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| Danish organisation | Brighter Horizons Denmark |
| Title of the intervention | HIV in Sierra Leone – prevalence and reduction among sex workers |
| Partner name(s) | Pink Power Organisation, Brighter Horizons Sierra Leone |
| Amount applied for | 499.844,- DKK |
| Country(ies) | Sierra Leone |
| Period (# of months) | 8,5 (October 15th 2021 to June 30th 2022) |

1. Objective and relevance (the world around us)

* What is the main purpose with the intervention, including challenges that need to be addressed?
  + If the intervention is an extension of a previous intervention, please describe: what results have been achieved so far? What are (still) the major challenges? To what extent does this intervention include new objectives, a new strategic approach or new target groups?

The main purpose of this intervention is to improve data on HIV prevalence, reduce/prevent the spread of HIV and advocate for action in Sierra Leone.

The major challenge here to convince both sex workers and public authorities that the HIV situation is out of control and the magnitude of damages that accompany this disease. Since many do not believe that they have HIV, they will and do continue their current praxis with having sex without condom adding to the increasing (or unknown correct) number of HIV infected people in Sierra Leone.

Through HIV testing of hundreds of sex workers we can conclude that almost all of them do not believe that they have HIV which leads to not receive or maintain proper treatment – to reduce a further escalation of the situation.

This intervention builds upon the nightlife testing of 444 active sex workers conducted in 2021 by local partner organisations Pink Power and Brighter Horizons Sierra Leone along with the financial inputs and testing facilities of ICAP[[1]](#footnote-1) – a large US-based health organisation at Columbia University with more than 200 employees currently stationed/working in Sierra Leone. We conducted both daytime (Nichoto approach) and nighttime testing (Moonlight approach) – during Moonlight testing of 240 sex workers we found that 96 were HIV positive illustrating a 40 percentage HIV positive. The Moonlight testing also ensures that we are actually testing sex workers given that a lot of girls selling sex in daytime might not be ‘fully active’ sex workers. Adding to this, even though we spent a lot of time explaining to the girls that they were HIV positive and we could offer them treatment the next day, only 40 per cent of those who were HIV positive showed up to be taken to treatment facilities. One month later when they were offered the next treatment, only 10 per cent showed up. We believe that the lack of trust in both science and authorities is the main reason for this experience and we are aware that we must put in a great effort to change this. Furthermore, given that official data on HIV prevalence among sex workers differentiate a lot from our findings, we have experienced some difficulties in our relationships with key national stakeholders on HIV.

* Describe the context of the intervention:
  + Describe the conditions that apply in the area where the intervention will take place, and which are expected to influence the intervention (e.g. social, economic or political conditions, or other projects or activities in the area that can supplement the intervention).

This intervention takes place in Freetown, the capital of Sierra Leone. Sierra Leone has approximately 240.000 active sex workers according to data from UNAIDS. Out of the 240.000, it is believed that Freetown alone contains more than 25.000 sex workers. Sex workers in Sierra Leone are considered to be one of the most vulnerable and marginalized societal groups in the country – most of whom are women and young girls (aged from 10-12 years and up). This group in general has very little access to health care, security and education that leads to a number of consequential spill over effects concerning life expectancy, general health, protection from abuse and knowledge on rights and sexual-related/health issues e.g. HIV etc. HIV has long been an issue on the African continent with many organisations – both international and national – combating the spread and prevalence of this disease.

As of now, thousands of sex workers are infected with the HIV virus – almost all them without knowing, or worse, believing. [[2]](#footnote-2)

6.7 per cent[[3]](#footnote-3). That is the official number posted by UNAIDS, Sierra Leone in regards to HIV prevalence among sex workers in Sierra Leone. This number is actually quite impressive, given that it is very low compared many other African countries. However, through our own testing (as described earlier) of more than 400 active sex workers in Freetown, we can conclude that at least 40 per cent of those tested are HIV positive. Adding to this, data on testing performed by Connaught Hospital in 2017 demonstrated that at least 24 per cent out of 3804 random patients were HIV positive. The Connaught Hospital testings and some of our own was conducted in the same area in Freetown (King George, Garrison Street and FA Jox.). Despite not being fully representative of an entire group (sex workers), numbers from testing indicate that the official 6.7 per cent from UNAIDS is - at the best - inaccurate.

