal police released their HIV/AIDS strategy that outlined the commitment of Nepal police to HIV prevention among uniformed personnel and the general population.
- The policy also states the objective of creating an enabling environment for supportive behaviour with vulnerable groups. (http://www.nepalpolice.gov.np/human-rights.html)

Slide 10

**Summary**

- In promoting an environment where collaboration between police and key populations can support enhanced HIV-service provision, the following areas need to be considered:
  - Leadership
  - Civil society strengthening
  - Police reform in the context of HIV
  - Humane and professional police services
THANK YOU

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Random chairs
Ask everyone to pick a chair, to place it anywhere in the room, and to sit on it. Make sure they spread out from one end of the room to the other. Select one person to be on. This person walks from one end of the room to an empty chair at the other end while the others try to sit on it first. The person who is on then tries to sit on the chair that has been vacated. Continue until the on person finds a chair and someone else is left standing. This person is now on. The person on is only allowed to walk slowly. At first, the players will lose their chairs quickly. Allow them to have a team talk so that they become better at the game. You can then allow them to walk faster.

Keep the ball up
This game requires the use of a softball. Invite everyone to stand in a circle. The purpose of the game is to keep the ball in the air using any party of your body. However, you may touch the ball only once before someone else touches it twice. After the first go, get the group to estimate how many times they think they can tap the ball and have them try to achieve the target.

Fruit salad
Have the participants arrange their chairs in a circle. Stand inside the circle. Walk around the circle saying to the first participant, “you are a mango”; to the second, “orange”; to the third, “mango”; the fourth, “orange”; until everyone, including you, is either a mango or an orange. Explain that when you call “mango,” all the mangoes should jump up and run to new seats. Similarly, when you call “orange,” all the oranges should run to their new seats. And when you call “mixed fruits,” everyone should run to new seats. Whoever is left in the middle calls out next. Conclude the energizer by asking the participants how they feel. Allow them to relax for a while and then revert to the original seating.

Walk means run
Invite everyone to walk around the room. Make sure they are walking in lots of different directions, not in only a circle. Then instruct them to run. Then ask them to walk again. Repeat this a few times, and then say that whenever you say walk you mean run and when you run you mean walk. Continue until everyone follows the instructions. Add as many instructions as you like, always beginning with the real meaning and then swapping it around. Instructions could include stop/go, shout/whisper, hop/skip, jump/crouch.
HANDOUTS
ADDICTION

Addiction is a chronic, often relapsing, brain disease that causes compulsive drug seeking and use despite harmful consequences to the addicted individual and to those around him or her. Although the initial decision to take drugs is voluntary for most people, the brain changes that occur over time challenge an addicted person’s self-control and hamper his or her ability to resist intense impulses to take drugs. Drug addiction is a complex disease, and quitting takes more than good intentions or a strong will. In fact, because drugs change the brain in ways that foster compulsive drug abuse, quitting is difficult, even for those who desire to do so.

WHAT HAPPENS TO YOUR BRAIN WHEN YOU TAKE DRUGS?

- Drugs contain chemicals that tap into the brain’s communication system and disrupt the way nerve cells normally send, receive, and process information. There are at least two ways that drugs cause this disruption:
  - by imitating the brain’s natural chemical messengers
  - by over-stimulating the “reward circuit” of the brain
- Some drugs (e.g., marijuana and heroin) have a similar structure to chemical messengers called neurotransmitters, which are naturally produced by the brain. This similarity allows the drugs to fool the brain’s receptors and activate nerve cells to send abnormal messages.
- Other drugs, such as cocaine or methamphetamine, can cause the nerve cells to release abnormally large amounts of natural neurotransmitters (mainly dopamine) or to prevent the normal recycling of these brain chemicals, which is needed to shut off the signaling between neurons.
- The result is a brain awash in dopamine, a neurotransmitter present in brain regions that control movement, emotion, motivation, and feelings of pleasure.
- This reaction sets in motion a reinforcing pattern that “teaches” people to repeat the rewarding behavior of abusing drugs.
- As a person continues to abuse drugs, the brain adapts to the overwhelming surges in dopamine by producing less dopamine or by reducing the number of dopamine receptors in the reward circuit.
- The result is a lessening of dopamine’s impact on the reward circuit, which reduces the abuser’s ability to enjoy not only the drugs but also other events in life that previously brought pleasure.
• This decrease compels the addicted person to keep abusing drugs in an attempt to bring the dopamine function back to normal, but now larger amounts of the drug are required to achieve the same dopamine high—an effect known as tolerance.
• Long-term abuse causes changes in other brain chemical systems and circuits as well.
• Brain imaging studies of drug-addicted individuals show changes in areas of the brain that are critical to judgment, decision making, learning, memory, and behavior control. Together, these changes can drive an abuser to seek and take drugs compulsively despite adverse, even devastating, consequences. That is the nature of addiction.

SUSCEPTIBILITY TO ADDICTION

No single factor can predict whether a person will become addicted to drugs. Risk for addiction is influenced by a combination of factors that include individual biology, social environment, and age or stage of development.

Risk Factors
• Biology: The genes that people are born with—in combination with environmental influences—account for about half of their addiction vulnerability. Additionally, gender, ethnicity, and the presence of other mental disorders may influence a person’s risk of drug abuse and addiction.
• Environment: A person’s environment includes many different influences, from family and friends to socioeconomic status and quality of life. Factors such as peer pressure, physical and sexual abuse, stress, and quality of parenting can greatly influence the occurrence of drug abuse and the escalation to addiction.
• Development: Genetic and environmental factors interact with critical developmental stages in a person’s life to affect addiction vulnerability. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it will progress to more serious abuse, which poses a special challenge to adolescents. Because areas in their brains that govern decision making, judgment, and self-control are still developing, adolescents may be especially prone to risk-taking behaviors, including trying drugs.

