**Pigg’s Peak Hotel**



Seminar participants posing for a photo after the official opening by the representative of the

Commissioner (centre, front row).

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# Seminar Attendants:

# RSP Attendants:

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name and Surname** | **Rank** | **Post/Designation** |
| 1. | Mr. Polycarp Ngubane | Assistant National Commissioner of Police | Director General Training and Development |
|  | Mr. Sam Mthembu | S/ACP | Second In-Charge Crime Investigation |
| 2. | Mr. Vusi Masuku | ACP | Regional Commissioner Police College |
| 3. | Mr. Simon Mlilo | ACP | Regional Commissioner - Manzini |
| 4. | Dr. Mgcini Moyo |  | Police Medical Doctor |
| 5. | Mr. Musa Zwane | Senior Superintendent | Second in-charge operational support |
| 6. | Ms. Simangele Motsa | Senior Superintendent | Second in-charge legal affairs |
| 7. | Ms. Tibonisile Mdziniso | Senior Superintendent | Regional Operations Officer-Hhohho |
| 8. | Ms. Wendy Hleta | Senior Superintendent | Regional Operations Officer-Lubombo |
| 9. | Mr. Chris T. Dlamini | Senior Superintendent |  |
| 10. | Mr. Hlungwini Hlatshwayo | Senior Superintendent |  |
| 11. | Ms. Zandile Mnisi | Superintendent | Officer in-charge Domestic Violence and Child Abuse Unit |
| 12. | Ms. Zanele Nxumalo | Superintendent | Police College Clinic |
| 13. | Mr. Henry Khumalo | Superintendent | Mbabane |
| 14. | Mr. Raphael Maseko | Superintendent | Manzini |
| 15. | Ms. Gelane Msibi | Superintendent | Nhlangano |
| 16. | Mr. Stephen Dlamini | Superintendent | Siteki |
| 17 | Mr. Vusi Gama | Superintendent | Second In-charge Command Studies |
| 18. | Ms. Sheila Ngubeni | Superintendent | Staff Officer Finance |
| 19. | Mr. Charles Magagula | Superintendent | Staff Officer – Traffic and Transport |
| 20. | Mr. Khulani Mamba | Superintendent | Police Information Communication Officer |
| 21. | Ms. Lindiwe Mhlanga | Assistant Superintendent | In-charge OSSU clinic |
| 22. | Ms. Philile Mkhonta | Assistant Superintendent |  |
| 23. | Mr. Phinda Ntshakala | Assistant Superintendent | Officer In-charge Curriculum Design and Examination Unit |
| 24. | Mandla Lukhele | Assistant Superintendent |  |
| 25. | Mr. Bhekani Khumalo | Assistant Superintendent |  |
| 26. | Mandla Lukhele | Assistant Superintendent |  |

**b. Seminar Speakers:**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name and Surname** | **Designation** | **Organisation** |
| 1. | Mr. Jones Blantari | Chief Superintendent | Ghana Police Service |
| 2. | Dr. Tony Ao | Epidemiologist | PEPFAR Swaziland |
| 3. | Ms. Sindy Matse | National Coordinator for KP | SNAP |
| 4. | Ms. Khanyisile Lukhele | KP Programme Officer | SNAP |
| 5. | Ms. Libet Maloney | Senior Technical Advisor-KP | HC3 Swaziland |
| 6. | Mr. Bheki Sithole | KP Programme Officer | HC3 Swaziland |

# Seminar Program:

ROYAL SWAZILAND POLICE

Leadership and Human Rights

*Maintaining* ***Law and Order***

*Operationalizing* ***Harm Reduction practices***

*Contributing to an* ***AIDS free Swaziland by 2022***

**Pigg’s Peak Hotel; 4-8 April, 2016**

**Hosts: Swaziland National AIDS Programme, HC3, Ghana Police Service**

**Sponsor: The US Presidents Emergency Plan for AIDS Relief (PEPFAR)**

|  |  |  |
| --- | --- | --- |
| **Day One: 04 April, 2016** | | |
| **TIME** | **SESSION** | **FACILITATOR** |
| 16:00 – 19:00 | Arrival and dinner | All |
| **Day Two: 05 April , 2016** | | |
| 08:00-08:30 | Registration | SNAP/HC3 staff |
| 08:30-08:45 | Welcoming introduction and prayer | RSP Representative |
| 08:45-09:00 | Remarks by the Hon. PS Health | Dr. Simon Zwane |
| 09:00-09:30 | Remarks and official opening of Seminar by the Commissioner of the Royal Swaziland Police | Commissioner Isaac Magagula |
| 09:30-10:00 | Ghana Police training film | House and guests |
| 10:00-10:30 | Group photo | In the front of Hotel |
| ***10:30-11:00*** | ***TEATIME*** |  |
| 11:00-11:30 | Participant and Facilitator introductions-Let us know who is in the house | Libet Maloney |
| 11:30-12:30 | The importance of 90-90-90: The Power of reducing the viral load | Dr. Tony Ao |
| 12:30-13:00 | The importance of high risk groups in viral suppression? | Dr. Tony Ao |
| ***13:00-14:00*** | ***LUNCH*** | |
| 14:00-14:15 | Mwili Wangu | Voices from Kenya |
| 14:15- 14:45 | The scope of this challenge? Research presentation | Sindy Matse –SNAP |
| 14:45-15:30 | Identifying and reducing vulnerabilities of the police to HIV infection | Chief Superintendent Jones Blantari |
| ***15:30-15:45*** | ***Working tea*** |  |
| 15:45-17:00 | Above-continued | All members |
| 17:00-17:15 | Being a Refugee | Voices from Zimbabwe |
| **Day three: 06 April, 2016** | | |
| 08:00-08:30 | Housekeeping + “You must know about me” | Positive policing in Macedonia |
| 08:30-10:00 | Rights-Based Policing – How it worked in Ghana;   * Research-assessing police views on SW * Consultation-with patrol, CID, regional | Chief Superintendent Jones Blantari |
| ***10:00-10:30*** | ***TEATIME*** |  |
| 10:30-11:00 | Decriminalization, policing, and a better future + Discussion | Voices and ideas from the UK  Discussion: moderator-Khanyi Lukele-SNAP |
| 11:00-13:00 | Advocacy with Police Hierarchy  Creating an environment for change?   * Morality vs. Core policing functions * Who is the criminal if a SW is raped? * Targeting those who carry condoms | Chief Superintendent Jones Blantari |
| ***13:00-14:00*** | ***LUNCH*** | |
| 14:00-14:30 | LEAHN interview film | House to share views- Bhekie |
| 14:30-15:30 | In-service training in Ghana police service-how does it work and who gets trained and when:   * Challenges * Successes | Chief Superintendent Jones Blantari |
| ***15:30-15:45*** | ***TEA TIME*** |  |
| 15:45-16:30 | Training manual for police- key elements/components of Ghana manual | Chief Superintendent Jones Blantari |
| 16:30-17:15 | Q+A about integration of training for Jones | Chief Superintendent Jones Blantari |
| **Day Four: Thursday, 07 April, 2016** | | |
| 08:00-08:30 | Becky’s Journey | The painful road facing many young girls ending in SW |
| 08:30-9:15 | Orientation of Police focal person in regions:   * reasons, * methods * benefits * Actual functions of focal officers | Chief Superintendent Jones Blantari |
| 09:15-10:00 | Monitoring and Evaluating programs   * Why is this important? * How was in carried out in Ghana | Chief Superintendent Jones Blantari |
| ***10:00-10:30*** | ***TEA TIME*** |  |
| 10:30-11:30 | Questions and Answer session with Jones-Your opportunity to ask burning questions | Chief Superintendent Jones Blantari |
| 11:30-13:00 | Dialogues | Visitors |
| ***13:00-14:00*** | ***LUNCH*** | ***Small groups*** |
| 14:00-15:00 | Remember Eliphas Part three | Eliphas continued path |
| 15:00-16:00 | Small groups planning- How do we take what we have seen/learned out of the boardroom and on to the streets- practical, actionable implementation planning sessions | House, Jones, HC3, SNAP |
| 16:00-16:45 | Report Back and group recommendations and resolutions and commitments |  |
| 16:45-17:15 | Final words |  |
| **End and departure** | | |