The latest known update concerning condom usage among sex workers in Sierra Leone dates back to 2016 in a report published by the World Health Organisation (WHO). This report concludes that approximately 15% of active sex workers in Sierra Leone use a condom[[4]](#footnote-4). This is the lowest percentage of condom usage among sex workers in Africa.

Now, comparing official numbers of HIV among sex workers (6.7 per cent) with the testing done by ICAP and local partner organisations and Connaught Hospital suggest that the actual percentage of HIV among sex workers is much higher than publicly known. Adding the low condom-usage among sex workers in Sierra Leone we face a potential deadly and uncontrolled situation and escalation of HIV in Sierra Leone.

Work must be done to obtain more accurate representative data on how large a percentage of sex workers in Sierra Leone actually carry and therefore spread HIV – through male sex customers and hereon onwards to general public through own sex partners (wives, girlfriends etc.). Adding to this, there is an urgent need to inform and convince HIV positive sex workers to receive treatment to reduce the further spread of HIV. Furthermore, there is a need to adjoin forces/entering into dialogue with key stakeholders in Sierra Leone (e.g. UNAIDS, National Aids Secretariat, relevant ministries) to discuss and formulate new strategies given that current strategies (or lack thereof) do not address or fully comprehend the sheer magnitude of the situation.

* + Describe whether the intervention takes place in a stable or fragile context. If the intervention takes place in a fragile context, you can find inspiration on CISUs website about [nexus](http://www.cisu.dk/nexus).

The context is fragile in Sierra Leone. The country experiences periodical political instability while security concerns remain at status quo. Social and economic fragility prevails affecting social cohesion, employment and limited access to human rights. The areas in which the country remains unstable have no direct effect on the implementation of this intervention, however it means that we have to be flexible and ready for ad hoc adjustments – which we have plenty of experience in (e.g. Ebola, Freetown Mudslide, Covid19). Together with our local partners, we have solid experience in working within this ever changeable context, adapting our activities and practices to implement best possible. We have no concerns in terms of the current context regarding this intervention.

* Describe how this intervention will strengthen civil society organising – including active citizenship, volunteering, and public engagement – that contribute to social justice (realisation of people’s rights, reducing inequality and fighting poverty, participation in decision-making processes, equal access to resources, and just institutions).

This intervention seeks to strengthen civil society’s organising and ability to address and respond to the uncontrolled (and perhaps as of now, invisible) spread of HIV from sex workers to the general public. We firmly believe that the intervention will help strengthen the realisation of sex workers’ right(s) to access to health institutions and vital knowledge concerning the HIV virus – how it spreads, what it can do to your body and how to contain it. In addition, volunteers in the areas where testing will be conducted receive information/knowledge and experience in assisting large scale medical testing for the benefit of local communities and the vulnerable societal group of sex workers. Data gathering on HIV among approximately 1.650 sex workers enable both Pink Power and BH SL as Sierra Leonean NGO’s to advocate for strategic action on combatting HIV – in addition to the positive profiling of both organisations that accompany these data. With more accurate HIV data in hand, Pink Power and BH SL are able to take a central position in civil society when it comes to HIV among sex workers – and use this position to engage into cooperative dialogues with key actors in field.

* What climate- and environmental conditions do the partnership and/or the intervention need to respond to? And how have the partners responded to it? This could be in relation to the conditions of the target groups, the number of flights or the activities of the intervention, and how these affect the environment or climate in the area.

The intervention always need to take into consideration the local climate. The rainy season now last longer than earlier which also introduces the enhanced risk of flooding. The rainy season is usually over in September but right now is still ongoing as the calendar reads October. Given that this intervention will start during the extended rainy season, we will adapt our activities and planning accordingly. During the dry season we can easily conduct physical activities – and the schedule of activities will reflect these conditions and active choices. The Danish organisation Brighter Horizons Denmark (hereafter BH DK) will still need to travel to Sierra Leone by air albeit on less occasions than earlier interventions. We will plan with longer stays versus the number of visits maximizing the impact of the visit. It is a partnership is the strongest sense which in turn also require Danish presence on-ground during some activities and even though the local partners in Sierra Leone have become quite adept at running interventions there is still a need for close physical cooperation during the period of intervention.