PREVENTION IS KEY

• Drug addiction is a preventable disease. Research has shown that prevention programmes involving families, schools, communities, and the media are effective in reducing drug abuse. Although many events and cultural factors affect drug abuse trends, when young people perceive drug abuse as harmful, they reduce their drug taking. Thus, education and outreach are key in helping youth and the general public understand the risks of drug abuse.
• Treatment is available.
Background information
Sexual violence is a serious health and human rights problem in Kenya. It affects men and women, boys and girls, and has adverse physical and psycho-social effects on the survivor. It impedes the functioning of an individual, hence limiting their participation in society. It therefore threatens attainment of both global and national development goals as espoused in the Sustainable Development Goals and Vision 2030. Sexual violence is also a serious HIV-transmission risk factor.

Key populations disproportionately experience high levels of violence, including harassment and physical violence from clients, law enforcers, and power brokers. In a study conducted by NASCOP in 2014, male and female sex workers reported that physical and sexual violence against them is high, and many of them also experience arrests by law enforcement agents.

Definition of violence
The WHO defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation.”

Male, female, and transgender sex workers may face violence because of the stigma associated with sex work, which in most settings is criminalized, or due to discrimination based on gender, race, HIV status, drug use, or other factors.

FORMS OF VIOLENCE FACED BY SEX WORKERS

- **Physical violence**: any forceful or violent physical behavior that causes actual harm. It includes plucking out hair, biting, choking, kicking, slapping, burning and shoving.
- **Psychological/emotional violence**: any threat to do bodily harm to a partner, a child, a family member, friends, or oneself. It involves not only injury and anger, but also fear and degradation.
- **Socio-cultural violence**: examples include female genital mutilation, widow inheritance.
- **Sexual violence**: entails nonconsensual sexual act or behavior. It includes rape, marital rape, gang rape, attempted rape,
and defilement. Rape and other forms of violence are about power and control, where the perpetrator uses his or her position of authority to oppress the vulnerable victim.

- **Economic violence:** examples include limiting a person’s access to money, not allowing a woman to work, unequal wages, and a woman’s salary being held by her husband.
LAWS AGAINST PROSTITUTION

The legal framework governing sex work in Kenya is a combination of laws that were inherited from the British colonial government, recent legislation (such as the Sexual Offences Act) passed to address emergent crimes such as trafficking, and local urban and municipal councils’ by-laws.

The Penal Code

The penal code does not provide a legal definition of prostitution nor does it directly prohibit prostitution. Rather, the penal code provisions criminalise the actions of third parties who benefit from sex work and prohibit promoting the act of prostitution, for example by willingly and knowingly offering the use of premises for sex work.

Section 153 provides that
• (1) Every male person who-
  (a) knowingly lives wholly or in part on the earnings of prostitution; or
  (b) in any public place persistently solicits or importunes for immoral purposes, is guilty of a felony.
• (2) Where a male person is proved to live with or to be habitually in the company of a prostitute or is proved to have exercised control, direction, or influence over the movements of a prostitute in such a manner as to show that he is aiding, abetting, or compelling her prostitution with any other person, or generally, he shall unless he satisfies the court to the contrary be deemed to be knowingly living on the earnings of prostitution.

Section 154 provides that
• Every woman who knowingly lives wholly or in part on the earnings of prostitution, or who is proved to have, for the purpose of gain, exercised control, direction, or influence over the movements of a prostitute in such manner as to show that she is aiding, abetting, or compelling her prostitution with any person, or generally, is guilty of a felony.

The Sexual Offences Act

Provisions concerning sex work retain the general spirit of the criminal law contained in the penal code.
• "Prostitution" is not defined nor is it criminalised per se.
• Section 17 defines the offence, "exploitation of prostitution." This section indicates that anyone encouraging sex work with the expectation of gain for himself or herself is guilty of an offence.
• Section 15 refers to the offence of "child
prostitution” and criminalises the procuring of, or permitting, children under the age of 18 “to be sexually abused or to participate in any form of sexual activity or in any obscene or indecent exhibition or show.”

• Section 19 criminalises all aspects of engaging of persons with mental disabilities in sex work.

**Municipal By-Laws**

Across Kenya many local authorities have elected to address sex work under their subsidiary legislation or by-laws.

• Section 19(m) of the Nairobi General Nuisance By-Laws (2007) provides that “any person who in any street – loiters or importunes for purposes of prostitution is guilty of an offence.”

• Sections 258(m) and (n) of the Mombasa Municipal Council By-Laws (2003) state that
  • Any person who shall in any street or public place—
    • (m) loiter or importune for the purpose of prostitution
    • (n) procure or attempt to procure a female or male for the purpose of prostitution or homosexuality … shall be guilty of an offence.

• Part VIII of the Kisumu Municipal Council By-Laws deals with public health concerns, and describes “nuisances” as offences in the following two categories:
  • A person shall not
    • (m) molest, solicit or importune any person for the purposes of prostitution or loiter on any street or public place for such purposes; or
    • (n) willfully and indecently expose his person in view of any street or public place.