# List of Abbreviations

**AIDS** Acquired Immune Deficiency Syndrome

**ART** Anti-retroviral Therapy

**BSS** Bio-behavioural Surveillance Survey

**HTC** HIV Testing and Counselling

**KP** Key Populations

**LEAHN** Law Enforcement and HIV Network

**MoH** Ministry of Health

**OSSU** Operational Support Service Unit

**PEPFAR** President’s Emergency Plan for AIDS Relief

**RSP** Royal Swaziland Police

**SNAP** Swaziland National AIDS Programme

**STI** Sexually Transmitted Illness

**UN** United Nations

**USAID** United States Agency for International Development

# 1. Introduction and Background:

*“I see a sex worker as any other human being whose life I have been called to protect as a policeman. Every individual – regardless of the job he or she is doing – must be protected,”* Jones Blantari, Chief Superintendent of the Ghana. While public health experts describe hidden populations, like sex workers, as “hard to reach” populations, law enforcement has little trouble finding them. In many countries, these groups report fear of police as a major barrier to accessing health care services. On the other hand, globally, these ‘pockets’ of populations are at a higher risk of acquiring HIV than the general population, yet their access to services to protect themselves is always compromised by different barriers – which makes them to be even at higher risk.

As Swaziland remains with the highest burden of HIV in the world with a prevalence rate of 31 % for the adult population (SHIMS, 2011), there is a need for an urgent, coordinated and comprehensive response-from all sectors. Research carried out by the government provides further evidence of certain sub-populations among the general population with elevated HIV prevalence rates and risk rates including sex workers with an HIV prevalence of 70.3% (BSS, 2012). Higher risk means the need for more services. Unfortunately, these sub-populations, also known as key populations (KP), have their HIV epidemic hidden in that of the general population. It may be viewed as an epidemic within an epidemic. Can HIV be stopped in Swaziland if the hidden epidemic is not controlled? In a country with such heightened and mature HIV prevalence, leadership commitment, among other responses, is very crucial. Fortunately, His Majesty King Mswati 3rd has taken such a stand and has commanded everyone to work towards an AIDS free Swaziland by 2022.

In March 2015, the senior management, including the executive, of the Swaziland Royal Police met in Pigg’s Peak Hotel for the first time to discuss issues of Law Enforcement and Public Health, especially the health of vulnerable populations who are at high risk for HIV infection, like Key Populations (KP). This was after two executive members of RSP attended the 2nd Conference on Law Enforcement and Public Health, held in Amsterdam, Netherlands. There were recommendations made from the 2015 seminar, which resulted, in part, to yet another training based on Leadership and Human Rights issues.

## 2.1 Aim of the training:

The aim of the RSP training was to equip senior police with information on how they can ensure protection of vulnerable populations while meeting the King’s vision of zero HIV infection by 2022.

### 2.2 Objectives of the Seminar:

1. To provide information on the situation on the issues surrounding HIV and access to services among vulnerable sub-groups of the public;
2. To share experience from countries with seasoned programmes of police and public health, focusing on vulnerable populations;
3. To develop a plan of action on how Swaziland can handle such issues.

# Day 1:

## 3.0 Opening Ceremony:

Program Director: *Senior Assistant Commissioner, Mr Ngubane*

Guests of honor*: A. RSP National Commissioner representative – Ms. M. N. Dlamini*

*B. MoH Representative, SNAP Manager – Mr. Muhle Dlamini*

### 3.1 Remarks of MoH Representative

The seminar started by remarks from a representative of the Principal Secretary (PS) of the Ministry of Health (MoH), Mr. M N DLamini who delivered his speech as follows:

“The Ministry of health through Swaziland National AIDS Program in collaboration with Health Communication Capacity Collaborative (HC3) is in an effort to increase access to uptake of health services by key populations in Swaziland.

This is done by established a working relationship with the Royal Swaziland Police to address structural barriers faced by these populations when accessing both health and protective services.

We are here again because of the recommendations of the First meeting, which held on 17-19, March 2015.