The partnership/collaborators (our starting point)

* Describe the experiences, capacities and resources of participant partners (including the Danish organisation) as well as other actors (e.g. their experiences with the subject matter concerned, knowledge of the context in which the intervention will take place, networks and relationships).

**BH DK** was founded in 2017 albeit several of members of the board of trustees have been active in development work in Sierra Leone for the past 9 years – firstly through another Danish NGO (Football for A New Tomorrow). Since 2017 BH DK has completed 4 CISU funded interventions – while having one active for the duration of 2021. BH DK has good knowledge on the target groups at hand while having plenty of experience in running information campaigns and creating the right kind of materials for the right target groups. We have great knowledge of what is required from us as a Danish NGO to work in Sierra Leone, how to conduct ourselves, build networks and run projects with many difference actors involved. Our approach always contains a community/target group driven perspective since we believe – as well as based on experience – that we cannot foster lasting change for specific societal groups without working with and for them. This influences all of our choices and way of looking at challenges and how to address these.

Our local partners resources, experience, ownership and legitimacy are vital elements for the success of this intervention.

**Pink Power** is a female grassroot organisation founded in 2018 that comprises both former and active sex workers. The organisation has grown a lot over the past couple of years and has gained the trust of many sex workers in Freetown. Their involvement and spearheading in interventions is a central key to success in terms being part of the target group, whilst also being able to foster trust among sex workers not active in the organisation. Without Pink Powers ability to speak with and for sex workers it would be almost impossible to create real change for this target group. Currently, Pink Power played a large and central part concerning the cooperation with ICAP during testing of sex workers (as described earlier). Pink Powers presence and pink visual identity on materials, posters and flyers assisted ICAP in actually having sex workers show up for testing due to mistrust in authority-looking initiatives. Pink Power has increased their skillset on running information and advocacy activities throughout the past two years, where many activities in both active and former interventions is run primarily by them – with the organisational support and know-how of our other local partner, BH SL.

**BH SL** was founded in 2018 and have since then been running a programme for disabled men and former sex workers – the latter contains a strategy to help active young female sex workers off the streets, finish school and receive training in life skills and crafts to support their own livelihoods. Several of the staff and board members at BH SL have been working with development projects prior to the establishment in 2018, primarily through cooperation with FANT (as also mentioned earlier in regards to BH DK).

BH SL have been cooperating with Pink Power Organisation for the past three years and have assisted much in the capacity building of this grassroots organisation – together with BH DK. All partners are usually active in CISU-funded projects, hence both individually and collectively all have gained valuable experience and competencies in working with and for sex workers, establishing networks and conducting advocacy activities in Sierra Leone.

**ICAP** is a US-based health organisation with offices in more than 25 countries worldwide and more than 200 employees stationed in Sierra Leone. ICAP has solid experience in working with HIV and other health related issues through development projects. ICAP has a strong organisational platform and the resources needed to conduct large-scale testing and treatment for HIV and treatment with PrEp.

* Describe any previous acquaintance or cooperation between the partners, and how these experiences have fed into the development of the proposed intervention.

For several years now, BH DK, Pink Power and BH SL have been running and implementing several CISU and non-CISU funded interventions. All partners have amassed relevant experiences and capacities to continue our joint effort to improve living conditions, rights and lives of sex workers and women in Sierra Leone.

The interventions that have been completed cover areas such as women’s rights, information campaigns on health, sex, gender and violence, advocacy towards national/local authorities and much more.

The current active intervention funded by CISU (*Female Empowerment, Mentorship and Outreach in Sierra Leone*, 21-3339-CSP-MI) features some activities that offers synergy to this proposed intervention including seminars for bar owners and bouncers in terms of distributing condoms and information material during nightlife. The focus on condom utilization adds value to this proposed intervention given that condom usage is very low and exacerbates the spread of HIV. Earlier funded CISU projects have also led to increased external cooperation (outside the partnership of BH DK, Pink Power and BH SL) with relevant stakeholders such as UNAIDS, National AIDS Secretariat (NAS), Fourah Bay College, local law enforcement and many more. In dialogues and cooperation with several of these organisations we have succeeded in creating a larger network of actors that are invested into the conditions of sex workers – actors that are needed to foster changes within society including organisational perspectives on challenges and issues demonstrated and raised by BH DK, Pink Power and BH SL.