**LAWs AGAINST DRUG POSSESSION AND ABUSE**

The Narcotics Drugs and Psychotropic Substances Act

• Section 3. Penalty for possession of narcotic drugs, etc.
  • 1) Any person who has in his possession any narcotic drug or psychotropic substance shall be guilty of an offence.
  • 2) A person guilty of an offence under subsection (1) shall be liable—
    • a) in respect of cannabis, where the person satisfies the court that the cannabis was intended solely for his own consumption, to imprisonment for 10 years and in every other case to imprisonment for 20 years; and
    • b) in respect of a narcotic drug or psychotropic substance, other than cannabis, where the person satisfies the court that the narcotic drug or psychotropic substance was intended solely for his own consumption, to imprisonment for 20 years and in every other case to a fine of not less than one million shillings or three times the market value of the narcotic drug or psychotropic substance, whichever is the greater, or to imprisonment for life or to both such fine and imprisonment.

• Section 5. Penalty for narcotic drugs, etc. connected to other acts.
  • 1) Subject to this Act, any person who;
    • without lawful and reasonable excuse, is found in any house, room or place to which persons resort for the purpose of smoking, inhaling, sniffing or otherwise using any narcotic drug or psychotropic substance; or
    • being the owner, occupier or concerned in the management of any premises, permits the premises to be used for the purpose of the preparation of opium for smoking or sale, or the smoking, inhaling, sniffing or otherwise using any narcotic drug or psychotropic substance; or
• has in his possession any pipe or other utensil for use in connection with the smoking, inhaling or sniffing or otherwise using of opium, cannabis, heroin or cocaine or any utensil used in connection with the preparation of opium or any other narcotic drug or psychotropic substance for smoking.

**LAWS AGAINST SEX BETWEEN MEN**

Penal Code Section 162 criminalizes “unnatural offences,” which it describes as follows:

Any person who—

• a) has carnal knowledge of any person against the order of nature; or
• c) permits a male person to have carnal knowledge of him or her against the order of nature is guilty of a felony and is liable to imprisonment for 14 years.

**Notes to facilitators**

These punitive laws (i.e., laws that punish lawbreakers) exacerbate widespread violations of key populations' human rights and affect their use of healthcare services. These laws must be challenged for being unconstitutional and for infringing on the rights of members of key populations.
Chapter 4 of the Constitution contains the Bill of Rights. This Bill of Rights provides all Kenyans with certain rights and fundamental freedoms that must be respected and fulfilled.

1. Chapter 4, section 28 provides everyone with a general right to dignity, which must be respected and protected. Section 27 provides the right to equality and non-discrimination before the law. Section 27 (4) states that the government “shall not discriminate directly or indirectly against any person on any ground.”

2. Section 41 provides the right to work, and section 36 (1) provides the right to freedom of assembly and association, which means that sex workers have the right “to form, join, or participate in the activities of an association of any kind,” including a sex workers’ rights organization such as KESWA, KENPUD, HOYMAS, and GALK.

3. Section 43 (1) provides that everyone has the right to health, including reproductive healthcare.

4. Section 29 provides every Kenyan with the right to freedom of the person, which includes the right not to be
   - deprived of freedom arbitrarily or without just cause;
   - detained without trial;
   • subjected to any form of violence from either public or private sources;
   • subjected to torture in any manner, whether physical or psychological;
   • treated or punished in a cruel, inhuman, or degrading manner.

5. Section 48 ensures the right to recognition before the law for every Kenyan. Section 49 provides arrested persons with the right to be informed of the reason for their arrest and to be brought before a court as soon as reasonably possible.

6. Section 50 provides everyone with a fair hearing before a court or another independent body. Section 51 provides those who are detained with the right to freedom from arbitrary deprivation of liberty, and to humane treatment while in detention. This section takes into account relevant international human rights instruments that Kenya is a party to and forbids the enactment of legislation which is inconsistent with international rights instruments.
Violence causes serious health problems and human rights violations in Kenya. Sexual violence, in particular, can affect any person and can cause enduring physical and emotional trauma. Sexual violence and its consequences threaten the attainment of the Sustainable Development Goals and of Kenya’s national goals contained in Vision 2030. Of particular concern is the emerging evidence that violence contributes to HIV/AIDS vulnerability.

Response to violence should be prompt and should have multiple objectives, including saving life, alleviating physical and psychological pain, preventing HIV infection, and preventing unwanted pregnancy. Response should also provide psycho-social support through counselling to help survivors overcome trauma, as well as legal assistance for accessing justice.

The Government of Kenya’s Ministry of Health has developed comprehensive guidelines on the management of sexual violence. The guidelines recognize a sexual-violence survivor’s need for a range of services, be they medical, psycho-social, humanitarian, and/or legal.

Medical management of sexual violence
Sexual-violence survivors require medical care to treat injuries, to protect them from STIs and HIV, and to prevent conception. The management of life-threatening injuries and extreme distress should take precedence over all other aspects of post-rape care.

Medical care also entails the following clinical tests:
- Urine
- Urinalysis – microscopy
- Pregnancy test
- Blood
- HIV
- Haemoglobin level
- Liver function
- VDRL

Investigation for forensic evidence purposes
- Urine analysis for epithelial cells.
- High vaginal swab for evidence of spermatozoa.
- The health worker should collect the specimen, preserve it for appropriate storage, and hand it over to the police for further investigations and processing.

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Post-exposure prophylaxis (PEP)
• Post-exposure prophylaxis for HIV is the administration of a combination of antiretroviral drugs (ARVs) for 28 days. PEP must begin within 72 hours after the assault.
• The 2011 national ARV guidelines recommend a triple regimen for PEP in high-risk cases, such as sexual assault.\(^{15}\)

Timing of PEP for HIV
The efficacy of PEP decreases with the length of time from exposure to the first dose. People presenting later than 72 hours after assault should be offered all other aspects of post-rape care, but not PEP.

Prophylaxis for STI
STI prophylaxis should be offered to all survivors of sexual violence. It should not be given at the same time as the initial doses of PEP and emergency contraception because the pill burden can be intolerable. It should be taken within 24 hours.