The recommendation by the RSP participants of the 2015 meeting was that Ministry of Health should consider conducting training in order to equip the RSP with information and strategies that they can use to contribute meaningfully to the reduction of HIV infections in the country.

In response to the request, SNAP, in collaboration with HC3 and RSP officers who attended a Law Enforcement and public Health Conference in Amsterdam in 2015 met and planned a four days’ workshop, which will be supported financially by USAID.

Furthermore, a lesson learnt from the 2015 conference that police learn very well from other police as ‘they speak the same language’ the three parties through HC3 have invited an external facilitator from the Ghana Police service- Chief Superintendent Jones Blantari who has conducted such program with the Ghana police service and has years of experience in the work of making HIV a command function and cascading positive policing down through the ranks.

The key populations and vulnerable groups thematic area under ministry of health in collaboration withHC3 in an effort to increase access to and uptake of health services by key populations has established a working relationship with the RSP to address structural barriers faced by these populations when accessing both health and protective services.

We believe this workshop will equip participants contribute to the reduction of new HIV infections by adapting positive policing methods.

And sharing lessons from other African countries who have had success in positive policing and reducing HIV infections;

This meeting will create a platform to discuss practicalities and solutions to educating the force on working with those at highest risk for HIV; 

It is my request that this seminar creates an opportunity for RSP to benefit from lessons learned and solutions from a Law Enforcement from HIV Network regional advisor.

Through the Studies conducted in the country and the region they have shown that 50 per cent of new HIV infections come from key populations and Key populations do not access services due to structural barriers, legal, social stigma and discrimination.

We believe that the role of the Police and the Health sector is to ensure public health and safety – the police must ensure that the public is safe from any sort of violence public ensures that the public is safe and protected from any diseases

Let us share the celebration of working together towards achieving His Majesty the King Mswati III 2022 Vision - Zero New Infections by 2022. I thank you.”

### 3.2 Remarks of National Police Commissioner

After the PS of the MoH’s representative finished. The representative of the Commissioner of Police, Ms M N Dlamini opened the training by the following remarks:

“I am extremely delighted to be here at Pigg’s Peak Police today, representing the National Commissioner of Police who would have loved to have been personally present to attend and officiate at the opening ceremony of this Seminar, on ***Law Enforcement and Public Health***, for officers at both the Strategic and operational levels of the Royal Swaziland Police Service, but on account of other national duties he has been unable to do so.

The purpose of this seminar is to determine the role that we can play as a Police Service towards achieving an HIV/AIDS Free Swaziland, in line with the Royal Command of His Majesty The King, delivered during The Speech from The Throne when opening the 3rd Session of 10th Parliament, that the Nation should work together in ensuring that Swaziland is HIV/AIDS Free by 2022.

Hence, this Seminar initiative is a very important step towards reaching His Majesty’s vision and directive which requires a concerted effort, careful planning and focus on the end result and behavioural change.

Suffice that last year (March 2015), we assembled here at Pigg’s Peak Hotel for the same purpose and are therefore grateful to the sponsors of this Seminar, the US Presidents Emergency Plan for AIDS Relief (PEPFAR) through USAID as well as our partners Swaziland National AIDS Programme (SNAP), Ministry of Health and Health Communication Capacity Collaboration (HC3), for the continued partnership with us.

Special words of welcome to Chief Inspector Jones Kwame Blantari of the Ghana Police Service, who will be facilitating and sharing notes in this Seminar. We hope that your vast experience in policing and health domain will be of great benefit to us as an organization and country.

**The Challenge of HIV/AIDS**

HIV/AIDS is not only a health problem but has a destabilizing effect on families, communities and by extension, the nation as a whole as it escalates levels of vulnerability and destitution which are fertile grounds for crime and various forms of abuse.

It also has an adverse effect on socio -economic development, as productive members of society are either affected and/or infected, limiting their contribution to economic growth and development.

The statistics of infected and affected people makes it apparent to all and sundry that HIV/AIDS has established a foothold in our country, hence, eradicating it will be a challenge to us all.

However, as an organization that is used to challenges I have no doubt that we shall conquer when we work with unity of purpose.

**Police Role in Mitigating HIV/AIDS**

**Initiatives targeting various Levels of Society**

The fundamental mandate of the Police Service in the criminal justice value chain includes serving the community and protecting all persons against illegal acts as well as upholding the rights of every citizen in particular those who are vulnerable to exploitation.

Besides being the first responders to incidents, we also interact with different sectors of society including hard to reach populations who most often have health needs and are unable to access health facilities.

To this end, as part of our diversified role that entails assisting the community beyond the traditional role of fighting crime, the onus lies with our members to ensure that such populations are accorded the necessary interventions.

These may encapsulate providing primary health care through our Clinic facilities utilising the professionals we have in this field. Where necessary and deserving, we may also avail counselling services and fitting professional advice.

Furthermore, the Police are also the first point of contact with ***key affected populations*** that are most likely to bear the brunt of the pandemic such as sex workers and drug users.

Our role along with other stakeholders to these categories would be to educate and sensitise them about the perilous nature of this cause of action so that HIV is prevented at all fronts and there is behaviour change.

To this end, our officers must constantly be ready and vigilant to render assistance as well as enforce the law where most judicious.

**Internal Health programmes for the Police**

Given that as a Police Service we are not immune from the vagaries of the HIV/AIDS pandemic as we continue to lose skilled officers from HIV/AIDS related diseases.

Other than the loss of officers through deaths, the scourge also affects organisational productivity and efficiency as working hours are prone to be lost when officers are unable to report for duty due to illness.

We have thus prioritised programmes aimed at fighting the scourge, in line with the recently launched Health Policy and Health Strategy (2015-2020), to guide our Health and Wellness programmes in general and HIV/AIDS Management in the Workplace initiatives in particular.

In view of the occupational disposition of officers to contracting the virus, the Policy is focused on promoting a conducive work environment that is safe and minimises exposure to risk and injury.

It also puts emphasis on prevention, testing, treatment, care and on ongoing support as well as dealing with issues of stigmatisation and discrimination.

Suffice that, the Policy is not necessarily limited to the health of officers, but also those who on various reasons become our guests at our Police Stations Service Centres.