This intervention builds upon the completed testing this summer of 2021, where 444 sex workers were tested by ICAP. Due to good relations with UNAIDS in Sierra Leone via previous funded CISU projects, our contact at UNAIDS was vital in securing partnership with ICAP. ICAP funded the testing facilities while Pink Power, BH SL and BH DK took active part in securing the sex workers for testing during several weeks of night time testing in Freetown. As described earlier in this document, the results from testing illustrate a discrepancy between the official numbers provided via UNAIDS and the testing done via ICAP. Although not fully representative of the entire group of sex workers in Sierra Leone the different numbers indicate that HIV prevalence is worse than projected by UNAIDS data. This entails that strategies at hand do not fully address the HIV situation in Sierra Leone given that the numbers might be 5-6 times higher and thus would require a different strategy to mitigate growing numbers. This intervention thus seeks to expand the knowledge frame concerning percentage of HIV positive sex workers coupled with a targeted information effort to ‘enlighten’ disbelievers of the disease.

* Describe the contributions, roles, and responsibilities of the partners and other actors. Justify substantial payroll costs, and if payroll costs are included for the Danish organisation, describe the tasks and why Danish personnel are best positioned to undertake these tasks.

This intervention will be done in cooperation with ICAP – along with local partners Pink Power and BH SL. As described earlier ICAP funded the pilot testing of 444 sex workers, bringing in a medical team and offering medication for those who were tested positive. The price for testing around 1.650 sex workers is approximately 10.000 US Dollars and the price for HIV treatment for the women/girls who are tested positive (if calculating around 40 per cent positive, 700 girls) is approximately 20.000 US Dollars. Adding to this, those sex workers who are tested negative will be offered PrEp (preventive HIV medicine) amounting to approximately 10.000 US Dollars. ICAP will finance all for this intervention. ICAP thus brings to the table equipment, professional staff, testing facilities, financial backing and the organisational structure capable of offering treatment for at least one year to all those found HIV positive. ICAP will also be responsible for all the condoms we are giving out during the HIV testing of the 1.650 sex workers on various locations in Freetown. We expect to hand out around 100.000 condoms during the 20 weeks of testing. The price for this is around 10.000 US Dollars. ICAP will not take part as an official partner due to bureaucratic in-house mechanisms and will act as a subcontractor, primarily offering the strategic services needed in the intervention. Pink Power will take the lead in ‘recruiting’ the sex workers for testing given that they have earned the trust of many sex workers and sex workers around Freetown know the logo, name and purpose of the organisation. Pink Power will also run the logistics for the sex workers receiving treatment and medication based on results by using their Kehkeh’s (taxis) as transportation. Pink Power’s presence will foster trust among the sex workers to be tested. Adding to this, it is important to talk to the sex workers and gain a deeper understanding of why they do not enter into offered treatment – a dialogue which Pink Power staff can conduct. BH SL will provide security staff during night time testing which cannot happen without proper safety measures being taken. BH SL will also take part in running the more administrative on-ground tasks due to their more capable organisational structure and professional staff.

BH DK will run the overall administrative tasks and act as overall project lead. As in earlier interventions, a project group will be established making sure that all responsible involved have a forum to discuss project progress and ad hoc adjustments etc. This has worked quite well on earlier occasions. Adding to this, weekly – and sometimes daily – communication will commence during some of the more intensive activities, primarily between BH DK and the two local partners (Pink Power and BH SL). BH DK will also have staff (unpaid) on location in Freetown for some of the activities based on previous experience with running interventions of this kind.

* Describe how the intervention will contribute to developing the relationship and collaboration between the partners.