Hepatitis B prevention
Common hepatitis B vaccines do not provide protection from infection if given after exposure (e.g., sexual assault), but they do provide protection from future exposures. It is much less costly to vaccinate all survivors of rape/sexual violence, rather than to test everyone for hepatitis B antibodies to see who might benefit.

Forensic management of sexual violence
Forensic management is essential for helping survivors of sexual violence access justice through judicial processes. Proper management of evidence helps in presenting credible evidence in court to prove that sexual violence occurred and to link the perpetrator to the crime.

Definitions

**Forensic examination:** A medical assessment conducted in anticipation of judicial proceedings requiring medical opinion.

**Medical practitioner:** A practitioner registered in accordance with section 6 of the Medical Practitioners and Dentists Act.

**Designated person:** Either a nurse registered under section 12(1) of the Nurses Act or a clinical officer registered under section 7 of the Clinical Officers (Training, Registration and Licensing) Act.

**Evidence:** Something presented in a legal proceeding, as a statement of a witness, an object, etc., which bears on or establishes a point in question.

**Forensic evidence:** Evidence collected during a medical examination. The role of forensic evidence in criminal investigation includes the following:
(i) to link or delink the accused perpetrator(s) to the crime;
(ii) to ascertain that sexual violence occurred;
(iii) to help in collection of data on perpetrators of sexual violence.
In most cases, forensic evidence is the only thing that can link the perpetrator to the crime (e.g., where the incident is reported a long time after it happened or where the survivor was pregnant).

**Physical evidence:** This refers to any object, material, or substance found in connection with an investigation that helps establish the identity of the offender, the circumstances of the crime, or any other fact deemed to be important to the process. Physical evidence may include objects such as used condoms, cigarette butts, ropes, and masking tape. Physical evidence can be collected from the survivor as well as the crime scene location.

Types of evidence

There are two types of evidence that need to be collected:
- Evidence to confirm that sexual assault occurred (e.g., there might be bruises, tears, and cuts around the vaginal area and the clothing may be stained).
- Evidence to link the alleged assailant to the assault (e.g., perpetrator’s torn clothes, used condoms, grass and blood stains, scratches and bite marks on the perpetrator, and eyewitness testimony).

Circumstantial evidence can help the court adduce the guilt of the accused.

Forensic materials that can be collected include
- suspect’s material deposited on an object (e.g., cigarette butt)
- suspect’s material deposited at a location
- victim’s material deposited on the suspect’s body or clothing
- victim’s material deposited on an object
- victim’s material deposited at a location
• witness’s material deposited on a victim or suspect
• witness’s material deposited on an object or at a location

Exhibit management and preservation of evidence
The following practices must be followed when handling an exhibit:
• Protect the exhibit from weather and contamination.
• Use clean instruments and containers.
• Wear gloves and protective gear when appropriate.
• Package, transport, and store exhibit safely and securely.
• Take special care with fragile and perishable exhibits.
• Call an expert if you lack adequate training to handle a particular type of exhibit.

Collection and handling of specimens
When collecting a specimen for forensic analysis, the following principles should be strictly adhered to:

Avoid contamination: Ensure that specimens are not contaminated by other materials. Store each exhibit separately. Wear gloves at all times for your own protection and also to ensure that the exhibit is not contaminated.

Collect early: Try to collect forensic specimens as soon as possible. The likelihood of collecting evidentiary material decreases with the passing of time. Ideally, specimens should be collected within 24 hours of the assault; after 72 hours, yields are reduced considerably. Collect specimens before the victim bathes.

Handle appropriately: Ensure that specimens are packed, stored, and transported correctly. As a general rule, some of the fluids (e.g., urine) should be refrigerated; anything else should be kept dry. In some instances, blood can be dried on gauze and stored as such. Biological evidence material (e.g., body fluids, soiled clothes) should be packaged in paper envelopes or bags after drying, avoiding plastic bags.

Label accurately: All specimens must be clearly labelled with the survivor’s name and date of birth, the health worker’s name, the type of specimen, and the date and time of collection.

Ensure security: Specimens should be packed to ensure that they are secure and tamper-proof. Only authorised people should be entrusted with specimens.

Maintain continuity: Once a specimen has been collected, its subsequent handling should be recorded. Details of the transfer of the specimen between individuals should also be recorded. An exhibit register should be maintained at each facility. It is not a good practice for the survivor to move any samples taken from them from one facility to another.

Chain of custody of evidence
Chain of evidence refers to the process of obtaining, preserving, and conveying evidence through accountable tracking mechanisms, from the point of collection to the laboratory and, ultimately, to the police. Chain of custody also refers to a paper trail where the movement of evidence is documented through the various persons in the chain of sample collection, analysis, investigation, and litigation.

Documentation and reporting
In general, most effort should be expended on documenting evidence that corroborates the survivor’s allegations in a court of law. Such evidence includes
• Evidence that sexual intercourse (penetration) has taken place—engorgement of the genitals and maybe increased epithelial cells in the urine. Broken hymen. If the hymen is not broken, it does not mean that penetration didn’t take place.
• Evidence that ejaculation has taken place—presence of semen around the
genitals. Semen inside the vagina is evidence that ejaculation did occur inside the vagina, hence the importance of a high vaginal swab. It is important to know that ejaculation doesn’t always occur.

- Evidence that force was used—torn clothes, including undergarments, bruised genitals. Significant levels of epithelial cells in the urine.
- Evidence linking the suspect with the sexual offence. This is mainly a responsibility of the police, but the healthcare worker will collect the various specimens.