In developing our Health facilities we have brought on board a Medical Doctor in the person of ***Dr. Mgcini Moyo*** to provide specialised medical care. We are also recruiting Psychosocial Therapists to provide counselling services. These professionals will complement the nurses that are in our establishment.

In addition to this capacity building initiative, our health professionals conduct countrywide awareness campaigns, where officers are educated about HIV/AIDS and encouraged to test.

As enshrined in the recently launched Health Strategy, a package for all officers attending our basic recruit course as well as in-service programmes is in place to ensure that they are sensitised on HIV concepts and other health issues.

These educational awareness programmes and testing services are also extended to those who visit our clinic facilities and those whom we meet during our public outreach initiatives.

We thus encourage all officers to test and know their status. And that those bold enough to declare same in the event it is positive are not to be stigmatized.

In terms of lessening exposure to risk, Commanding officers are to ensure personal protective clothing such as gloves, face masks and other accouterments are to be availed to officers in particular, traffic personnel, officers manning Police cells, those providing emergency response and scenes of crime practitioners.

**Legislative Support**

To combat HIV/AIDS as law enforcers, it is necessary that we operate in an enabling environment supported by fitting legislation.

As alluded in last year’s Seminar, as a Police Service we are proposing that a legislation should be promulgated to address the issue where someone knowingly and negligently infects others.

We say this because there are cases of this nature which need to be dealt with resolutely.

The law should also be strong on issues of stigmatization and making a mockery of those infected and affected by this pandemic.

As a Police Service, we routinely deal with cases where people insult each other and make unsavoury insinuations about the status of another.

**Conclusion and Appeal to Seminar Participants**

In conclusion let me wish you fruitful discussions and deliberations which we trust will add value and assist us to up-the-ante in fighting the scourge of HIV/AIDS at organizational and national level.

Although Police organisations are notorious for being known as steeped in tradition and culture, the Royal Swaziland Police Service strives to be modern at all times and readily adopts new ideas which improve performance especially in terms of controlling such epidemics.

Let us therefore have the courage to change, if change will help us to overcome this pandemic.

In a nutshell, it must be clear to all and sundry that the Police do have a role in achieving an AIDS Free Swaziland and contributing to the noble Vision of His Majesty.

I therefore urge all participants to listen carefully to the deliberations and come up with a determination of how best we contribute to effective and compassionate HIV control without detracting from the laws of the country.

It is now my singular honour and pleasure to declare the Seminar officially opened.”

## 4.0 Seminar Programme:

After opening of the seminar, participants and guests went out to take a group photo in front of the Pigg’s Peak Hotel. The seminar program started as thus:

### 4.1 Ghana Police Training Film:

The seminar started with a video showing the work of the Ghana Police Service.

**Discussions:**

After the film, participants had a short discussion facilitated by the Johns Blantire, the training facilitator. The following questions and comments were raised:

|  |  |
| --- | --- |
| **Question/Comment** | **Responses** |
| 1. When was the video taken and is it really? 2. I heard you have a unit that disciplines the police, how did you establish them and how are they working? 3. How does Ghana deal with issues of gays and lesbians? 4. Comment: The video was touching and it is unbelievable that the police in Ghana are doing so much. | 1. The video was made in 2013 and of course it is really. These are issues dealt with in the Ghana Police Service. 2. It was through working with the police hierarchy. It’s best to start from the top and have their buy-in and everything else become easier. 3. There are still laws that illegalize some acts on these issues, like those related to sodomy but as police, we encourage fair treatment to all. 4. Yes, the video shows all the work being done by the police in Ghana. |

### 4.2 The importance of 90-90-90: The Power of reducing the viral load:

* The presentation was done by Dr. Tony Ao from PEPFAR Swaziland;
* He appreciated to have watched part of the video that was developed in the Ghana Police Service as he arrived while it was showing;
* He stated was going to speak about why some populations, like sex workers are important in the respond to HIV;
* Dr. AO’s presentation was entitled: “Getting to HIV Epidemic Control in Swaziland” and presented the following points:

#### The Epidemiology of HIV in Swaziland

* Swaziland has a generalized epidemic;
* Women have higher disease burden than men including:

Prevalence

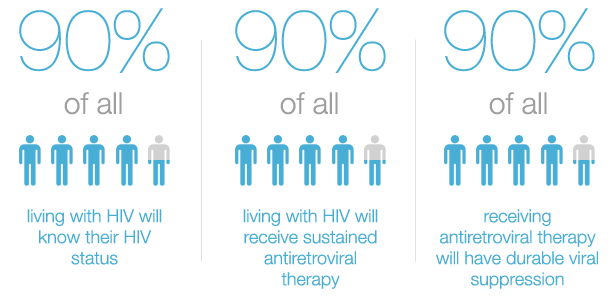
Incidence

Number of PLHIV

* Lower proportion of men are accessing service, including HIV services;
* There is dual epidemic of HIV and TB;
* Epidemic control requires more than business as usual for the people of Swaziland.

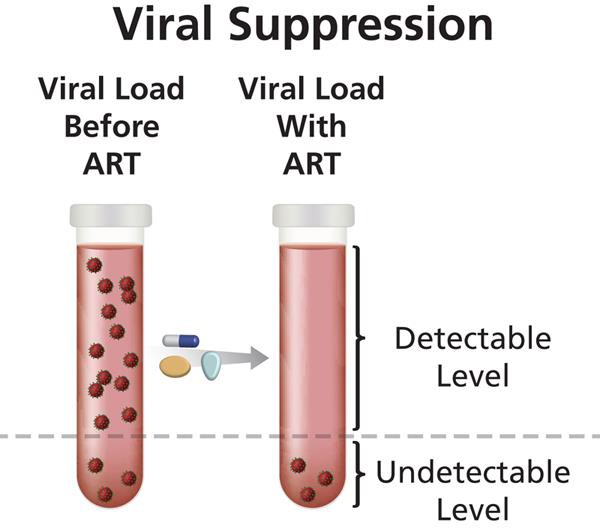
#### What 90-90-90?