BH DK, Pink Power and BH SL have already developed a good and trustworthy name among the various organisations working with AIDS/HIV and other Sexually Transmitted Infections (STIs) through our efforts in Sierra Leone during the past couple of years. Via this intervention we will continue to nourish and strengthen our three organisations’ capacity and skillset to continue the much needed work for sex workers in Sierra Leone. Together, we have achieved the respect and mutually beneficial recognition of our work by some of the major national and international organisations invested in this particular target group and the challenges surrounding it. An example thereof is that we (Pink Power, BH DK and BH SL) are now invited to meetings whenever authorities or other major organisations gather to discuss sex workers in Sierra Leone. The most important actors are UNAIDS, NAS, ICAP, Ministry of Health and the National AIDS/HIV Control Program (NACP). We have already attended several meetings with these actors and have so far run activities and campaigns with both ICAP and UNAIDS. The pilot testing we did with ICAP has already further established our organisations as integral NGO’s when it comes to working with sex workers due to our credibility, legitimacy and knowledge of this target group. Considering our sizes as organisations, it is quite an achievement to be invited in and taken seriously by some of the much larger and heavyset financial and human capital organisations. Through this intervention we hope (and will work persistently) to expand our cooperation sphere with the Ministry of Health, NAS and ICAP. During pilot testing we were successful in inviting Dr. Jirina Mandova, a representative from the Ministry of Health to participate in one of our night time testing. Seminars and workshops are thus planned for this exact network operational objective. As mentioned we have experience some difficulties in our relationships with e.g. UNAIDS – we hope to improve this relationship via this intervention and the strategic approaches to cooperation with national stakeholders/duty bearers.

Target groups, objectives, and expected results (our intervention)

* Describe the composition of the target groups: specify approximate number of people in primary *(the persons who will participate in the activities of the intervention)* and secondary *(persons who will be affected by the activities of the intervention without having participated in them)* target groups disaggregated by e.g. gender, social groups or other relevant factors.

There are three primary target groups in this intervention – sex workers, their male sex customers and representatives from key national and international organisations which work with HIV and health in Sierra Leone. The target group of sex workers contains 1.650 women/girls that we are planning to test and afterwards offer treatment. The age group is between 15-35 years – based on our last testing. The target group of male sex customers contains approximately 20.000 men given that each sex worker have an average of around 10 male customers per week (10 x 1.650 = 16.500). Due to the low number of sex workers using a condom on a regularly basis this is potentially a large number of male sex customers who could be infected with HIV – every week.

The target group of organisational representatives is hard to determine in numbers until we are sure that they will participate in activities. We hope to have at least two representatives from at least 4 organisations participating in activities.

A secondary target group is all the sex workers who operate in the same areas as we will conduct testing and hand out condoms and information materials. In our intervention we plan to test 1.650 sex workers which amount to approximately 7 per cent of the total sex workers in Freetown. Those not directly involved in testing activities will also benefit from our intervention albeit on a different level.

We strongly believe that we can influence a large number of this group as well through our efforts with the group being tested and influence them to use condoms and thereby prevent further spread of HIV.

* Describe how the target groups will participate in- and benefit from the intervention.

The target group of sex workers being offered testing and treatment will benefit with knowledge about using condoms to prevent HIV, whether or not they have HIV and receive treatment/medication depending on results. It is vital that we are successful in convincing the women/girls about the severity of both having HIV as well as using preventive measures to further spread the disease. Another element is that we hope to build more trust towards to organisations involved in the testing and hence also trust in the results. The target group does not take part in planning or execution per se, albeit perspectives of this target group and how to reach them is made possible via the strong presence and embodied ownership of Pink Power former and active sex workers.

The target group of male sex customers will receive HIV information and knowledge on the importance of using condoms when engaging in sexual relations with sex workers. A large percentage of male sex customers prefer to not use a condom – and often persuade sex workers to have sex without a condom by paying a bit more. In an earlier CISU funded project we had some success in training male sex customers as ambassadors on e.g. respect for the female sex workers and resort from violence and abuse towards this group. We plan to utilize these prior experiences with male sex customers and use a similar approach to foster agents of change within this group. Male sex customers targeted here will benefit from the intervention through (hopefully) and increased usage of condoms and thus and reduction in the spread of HIV among themselves as well as other social groups/people they might engage in sexual relations with.