The Post-Rape Care (PRC) Form
The PRC is a medical form filled when attending to the survivor. The form has space for history taking, documentation, and examination. It facilitates filling of the P3 form by ensuring that all relevant details are captured during the first contact with the survivor at a health facility. The PRC form strengthens the development of a chain of custody of evidence by having a duplicate that can be used for legal purposes, and by showing what specimens were collected, where they were sent, and who signed for them. The PRC form can be filled by a doctor, a clinical officer, or a nurse.

NOTE: When the PRC form is completely filled and signed
- The original form is to be given to the police for custody. This is the form that is produced in court as evidence.
- The duplicate copy is given to the survivor.
- The triplicate copy remains with the hospital.

The Kenya Police Medical Examination P3 Form
This is a police form that is issued at the police station. It is filled by a health practitioner or the police surgeon as evidence that an assault has occurred. The P3 form is for all assaults. It therefore does not record as many sexual assault-related details as the PRC form. The P3 form is filled and returned to the police for custody. The filling of the P3 form in sexual violence cases is done free of charge. The survivor should get a copy of their PRC form when it is completed and signed because the PRC will aid the filling of the P3 form. The P3 form is the link between the health and the judiciary systems. The medical officer who fills the P3 form or their representative will be expected to appear in court as an expert witness and produce the document in court as an exhibit.
What is “Access to Justice”?  
People need remedies to protect themselves from possible harm caused by others when involved in disputes or conflicts of interest. Justice remedies are legal remedies that involve a third party (the justice institution or mechanism), whose functioning is also regulated by norms, in settling the dispute.

The Constitution gives everyone the right to access justice when their rights are violated. Article 48 of the Constitution requires the state to ensure access to justice for all. And any fees must be affordable.

Victims of violence also have protection in law under the Victim Protection Act. A victim is any person who suffers injury, loss, or damage as a consequence of an offence. The objectives of this act are to establish programmes that assist vulnerable victims, to support reconciliation in appropriate cases by means of restorative justice, and to establish programmes that prevent re-victimization of the victims in the administrative and judicial proceedings. The aim is to ensure that the victim’s dignity is preserved at all stages of the case. The victim is also to be given legal aid and social services, such as counselling, at the state's expenses. Such services are supposed to assist the victim to overcome the physical injury and emotional trauma, and to access the criminal justice process.

The act also mandates courts to order compensation for the victim. This may include compensation for expenses incurred due to loss or injury resulting from the criminal offence. This could include the cost of damage to the victim's property, medical fees, transport, and other expenses. This act should give victims some relief in terms of expenses they will incur in pursuing their cases.

Police  
When a criminal offence is committed, the victim has the right to report the crime to the police. The police are required to investigate the complaint and, if there is sufficient evidence, to have the perpetrator charged in court with a criminal offence.

What happens at the police station?
- The report is recorded in the Occurrence Book. It is important that this is done, as this begins the investigation of any case.
- Investigations are carried out. This includes taking statements from the victim and his/her witnesses, taking a statement from the accused, and collecting any other evidence.
- Medical staff collect medical evidence, if
appropriate.

• Police gather testimony from expert witnesses.
• Police compile the evidence and prefer the appropriate charge against the accused person.
• Police forward the file to the Director of Public Prosecutions.

In some instances the police may be the persons who violated one’s rights. In such cases, the first complaint should be to a police station, which will investigate the complaint and, if there is sufficient evidence, will charge the police officer. If the police fail to investigate the complaint, one can make a complaint to other institutions, such as the Office of the Director of Public Prosecutions or the Independent Police Oversight Authority (described below), which can force the police to investigate.

If there is any injury during the commission of the violation, it is important that one sees a doctor and gets medical evidence. Such evidence includes

• Post-Rape Care (PRC) form: This is filled by the medical officer in cases of rape or other sexual offences. One copy of the PRC form is given to the victim, one copy is given to the police, and one copy remains at the facility.
• P3 form: This is filled by the police surgeon or at the hospital where one reports the violation. The PRC form is filled before P3 form. Both are important. The P3 form is what is admissible in the Kenyan courts of law.

Both these reports are part of the evidence to be given in court.

The Office of the Director of Public Prosecutions (ODPP)
The mandate of the ODPP as derived from Article 157 of the Constitution is to prosecute criminal matters and all other related incidents. This includes

• instituting and undertaking criminal proceedings against any person before any court of law except the court martial;
• taking over and continuing with any criminal proceedings commenced in any court by any person or authority, with the permission of the person or authority;
• discontinuing at any stage before judgment is delivered of any criminal proceedings, with the permission of the court; and
• directing the Inspector General of the National Police Service to investigate any allegation of criminal conduct.

The ODPP can be contacted through its website: http://www.odpp.go.ke/.

Independent Police Oversight Authority
The authority considers complaints about police misconduct or dereliction of duty, or about police practices, policies, and procedures. A person can complain about police misconduct if the police commit a crime or refuse to investigate any case brought to their attention.

The Kenya National Commission on Human Rights (KNCHR)
The KNCHR is mandated to receive and investigate allegations of human rights abuses and to take steps to secure appropriate redress. These complaints include those by key populations on any violation of their rights. Details for contacting the commission are found on its website: http://www.knchr.org/.

The National Gender and Equality Commission (NGEC)
The NGEC may investigate on its own initiative or on the basis of complaints any matter with respect to violations of the principles of equality and freedom from
discrimination and make recommendations for the improvement of the functioning of the institutions concerned. Details for contacting the commission are found on its website: http://www.ngeckenya.org/.