* He defined this as the ambitious treatment target to help end the AIDS epidemic;
* He explained what is the meaning of this target as it is shown and explained in the illustration below:



* He further explained the benefits of suppressed viral load as:
* Healthier individuals and communities;
* Reduced risk of HIV transmission to others;
* Reduced AIDS-related deaths;
* Important last step to achieve epidemic control;

This is also shown in the illustration below:



#### Key Populations and HIV Epidemic Control

* Dr. Ao started by defining KP according to WHO and UNAIDS which includes: SW, MSM, PWID, Transgender people and Prisoners;
* Challenges faced by KP were listed as:
* Higher disease burden than general population;
* Higher risk for HIV acquisition and transmission;
* Poor access to health and social services;
* Hostile social/legal environment;
  + - Stigma and discrimination, esp. in the health sector
    - Subject to punitive laws and hostile legal environments
* He also gave an overview of the epidemic among KP in Swaziland, with 70.3% sex workers living with HIV;
* He stated that the HIV-free new infections Swaziland by 2022, as His Majesty’s vision, would not be achieved without considering the plight of KP in the epidemic;
* He presented the bigger picture plan for considering KP in the fight against HIV as shown below:

Program and

policy shifts from business-as- usual to early treatment for all, especially for **key populations**

Achieving

90-90-90

in 2020

Zero New

Infections

Zero Deaths

Zero

Discrimination

AIDS Free

Swaziland

in 2022

***Discussions (questions and answers session):***

|  |  |
| --- | --- |
| Questions | Responses |
| * Has the cure for HIV found as we have heard from the news that doctors from Spain have found? | There is no cure for HIV yet. We only know of one case when a bone marrow transplant was used to cure HIV but that’s the only case. |
| * Why are women infected faster than men? | This is due to biological and structural reasons. For instance, women are more susceptible because of the biological lining of their genital area. They are receptive partners during sex and the vagina can tear easily and store viruses compared to a circumcised man. |
| * What can we learn from SA? We understand that some provinces have low HIV prevalence than others? | Yes South Africa has provinces like Eastern Cape where circumcision is part of their culture and therefore HIV prevalence is lower as men are circumcised there. We can learn than male circumcision does work. |
| * Why are some of these people in need of treatment not on treatment? | There are different reasons, including that most people who are eligible do not know their status because they do not want to test, some are not ready for treatment even if they know status and some default from treatment. |
| * Isn’t religion a cause of defaulting and what could be done? | Yes, some religious beliefs encourage people to abandon treatment. This is an issue that needs everyone to assist in resolving. |
| * Can target populations start treatment immediately without having to wait for CD4 count less than 500? | Currently we are still using the guidelines of the country that is applicable for everyone but WHO encourages that KP should start immediately. |
| * Are there new service delivery models in place related to delivery of HIV services? | Yes there is lot of effort being done by the government and partners including having long-term refills and currently there is a plan for community-based refills for ARVs. |
| * If KP are discriminated they are likely to infect others. What can we do to eradicate this discrimination towards KP? | Again this is a nation response that requires everyone to be involved to make sure no one is being discriminated. |

## 4.3 The scope of this challenge? Research presentation:

* This presentation entitled “Characterizing the HIV Prevention and Treatment Needs among Key Populations -Female Sex Workers” was done by Sindy Matse, the National Coordinator for Key Populations and other Vulnerable Groups
* Her presentation covered:

***Definition of KP:***

* KP were defined as sub-populations that are at higher risk of being infected by HIV, and transmitting to members of their sexual networks and the population at large as a result of behavioral, social and structural risk factors. She emphasized that their involvement is vital for an effective and sustainable response to HIV;
* She further listed Swaziland’s definition of KP, including SW, MSM, PWID, prisoners and vulnerable groups;

***Why focus on KP:***

* Limited services that focus on key populations and their needs has contributed to the high HIV burden among these groups;
* New HIV infections are linked to sex workers and their partners;
* Hence the need for a focus on the HIV prevention, treatment, care and support needs to the key populations through the programme.

***Size Estimation Study Results:***

* This study was done in 2013 led by a task force team, including: Ministry of Health, HC3 Swaziland, KP BCOs and technical support from Johns Hopkins University;
* **Aim of the study:**  To generate data for evidence-based programming, planning and delivery of cost-effective quality HIV prevention, treatment care services for KPs;
* **Objectives of the study:**

1. To estimate the population size of FSW in Swaziland,
2. To locate, assess venues and HIV health services for FSW in Swaziland,
3. To triangulate HIV data for effective HIV prevention, treatment and care services for FSW.

* The study took place in five towns: Mbabane-Ngwenya-Ezulwini; Manzini-Matsapha; Piggs Peak; Lavumisa and Nhlangano

|  |  |
| --- | --- |
| STUDY SITES | SIZE ESTIMATION (15-49YRS) |
| Mbabane/Manzini corridor | 2,562 |
| Lavumisa | 186 |
| Piggs Peak | 796 |
| Nhlangano | 498 |

* **Other findings included:**
  + Mean age of the participants-28years;
  + FSW were subjected to stigma and human rights abuse;
  + 28% were ever forced to have sex against their will;
  + 46% reported verbal harassment;
  + 33% physically aggressed;
  + Fear of getting in trouble with the police resulted in almost 40 percent of FSWs in Mbabane reporting that they avoided carrying condoms;
  + 24% reported to be afraid to access health care services – they were afraid that health care workers might report them to police.
* **Recommendations from the study included:** 
  + Ensure provider competency in addressing the health-related needs of MSM and FSWs;
  + Scale up context-specific KP services;
  + Consider optimal models of service provision for KPs;
  + Strengthen the Royal Swaziland Police (RSP) and other government entities with the mandate to prevent and address violence against FSW and MSM, with the skills to do so effectively;
  + Support to local organizations and networks of FSWs to monitor enacted stigma and discrimination, including violence within their own populations,
  + Conduct stigma mitigation research and evaluation;
  + Assess interventions aimed at improving connection and adherence to treatment.

### 4.4 Identifying and reducing vulnerabilities of the police to HIV infection

* ****This session was facilitated by Chief Superintendent Jones Blantari of the Ghana Police Service;
* He started with a presentation entitled ***“The perspective of the Ghana police service in the national response”***;
* The presentation covered the following:

***Introduction/Background:***

* The Ghana Police AIDS Control Project was formed in 1999 as a collaboration between the Police Service and FHI to provide targeted interventions to vulnerable groups in the transmission of HIV;
* Experiences from other countries has shown the Police as a vulnerable Population;
* Assessment of Police Vulnerabilities has been conducted in the Ghana Police Service;
* The assessment targeted all structures in the police service: Senior Police Officers, Inspectorate, and Other Ranks;
* Methodology-FGDs and administration of structured questionnaires.