The last primary target group of representatives from national and international organisations committed to combating HIV and health issues in general will benefit from participating in meetings and seminars/workshops, along with invitations to follow the night time testing of the 1.650 sex workers. Participation in several activities will offer this group a deeper knowledge of the two former target groups, help convince them of the validity of the testing to take back into their respective organisations as well as offer the chance to collectively discuss possible joint strategies for combatting HIV in Sierra Leone.

The secondary target group of sex workers not being tested but working/being present in the areas of testing will benefit as described earlier – mainly in terms of receiving information about HIV and the importance of using condoms regardless of being offered an increase of pay in services. This group will also experience the presence of all participating organisations during night time testing leading to an increase in trust and awareness of the organisations thus making future e.g. testing possible. Given the density of the population and concentration of sex workers in specific areas in Freetown, they cannot but experience the presence of the organisations during testing and receive both information and condoms.

* Describe the objectives and expected results.

This intervention’s overall objective is to improve data on HIV prevalence, reduce/prevent the spread of HIV and advocate for action in Sierra Leone. There are three immediate/sub- objectives connected to the overall:

**Immediate objective one:**

Increase valid data set, representation of HIV prevalence and HIV understanding among sex workers in Freetown with the perspective reducing HIV through scientific data, medical treatment and collective organisational effort of key actors on HIV and health related work.

Expected results are:

* More valid and representative data on HIV among sex workers in Sierra Leone
* Increased understanding/acceptance of severity of HIV among sex workers
* Reduction of HIV spread through HIV information targeting sex workers and male sex customers
* Increased usage of condoms among sex workers
* Establishment of trust towards authorities and science concerning HIV testing and medical treatment

**Immediate objective two:**

Increase capacity and competence of Pink Power and BH SL’s staff and board of trustees to do more effective networking. We have experienced unexpected challenges with the large actors within the HIV/AIDS sector in Sierra Leone all of which are ‘upset’ by our recent findings (HIV among sex workers are not 6,7 per cent). We were ‘asked’ not to publish our findings given that these may present the organisations (UNAIDS, NAS etc.) as incompetent/unaware of the situation. We need to work on navigating this area and cooperation with these actors given that we need to work together in the best interest of our target group.

Expected results are:

* Stronger organisational and human resource competencies for using strategic approaches to networking and analysis of context/stakeholders
* Development of ‘toolkit’ for stakeholder analysis and strategic approaches to networking
* Increased knowledge among Pink Power and BH SL in terms relational work – how, why, when etc.

**Immediate objective three:**

Increase lobbyism to generate fertile ground for creating awareness on the uncontrolled situation of HIV among sex workers. The more data we have and can present to key actors, the more trustworthy our information will be – information due to public interest. We believe a central approach to be invitations for key actors to participate in several seminars and workshops where we can build good relationships while attempting to involve them further in our intervention and thus create more ownership among these. We need to increase their willingness to cooperate with us and acknowledge our contribution to the HIV/AIDS situation in Sierra Leone. It is imperative that duty bearers such as UNAIDS, NAS and Ministry of Health recognize and accept their role and responsibility towards rights holders in our target of sex workers. This will be emphasized during meetings/joint work.

Expected results are:

* Increased cooperation between several key actors concerning sex workers and HIV in Sierra Leone
* Increased public attention towards HIV in Sierra Leone (publicity of HIV prevalence might offer leverage to ‘demand’ action and/or mitigation)
* Improved network and understandings of mutually beneficial relationships between HIV/Health duty bearers in Sierra Leone and rights holder representatives via Pink Power and BH SL
* Endorsement/acceptance from Sierra Leonean duty bearers on HIV findings from testing – both prior and current (this intervention) testing of sex workers
* A potential new partnership platform through this intervention to foster and create future change on HIV strategies in Sierra Leone
* What is the strategy of the intervention? Describe the planned activities and how these will lead to the desired outputs and achievement of the objectives.