The Commission on Administrative Justice (CAJ)
The CAJ, also known as the Office of the Ombudsman, is mandated to address all forms of maladministration and to promote good governance and efficient service delivery in the public sector by enforcing the right to fair administrative action. The commission investigates abuse of power; manifest injustice; and unlawful, oppressive, unfair, or unresponsive official conduct. The Commission’s website, which provides complete contact details for the commission’s offices in Nairobi, Mombasa, Kisumu, and Eldoret, is http://www.ombudsman.go.ke/.

The Ethics and Anti-Corruption Commission
The commission is authorized to conduct investigations on its own initiative or on a complaint made by any person. Such complaints can include accusations of corruption perpetrated by police who seek favours from sex workers and other key populations in exchange for leniency or inaction. Details for contacting the commission are found on its website: http://www.eacc.go.ke/.

The Equity Tribunal
The HIV Equity Tribunal was formed in 2006 by the HIV/AIDS Prevention and Control Act.16 The Tribunal has jurisdiction to hear and determine complaints arising out of any breach of any provision of the Act and any matter or appeal as may be made pursuant to the provisions of the Act. The tribunal does not have criminal jurisdiction. It has the power of a court and can receive evidence, hear witness accounts, conduct full hearings, and pass judgments on the matters under its jurisdiction.17

Apart from its mandate of providing access to justice for Kenyans who face stigma, discrimination, or criminalisation related to their HIV status, the tribunal also works towards addressing the rights of women and girls, who are disproportionately affected by the HIV epidemic in Kenya.18

The tribunal will help to discourage discriminatory practices, encourage inclusivity, and uphold involvement of people living with HIV. It will also expand the space for social dialogue on HIV-related stigma, increase knowledge and awareness on HIV issues, and reduce stigma. This in turn will help to increase access to HIV-prevention services and practices, increase uptake of services, and create demand for HIV prevention, treatment, care, and support services.19

The Judiciary
The judiciary deals with all violations, whether civil or criminal in nature. Article 165 of the Constitution gives the High Court jurisdiction for determining whether a right or a fundamental freedom in the Bill of Rights has been denied, violated, infringed, or threatened.

Global Fund Human Rights Complaints Mechanism
The Global Fund strategy for the years 2012 to 2016 commits to protecting and promoting human rights in the context of three diseases: TB, malaria, and HIV and AIDS. The fund will
do this by
1. Ensuring that the Global Fund does not support programmes that infringe on human rights.
2. Increasing investment in programmes that address human rights-related barriers to access.
3. Integrating human-rights considerations throughout the grant cycle.

There are five minimum human rights standards that must be followed by programmes supported by the Global Fund:
1. Programmes financed by the Global Fund are expected to grant nondiscriminatory access to services for all, including people in detention.
2. Programmes financed by the Global Fund are expected to employ only scientifically sound and approved medicines or medical practices.
3. Programmes financed by the Global Fund are expected to not employ methods that constitute torture or that are cruel, inhuman, or degrading.
4. Programmes supported by the Global Fund are expected to respect and protect informed consent, confidentiality, and the right to privacy concerning medical testing, treatment, or health services rendered.
5. Programmes financed by the Global Fund are expected to avoid medical detention and involuntary isolation, which are used only as a last resort.

Anyone who believes that they have either experienced or witnessed a violation of any of the above human-rights standards in a Global Fund supported program can file a complaint with the Global Fund’s Office of the Inspector General. An organization can also file a complaint on behalf of an individual, provided that they have a letter authorizing them to do so. The identity of the person making the complaint will remain confidential unless the person gives consent to have their information disclosed. A complaint may be filed by telephone (free reporting service) +17045416918 or by e-mail at inspectorgeneral@theglobalfund.org.

Non-governmental bodies
Kenya Ethical and Legal Issues Network on HIV and AIDS (KELIN). The network can be contacted by e-mail at info@kelinkenya.org.

National Empowerment Network of People Living with HIV/AIDS in Kenya (NEPHAK). The network can be contacted by e-mail at info@nephak.or.ke, or through the network’s website: http://nephak.or.ke/.

Federation of Women Lawyers Kenya (FIDA-Kenya). The federation can be contacted by e-mail at info@fidakenya.org, or through the federation’s website: www.fidakenya.org.

Coalition on Violence against Women (COVAW). The coalition can be contacted by e-mail at info@covaw.or.ke.
Background Information
In the context of HIV prevention among KPs, police officers should work in partnership with other sectors, such as public health and civil society. There are examples the world over of successful collaborative partnerships in which LE officers assume a key role. This handout examines the basic ingredients for partnership formation between law enforcement agencies and NGOs/CSOs.

KEY INGREDIENTS IN FORMING EFFECTIVE PARTNERSHIPS

1. Leadership
   • Leadership should come from both police and civil society.
   • People are needed who can meet regularly and represent the view of their organizations.
   • Respectful, collaborative leadership is essential.
2. Working with and respecting NGOs and Civil Society
   • Coordinating mechanisms and joint trainings between police and NGOs and the government health sector, such as county KP TWGs led by CASCOs, in which police and NGOs are members, are important.
   • Curricula on the role of the police in harm reduction and HIV prevention are needed for the NACC, NASCOP, and the Police Training Centre, to encourage police to do rights-responsive policing.

3. Communication
   The following enablers of communication are important for joint action:
   • formal and informal communication channels between police and civil society and HIV programmes,
   • provincial and local task forces, and
   • key actors from both sectors knowing each other.

4. Addressing structural drivers
   Joint action should address structural drivers, such as
   • violence, intimidation, biases, and corruption;
   • poverty; and
   • stigma and discrimination.