***Outcomes/Why Police were Vulnerable***

* Duties away from home – police end up being ‘tempted’ to have sex with other people besides their spouses;
* Night Patrols that bring them into contact with sex workers – again they end up having sex with them;
* Multiple sexual partnerships;
* High Rates of STIs – most police were having untreated STIs;
* Self treatment of STIs – most police would rather prefer treating themselves than getting professional medical assistance;
* Reluctance to use condoms;
* High alcohol intake.

***Initial Interventions in the Ghana Police Service:***

* **There were 4 pronged approaches initially in the police service:**

1. *Quality STI treatment to reduce HIV contraction and transmission*. This included:

* Care providers received comprehensive training in Syndromic Management of STIs;
* Referral clinic established at the Ghana Police Hospital;
* Counseling services provided to those having STIs;

1. *HIV Counseling Services:*

* HTC center was established at the Police Hospital; it was among the first in the country many counselors trained in HIV Counseling, psycho-social support and Home based Care (25 in all) Clientele is police personnel;

1. *STI and HIV Laboratory services:*

* This was for blood safety;
* It has unlinked anonymous HIV testing;
* It is for STI and HIV diagnosis.

1. *Behavioral Change Communication*

* Aimed at changing the sexual behavior of personnel. Approaches used included advocacy with Police Top Hierarchy;
* Sensitization on HIV and AIDS Education, Counseling and STI from middle level and SPOs;
* Formation of Regional Police AIDS Committees;
* Capacity building on HIV and AIDS prevention to Police Wives;
* Peer Education program for Junior Officers;
* Integration of HIV and AIDS education into the curriculum of Police training schools;
* Development of targeted communication materials;
* Provision and promotion of condom use among personnel;
* **CONDOM WALLET** Concept first introduced.

***Tangible Results:***

* By 2004 the Ghana Police Service had moved on to providing TREATMENT to positive clients and on going till date.
* Thus with the onset of treatment, barriers to previous fears; ignorance, silence; denial which gave rise to Stigma and Discrimination were being tackled;
* Sustained behavioral Changed was the focus of the police service.
* Our facilities and personnel were used to train other security services both in Ghana and in Africa such as Nigeria, Sierra Leone, Eritrea; Kenya
* Regular invitations to share experiences on international platforms in countries such as Zimbabwe, South Africa and Malawi and Ethiopia.

### ****Identifying Vulnerabilities for RSP:****

* After his presentation, Chief Superintendent Johns Blantari grouped the participants into three groups and each group was tasked to identify the things that make the Royal Swaziland Police to be vulnerable to HIV and AIDS;
* The result from the groups after discussions were as follows:

##### **Group 1:**

* Migration – when police posted to new stations. Sometimes police leave families behind and are likely to meet new sex partners where they go;
* Multiple sex partners – sometimes this is common among police;
* Attending traffic activities – this may expose police to contact with blood especially where road accidents have occurred;
* Lack of consistent use of condoms – as other people, police may not use condoms consistently;
* Sharing accommodation at work place – because of lack of houses, sometimes police share accommodation and are vulnerable to have sex with the people they share with;
* Police uniform appear attractive in society – generally, young women would fell for ‘the men in uniform’ because they attract lot of potential sex partners;
* Senior police can use their powers – in some cases senior police will use their powers to have sex with junior police;
* There are people seeking overnight accommodation in the stations – as a result, with the people who ask to sleep overnight, police would be tempted to have sex with them.

##### **Group 2:**

* Traffic accidents exposure – this may expose police to contact with blood especially where road accidents have occurred;
* Transfers and postings – when police posted to new stations. Sometimes police leave families behind and are likely to meet new sex partners where they are posted;
* Accommodation – junior officers share houses and can have sex with each other or their partners;
* Crime scenes – when police are attending to scenes of crime, they are likely to be exposed to blood which can expose them to HIV infection;
* Multiple sexual relationships – like other people, police engage in multiple concurrent partnership which increases their risk to acquire HIV;
* Stigma – police fear seeking health and HIV services most of the time. There is fear of being known to be living with HIV.

### ****Group 3:****

* Assault – sometimes when attending crime scenes, police experience assault which may result into exposure to blood and therefore exposure to HIV infection;
* Hand cuff – as police use handcuffs to suspects, these may expose blood which can put police at risk if they come into contact with;
* Resisting arrest – some suspects resists arrests which result into use of power and this may result into blood exposure;
* Insufficient accommodation – in most cases police are forced to share accommodation with families of colleagues and they may end up ‘tempted’ to have sex with some of the people they share with;
* Abuse of power – senior police may use the power they have to have sex with junior police;
* Courses – being away from home for trainings also expose police to have sex with other people away from home/partners;
* Exchanging sex for arrest – when police arrest suspects, especially at night, sometimes they negotiate sex so for freeing them from arrest. This may engage unprotected sexes, which expose the police to HIV infection.

### 4.5 Film Watching: Being a Refugee – Voices from Zimbabwe

Participants watched a video about the story of a woman from Zimbabwe who travelled from South Africa to look for a job. But when getting to there she found herself sleeping in the but station for a week as she could not find any shelter nor a job. She was then introduced to sex work to survive and feed her children. She speaks about the challenges of being a sex worker, especially the abuse from clients. She pleads the government to at least provide protection to sex workers as it is to every human life.