The strategy deployed for this intervention contains elements of gathering valid data on HIV prevalence among sex workers and utilizing these data to influence/effect; (i) sex workers (rights holders) understanding of the severity of HIV and; (ii) large and key national stakeholders and duty bearers on HIV in Sierra Leone. We plan to exploit Pink Power’s position, knowledge and legitimacy as a female grassroot organisation with and for sex workers coupled with scientific data on HIV via lab results to educate and convince sex workers of their own reality. As described earlier, many do not believe in the results and continue to have sex without condom and/or refrain from receiving treatment (both responding and pre-emptive). Through Pink Power staff and volunteers (former and active sex workers) along with professional medical staff from ICAP it is our hope to change the current HIV situation among sex workers in Freetown. Through invitations for closer cooperation and the possibility of following progress and testing themselves, we plan to involve representatives from UNAIDS, NAS, NACP and Ministry of Health in planning and implementation of activities. Diplomacy, lobbyism and networking are key tools to reduce ‘tension’ between local partners and national stakeholders/actors. Through dialogue, transparency and first-hand experiences we hope to create stronger ties with these key actors – with the potential for future joint work and strategic developments on HIV reduction alongside the possibility for further funding into HIV health related work in Sierra Leone.

For objective one we plan the following activities:

Kick-off meeting between partners and key stakeholders in regards to HIV in Sierra Leone. BH DK, BH SL, Pink Power and ICAP are obligatory participants while UNAIDS, NAS and Ministry of Health representatives are invited to cooperate from the offset of the intervention. This is done to foster more ownership and interest from these organisations being able to participate and follow the intervention from start to finish. We expect around 20 participants from the above-stated organisations. Planned date 15th of October.

Kick-off meeting with all staff, volunteers and testing team (ICAP) for the ‘Moonlight Testing’. At this meeting we will work out the details in terms of planning, logistics, recruitment, implementation. Given the large scale testing which involves several partners, it is important to align all participants concerning responsibilities, approach to sex workers and local surroundings, strategy for tested sex workers to receive treatment afterwards etc. Experiences from the pilot testing will be vital in order to make sure the set-up is effective and efficient. A manual for all participants here will be created and printed prior to the meeting. Expected participants is around 50 people. Planned date 17th of October.

First testing of 40 sex workers on location in a sex working area in Freetown. The location will be determined the day before the testing with arrangements for testing facilities, involvement of local community leaders and other people wanting to help out. Participants are staff and volunteers from ICAP, BH SL and Pink Power, around 30 people in addition to 40 sex workers being tested. Planned date 20th of October.

Testing of the remaining sex workers – from October 2021 to June 2022. We plan to have five testing events each month, each testing event can cover 30-40 sex workers tested. In total we will conduct around 40 testing events to reach around 1500 - 1600 hundred sex workers during this period.

HIV medication and treatment activities – for positive and negative lab results. ICAP will run the medication and treatment planning alongside Pink Power’s connection to the girls being tested. Pink Power will use their Kekeh’s (taxis) and female drivers to transport sex workers to treatment centers. Planned period running from late October 2021 to late June 2022 – in correlation to testing events and lab results. Around 1500 to 1600 hundred sex workers will be transported to treatment facilities.

For objective two we plan the following activities:

Seminar 1. Stakeholder analysis of the organisations we wish to establish stronger ties to/network. These are UNAIDS, NAS, NACP and the Ministry of Health. We will work on finding the correct approach to a mutual platform and common understanding. Expected participants around 20 (both male and female). Planned to run in October/November 2021.

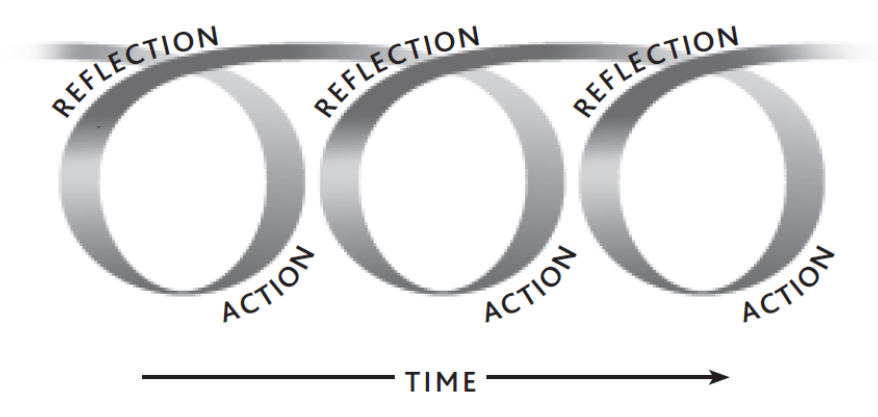
Seminar 2. Strategic planning/approach to each of the above mentioned organisations. How to build relations, using existing personal network/invitations for coffee meetings/other? How to conduct diplomacy in fragile settings? Expected participants around 20 (both male and female). Planned to run in October/November 2021.