5. Ongoing monitoring and evaluation
   There is need to monitor and evaluate the enabling environment.

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How to facilitate
The workshop trainers/facilitators should be familiar with experiential and participatory forms of learning. The trainers/facilitators should have the ability to ask exploratory, open-ended questions and should involve all the participants. The facilitator should also be technically competent to answer questions related to the training topics.

Some activities can be sensitive, and exploring the topics can be difficult and embarrassing. Hence it is suggested that the facilitators use their judgement to do these activities in smaller homogeneous groups.

Facilitators should be warm and friendly through the sessions. They must avoid stereotyping. They must provide positive feedback and reinforcement as often as possible to encourage participation.

PRINCIPLES OF EXPERIENTIAL LEARNING

The principles behind experiential learning are summarized thus:

*What I hear I forget.*

*What I hear and see, I remember a little.*

*What I hear, see, and talk about with others, I begin to understand.*

*What I hear, see, discuss, and do allows me to acquire knowledge and skills.*

*What I teach to another, I master.*

Experiential learning is a learner-oriented approach. Experiential activities are designed to help the learner gain information, examine attitudes, and practice skills. In experiential learning

- The learner chooses what to participate in based on their needs and usefulness of what is offered.
- The learner asks questions and weighs the pros and cons of what they are told. Such participation and contributions add to their learning; hence must be encouraged.

Law enforcement officers have experience. Ignoring this experience, as if they are empty vessels into which knowledge is to be poured, may create resistance to learning. Law enforcement officers face real problems. If the training cannot help them solve these real problems, they may feel their time has been wasted.

Stages of experiential learning

It is important to involve learners in their learning. In experiential learning, each learner goes through the following stages:

- Do a task (experience).
- Identify what happens.
• Analyze what happened.
• Identify lessons from the experience/exercise.
• Discuss application to their lives.

WAYS TO ENCOURAGE PARTICIPATION

Many of the trainees may be accustomed to classroom-type instruction processes in which the teacher is the expert and learners are recipients. Participatory approaches thus might be unfamiliar; hence some may be reluctant to participate fully in the discussions and other activities. In order to encourage full participation you could try the following:

**Use non-verbal encouragement.**
- Maintain **eye contact**. Be attentive to maintain eye contact with all the participants.
- **Nod your head** to show understanding and to encourage learners to continue speaking.
- Avoid **defensive postures**, like folded arms.
- Move toward people to encourage participation. Avoid distracting movements, like pacing or moving too fast.
- **Smile.** Concentrate and smile to infect the room with relaxation.

**Use verbal encouragement.**
Praise and encourage contributions.
- “I am glad you brought that up.”
- “Tell me more.”
- “Good point. Who else has an idea?”
- “I would like to hear your thought about ...”

Accept and use ideas suggested by a participant.
- “To build on your point, ...”
- “As Ondiek mentioned, ...”

Use statements that clarify, acknowledge, and accept feelings.
- “I sense that you are upset by what I just said.”
- “You seem to feel strongly about this issue.”

DEALING WITH DIFFICULT BEHaviours

Every group will have people with different personalities who behave differently. Some of these behaviours might disrupt the learning process. A few of these are discussed here. Suggestions are given on how to manage such individuals.

**Talkative individuals:** They have something to say about everything. They always volunteer to be a group leader, answer questions, and offer suggestions.
- *You could say,* “I appreciate your comments, but let’s hear from other people.”

**Slow learners:** They struggle to follow the discussion when they misunderstand the question or topic.
- *You could say,* “Something I said might have been unclear. What I am trying to say is ...”

**Rambling individuals:** They talk about things unrelated to the topic. They differ from slow learners in that they know what is going on but prefer to follow their own agenda.
- *You could say,* “I don’t understand. How does this relate to this topic?”

**Hostile individuals:** They act and say things to challenge and argue. They question the facilitator’s knowledge.
- *Don’t become hostile. You could say,* “I understand and appreciate your point of view. What do others think?” In this way, you give others an opportunity to exert peer pressure.

**Silent individuals:** They seem attentive and alert but will not comment or volunteer to answer questions.
- *You could say,* “I know you have some experience in this area. It would be helpful if you share your thoughts with the group.”
'Know-it-all' individuals: They view themselves as the authority on every subject and believe that they know more than the group and the facilitator. 
-Don’t let your annoyance show. Acknowledge his or her contribution by saying, “That’s one point of view. However, there many ways of looking at it. May I ask other participants for their opinions and move on?”

Class clown: Makes a joke out of everything and tries to get attention. 
-You could say, “We all enjoy a little fun...but right now let’s be serious and concentrate on the topic.”

PARTICIPATORY ADULT LEARNING METHODOLOGIES

a. Role play
This is a short drama acted out by participants. It borrows from experiences of the participants and seeks to bring to life circumstances that may be unfamiliar to them. The goal is to elicit empathy or deeper understanding of a situation and aims to spur participants to positive action. Much of the role play is improvised and not scripted. For effective role play, follow these steps:
• Identify the issue the role play is to illustrate (e.g., harassment of sexual minorities by state agents).
• Divide the participants into groups and ask them to develop a story, choose actors, and perform the roles in the play.
• Decide on the situation, the problem, and the characters involved.
• It is preferable to have the participants role play in two to three groups, with all participants taking part.
• The participants can rearrange the furniture in the room to perform the story.
• At the end, examine with the participants the lessons of the play.
• The lessons should be listed on a flip chart.