# Day 2:

### 4.8 Rights-Based Policing – How it worked in Ghana

* After house keeping issues, the training chief facilitator, Johns Blantari, presented a rapid assessment report from the Ghana Police Ghana, entitled ***“Police and KP Relations”.*** In his presentation, he covered the following topics:

***Introduction:***

* FSWs and MSMs have been identified as CORE transmitters of HIV in most developing countries including Ghana;
* Prevalence among these sub-populations (mostly referred to as KPs) is MARKEDLY greater than in the general population;
* The National Response has as one of its major Behavioral Change Communication (BCC) indicators; the Correct and Consistent use of Condoms for ALL High-Risk Sexual intercourses especially with/among MSMs and FSWs;
* HIV prevalence among the general Population at the time of the study 2009 was 1.9%;
* Other studies indicated that HIV prevalence among FSWs was 4.9% for seaters and 16% for Roamers and even higher in MSMs;
* BSS conducted by SHARP in 2006 reported 98% condom use among FSWs
* Soliciting and Sodomy are currently offences under the Criminal Offences Act (Criminal Code) which is enforced by the Police;
* However the Police have come under public criticism in recent times especially when FSWs have been rounded up and ‘possession of condoms’ has been used as evidence against them;
* In other situations, HIV testing has been ordered by magistrates and the status of these FSWs have been declared openly in Court;

***Objectives of the Assessment***

* KABP of Police Personnel towards KPs and how they relate to KPs;
* Explore general level of knowledge of Police Officers on HIV & AIDS related issues
* Assess the level of knowledge of officers on Sexual Offences
* Determine the level of enforcement of laws related to sexual offences
* Understand their general attitude towards KPs

***Inclusion Criteria***

* An senior police officer (SPO) occupying Command Position;
* Crime Officer;
* Any other Police officer who had insight into workings of KPs;

***Assessment Outcomes:***

* There were 2 broad categories of the law which were offences to KP:
  1. **Laws on Sex Related Offences:**
* Sect. 104 – Unnatural Carnal Knowledge:

- It is sexual intercourse with a person in an unnatural manner or with an animal.

- Human to Human (Sodomy)

- Human and Animal (Bestiality)

* Sect. 108- prostitution of Children under 16 yrs:

*(Both Offences are Misdemeanors)*

* 1. **Offences Against Public Morals**
* Sect. 273 - Engagement of Minors in Brothels;
* Sect. 274 - Living on earnings of Prostitution;
* Sec275 - Soliciting or Importuning for Immoral Purposes;
* Sect. 276 - Arrest of Sex Worker without the Consent of Superior Officer;
* Sect. 277 - keeping a Brothel.

*(All the above Offences are Misdemeanors)*

***Other Findings of the assessment included:***

* There is generally a high level of knowledge of Sex-related Laws among respondents. (between 76.5% to 87.3%);
* 28.7% of respondents think the laws as they are now are a hindrance to the fight against HIV and AIDS;
* 83.3% of respondents believe, the Ghana Police Service promotes the use of Condoms;
* 19.9% of respondents have ever received directives from superiors to arrest SWs while 6.4 % received directives to arrest MSMs;
* Evidence used for prosecutions for SWs included
* “Caught in the Act” – 80%
* Possession of Condoms- 8%
* Reasons for arrest of sex workers:
* *‘Doing an Act in Public Place’;*
* *Soliciting or Importuning for immoral purposes’;*
* *‘Having Sex in a stationary vehicle at the Beach’.*
* 6.4 % of respondents have ever received directives to arrest MSMs;
* Reasons for arrest of MSMs included:
* ”*Soliciting near Hotels and Night Clubs”*
* “ *Having unnatural Carnal Knowledge at the Beach”*
* General knowledge about HIV was High;
* 78.9% of respondents would interact with PLHIV,
* Perceptions about KPs were generally Negative;
* Knowledge about Sex-related laws were quite High;
* Opinion on KPs activities was generally unacceptable. (81.7% said it was against their religious beliefs);
* Attitude towards KPs would take strenuous and concerted efforts to minimize.

***Recommendations from the Assessment:***

* Ghana Police Service’s AIDS Programme (GPSACP) should increase advocacy programs on KPs activities;
* Capacity of instructors at the Police Training Institutions should be enhanced to include topics on Human Rights and Stigma reduction topics;
* Decouple moral beliefs from core Police functions;
* Police personnel should be upgraded routinely through workshops and seminars on statutes that deal with KPs and their Public Health implications.
* After the presentation participants went to three groups and they were tasked to discuss the following:
  1. What interactions do police have with sex workers?
  2. What interventions could police have to sex workers during those interactions?
* The 3 groups discussed the topics and came back to present as follows:

***Group 1:***

***Interactions***

* There are negative attitudes towards KP (both from police and society);
* There is stigmatizing KP by words and gossip (both from police and society);
* There is abuse of the rights of KP, again by society and police;
* There is lack of education/knowledge on the part of the police on how to handle or treat KP.

***Suggested Interventions:***

* Conduct educational campaigns – firstly for police so that they can also do them for KP. Police need to be positive first. There should be capacity building for police;
* Have a strong disciplinary mechanism to deal with officers who abuse KPs;
* Lobby for decriminalizing of SW to politicians.

*After presentation, the facilitator emphasized police should do their job and leave lobbying to others*.

***Group 2:***

***Police interact with KP during:***

* Raids;
* Patrols;
* Their (police) random visits when they report cases;
* Raids of brothels settings;
* Some police seek personal services from sex workers.

***Suggested Interventions:***

* Focus on assisting SW rather than only arresting and prosecution;
* Make sure to keep them (SW) safe where they work;
* Handle SW professionally and ensure compassionate support;
* Sensitize all officers about the KP – understand the terms of references of the trade;
* Training special team to deal on issues of KP;
* Allow a platform to discuss their activities.

***Group 3:***

***Possible Positive interactions:***

* Engage in dialogue with KP to enhance understanding of each other;
* There could be referred to health care centers when they need to;
* There should be criminal investigations when they report;
* They can act as informants.

***Negative interactions:***

* Unfair rapport – when they see police vehicles, they run away;
* Unfair arrests, police will keep them in jail;
* Unpaid sex by police – police sometimes take advantages and do not pay for services received from a sex worker.

***Interventions:***

* Empowerment: police empowered on human rights, HIV;
* Police and MoH collaborate to share information;
* There should be lobbying for fair treatment of SW.
* After presentations, facilitator encouraged the participants to open access of health services for KP in their clinics. Police and SW can benefit. Police were encouraged to extend services to SW and collaborate with HC3 and SNAP.
* Police participants also shared that in most cases KP don’t disclose – one shared a case where SW was inserted a banana in the vagina and wasn’t paid for servicers she had provided. After she built a rapport with a police, she was able to disclose her case wasn’t a rape but she had been abused while in sex work.