For objective three we plan the following activities:

Ongoing lobbyism/networking/awareness raising based on developed approaches from seminars in objective 2. Aiming towards moving closer to, establishing trust and convincing key organisations that cooperation with Pink Power and BH SL supports their own effort and can contribute with added value. We plan to create personal relations through lobbyism to key persons in the organisations we are targeting – focusing on working with them and not against. Through trust and mutual understandings we plan to publish and spread our findings on HIV prevalence among sex workers to the media – hopefully with the endorsement of above mentioned organisations. We are keen to ensure public attention towards the issue of HIV without making enemies – which requires a more diplomatic approach than earlier expected. Planned to run in November/December 2021. Expected participants are 5 employees (male and female) from Pink Power and BH SL.

Awareness raising and outreach campaigns based on both previous findings (444 sex workers tested) and the ongoing testing in this intervention. We hope to kick-start public debate and awareness of the HIV situation among sex workers in Sierra Leone – and thus leading towards a stronger incentive for taking action by key national stakeholders - in cooperation with Pink Power and BH SL. Planned to run from January/February to June 2022.

* What are the plans for systematising experiences along the way and at the end of the intervention?

This intervention and activity planning on this project is seen as an ongoing process, which involves learning by reflecting, evaluating and acting. It is how we usually conduct in our projects.

All planning is based on and done under considerations of ensure the following i) thinking ahead and preparing for the future, ii) ensuring the right direction, iii) making the best use of available resources, iv) motivating staff, v) allocating resources and responsibilities, vi) ensuring smooth running of the project, vii) guiding implementation of the project, vii) clarifying goals and developing vision and iv) achieving the best results. In addition, a project group comprising of representatives from each of the direct partner organisations (BH DK, BH SL, and Pink Power) will be established to ensure that reflection, evaluation and action are applied in order to ensure continuous learning from activities implemented and used as lessons learned in the continued implementation. The project is fully aware of the fact that the context in Sierra Leone is ever changing, hence demanding both resilient and flexible planning and implementation in collaboration between the partner organisations and participant target groups. Overall BH DK will host and steer the project meetings taking place once a month from start until finish. Each partner will be required to present a short summary of intervention progress from the previous month. Through dialogues and checking-in ICAP will also be required to present a short status on their implementation role. Challenges arising in the project will be addressed jointly during these meetings. Experiences will be summarized every 3 months and shared with board of trustees in each organisation.

Intervention-related information work in Denmark

Not applicable for this intervention.

1. Supplementary financing

Supplementary funding in terms of ICAP financing testing and treatment of 1.650 sex workers along with handing out 100.000 condoms has been secured. Due to practices at ICAP we cannot include their supplementary finance in the budget, but we will have the activities/services listed as activities albeit without amount. It is a prerequisite for implementing this intervention and agreements/promises have been made by ICAP – same procedure as during the pilot testing which ICAP also funded for the 444 sex workers tested and consequently offered medical treatment.

Pink Power will finance the transportation expenses occurred with the treatment activities during intervention.

1. <https://icap.columbia.edu/where-we-work/sierra-leone/> [↑](#footnote-ref-1)
2. <https://aidsinfo.unaids.org/> [↑](#footnote-ref-2)
3. <https://aidsinfo.unaids.org/> [↑](#footnote-ref-3)
4. <https://www.who.int/hiv/data/Country_profile_Sierra_Leone.pdf> [↑](#footnote-ref-4)