b. Group discussions
Group discussions give participants an opportunity to participate actively and help to generate ideas. They also help in building skills such as listening to others, letting others speak, speaking in turns, and respecting other people’s opinions/perspectives/views. For effective group discussions, follow these steps:
• Decide how you want the group to be divided (e.g., through random selection).
• Encourage the groups to work while sitting in a circle.
• Guiding questions should be given to the group on a flip chart.
• Each group should appoint a chairperson and reporter.
• When groups are working, you should be on standby to offer any assistance, but you should not interfere in their work.
• Try to give equal attention to the groups.
• If you are more than one facilitator, each facilitator could be assigned to a group or a number of groups.
• Groups report on their work to the entire group.
• The rest of the groups should be given time to question and add to the work of the presenting group.
• Lessons should be highlighted and written on a flip chart.

c. Brainstorming
This involves a quick plenary discussion over an issue. It encourages creativity and quick generation of ideas. It could be used to solve a specific problem, but it is most useful in answering questions.
When to brainstorm:
• To find a solution to a problematic issue over which two or more people are not agreeing.
• To introduce a new topic (e.g., What is a right?). This helps to gauge what participants know and also to arouse their interest.
• To create a break during long sessions.
• As a quick creative exercise (e.g., to end a story).

d. **Videos and documentary films**

Videos and films leave powerful impressions and change lives. They leave imprints that change personal perceptions.

Steps to follow when using videos/documentary films:
• Before the day of the training, identify videos or films relevant to the theme of the training.
• Ensure that the identified venue has facilities for screening the video.
• View the video beforehand to ensure you are conversant with the issues being raised.
• Test the equipment before the session begins.
• Incorporate the screening at an appropriate time in the programme.
• Do not show educative videos in late mornings or early afternoons when participants are tired and are likely to doze.
• If emotional videos are to be screened have a counselling psychologist on standby to deal with emotions or do a simple exercise that can help in dealing with such emotions.
• Ask the participants to highlight key lessons on a flipchart.
• The screening should be a prelude to a more enhanced discussion on the topics covered by the video.

e. **Mini lectures**

A mini lecture is a brief presentation given for the purpose of assisting the participants to acquire certain knowledge or to expose them to a certain principle, process, or situation relevant to their training.

Guidelines to follow when using mini lectures:
• Combine presentation techniques (oral as well as visual).
• Indicate to participants when they should take notes (if handouts are not given).

• Share the objectives of the presentation.
• Link the session to the preceding one.
• Begin with a question.
• Make and follow a plan.
• Cite references, as appropriate.
• Whenever possible, use diagrams to show relationships between ideas and to show processes and procedures.
• Define new terms.

f. **Work pairs**

In a secure setting two participants can explore topics or issues that could be sensitive or of a very personal nature. Pair work is also appropriate for problem solving exercises that encourage intensive input, not consensus agreement. Remember to change pairs often so that the same two people do not always work together.

g. **Storytelling**

Based on a typical/practical case, a story with pictures is depicted. The story is told to the participants with the help of sequentially arranged pictures. The pictures are usually in flip charts or as PowerPoint presentations. The facilitator should be skilled in telling the story.

**Other suggested teaching aids**

Try to use many different teaching aids when presenting the topic information. Examples include
• Flip chart
• Handouts
• Games
• Graphs and diagrams
• Brochures
• Presentations
# ONE-DAY SENSITIZATION SCHEDULE

## DAY 1

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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<tbody>
<tr>
<td>8:00 – 8:30</td>
<td>Arrival and Registration of participants</td>
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<tr>
<td></td>
<td><strong>Module 01: Welcome and Introduction</strong></td>
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<td></td>
<td>Activity 1: Pre-training knowledge and attitude questionnaire (Annex 1)</td>
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<tr>
<td>9:00 - 9:30</td>
<td>Activity 2: Official opening remarks and workshop objectives</td>
</tr>
<tr>
<td>9:30 – 10:00</td>
<td>Activity 3: Group introductions</td>
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<td>10:00- 10:30</td>
<td>Activity 4: Take a stand (Annex 3)</td>
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<td>10:30 - 10:45</td>
<td>Tea</td>
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<tr>
<td>10:45 – 11:15</td>
<td><strong>Module 02: Understanding Key Populations in the Context of HIV</strong></td>
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<td>Activity 1: Key populations and HIV (Annex 4 and Handout 1)</td>
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<tr>
<td>11:15 – 11:30</td>
<td>Activity 2: Power walk</td>
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<tr>
<td>11:30 – 12:00</td>
<td><strong>Module 03: Key populations, Violence, and Human Rights</strong></td>
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<td>Activity 1: Intersection between HIV and violence</td>
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<td>12:00-12:30</td>
<td>Activity 2: Key populations and law (Annex 6)</td>
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<tr>
<td>12:30 – 13:00</td>
<td>Activity 3: My experience with law enforcement officers (Annex 7)</td>
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<td>13:00 - 14:00</td>
<td>Lunch</td>
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<tr>
<td>14:00 - 14:30</td>
<td>Activity 4: Human rights and key populations (Handout 3)</td>
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<td>Time</td>
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<tr>
<td>14:30 – 15:45</td>
<td><strong>Module 04: Violence, Police Procedures and Justice</strong></td>
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<td></td>
<td>Activity 1: Analysis of cases of violence against key populations</td>
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<td>15:45 – 16:00</td>
<td><strong>Module 05: Working Together, Action Planning</strong></td>
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<td>Activity 1: How can law enforcement and key populations work together</td>
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<td></td>
<td>(Annex 8)</td>
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<td>16:00-16:15</td>
<td>Tea</td>
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<tr>
<td>16:15-17:00</td>
<td>Activity 2: Joint action planning</td>
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<tr>
<td>17:00 – 17:15</td>
<td>Activity 3: Post-training knowledge and attitude questionnaire (Annex 1)</td>
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<tr>
<td>17:15 – 17:30</td>
<td>Closing</td>
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