### 4.9 Watching Video: Decriminalization, policing, and a better future

* This is a UK-based video participants watched. It is about decriminalization of sex work while enforcing the law. After the watching the video, there was a discussion on the difference between decriminalization and legalization. Decriminalization was defined as the ceasing to treat something as illegal. This does not mean the act is now legal, but it is a matter of ‘turning a blind eye’ to the act.
* The chief facilitator, Johns Blantari, advised participants weigh crime acts. He advised that sex workers could be allies to police, as they know a lot about things that happen at night. In that way they can lead to break-though in major crime acts, which can result in promotion of police. However, no police can be arrested for arresting a sex worker, a misdemeanors case.

### 4.10 Advocacy with Police Hierarchy Creating an environment for change?

* Johns Blantari made a presentation entitled, *“****Promoting Stigma Reduction against Female Sex Workers through Rights Based Policing - A Case of the Ghana Police Service”*** for this topic.His presentation covered the following topics:

***Background information:***

* Ghana has a stabilized national HIV prevalence of 1.3% in 2013;
* Prevalence among FSW is higher at 11.1%;
* There has been progress in providing comprehensive HIV services to FSW by the GAC;
* There are two (2) major impediments towards service uptake:
* Their rights are not guaranteed due to illegal nature of their work;
* Abuse by Police go unreported and therefore hinders intervention efforts.
* Two (2) studies conducted by the Ghana Police Service (2007) and UNFPA (2009) confirmed that FSW experienced:
* Rape;
* Assault;
* Traded unprotected sex for arrest by police;
* Police arrested them on the basis of carrying condoms as evidence;
* No legal representation when sent to court;
* Interpretation of Laws largely depended on their moral beliefs.

***What has been done?***

* Ghana Police Service (GPS) and UNFPA collaborated to implement interventions on Rights Based Policing;
* Areas of focus were:
* Vigorous sensitization on reducing HR abuses against FSW by Police;
* Promoting interactions between FSW and Police to strengthen education on Human Rights.
* UNFPA provided both financial and technical support.

***Key Interventions:***

* Advocacy for Change Management for Police Hierarchy;
* In service training and capacity development for Police and SW;
* Implementation of new mechanism for Rights Abuses reporting that ensures safety and confidentiality;
* Revision of pre-service training curriculum;
* Availability of Legal representation of sex workers;
* Monitoring and Supervision of the New Change Management Process.

***Other Interventions:***

* Follow-up meetings with SW (where we discussed basic information on Human Rights, and Security tips);
* Pre-service training of Police Recruits;
* Orientation of Ghana Police Focal Persons/ Peer Educators/M-friends;
* In-Service training of service personnel at 3 levels.

***Results:***

* Action points resulted in the following
* Change management system to improve attitudes and protect human rights and prevent abuse of FSWs instituted;
* Orientation of Police Personnel across the country on Rights Based Policing;
* Curriculum enriched with topics on GBV and human rights (HR);
* FSWs empowered to report abuses by Police and general Population;
* Better understanding of laws on soliciting and need to use discretionary powers;
* Divorcing moral beliefs from core policing functions;
* Increased use of rights-based model in dealing with SW.

***Challenges:***

* It was difficult for some personnel divorcing moral beliefs from core policing functions;
* Application of the Public Health Approach to Law Enforcement by ‘OLD GUARDS’

***Lessons Learned:***

* FSW are now bold to report abuses of police to their superiors;
* Police swoops on FSW at ‘red light stops’ virtually non-existent;
* High Level Police ownership facilitates smooth change management process towards rights based policing;
* Police involvement in orientation sessions demonstrates more positive attitudes towards FSW.

### 4.11 LEAHN Interview Film

* Participants watched a short film entitled “*Amsterdam Consultation”* a film that was developed in the Consultation on Police and HIV in Amsterdam, October 2014, prior to the Law Enforcement and Public Health Conference. The video was addressing why police involvement is important in the control of HIV. The film discusses some of the following issues: police are key to civil society protection, moreover they have a role to play in prevention of HIV because they are part of the community.
* The film entailed interviews of different focal country persons of the Law Enforcement and HIV Network (LEAHN) around the globe. Focal country persons were sharing how they have started engaging the police in their countries on issues related to public health and key affected populations. Some countries have started trainings of their police officers on how to engage with KPs while others has promoted more interaction with some KP groups for strengthening partnerships.

***Discussions after LEAN vedio:***

* There was a discussion facilitated by Johns Blantari after watching the video and it was engaged by the question he asked, “Do we see ourselves also doing the same job as RSP?”
* RSP participants suggested to start by research of attitude assessment within the police as baseline on knowledge and attitudes;
* They suggested there should be a course for recruits on training and in-service training – there are also police living with HIV and there are not enough services/support provided
* Police feel the pouch idea is great but the police will need to decide where they can have it on their body;
* There is low level of HTC uptake among the police and most do not know their status;
* They (RSP participants) suggest introduction of VMMC among the police officers;
* There was also a suggestion that we start looking back and see what interventions have been done with the police until now and then come up with a roadmap – this was from the understanding that HC3 and SNAP have already done some interventions with police and that should not be in vain;
* Regional commanders should also be involved in whatever interventions that are being done with police.

### 4.12 Whom should we concentrate on in enforcing the laws on public morality? The dilemma of the Ghana police service.

* Chief Superintendent Johns Blantari presented this topic to participants and covered the following topics:

***Background Issues:***

* Ghana has recorded significant progress in the fight against HIV and AIDS over the last decade;
* Prevalence has plateaued around 1.3% in the general population (15-49yrs) for sometime now;
* Significant challenges exist in Key Populations where prevalence is 15 times higher than the general population (11% for FSW and 17% for MSM);
* Social, political, religious and legal settings in country do not promote access to prevention, treatment and Care services for this sub –population;

***Description:***

* The epidemic of enforcing bad laws by Law Enforcement Agents stand in the way of progress in addressing HIV;
* Creation and application of laws is often based on prejudice, fear, myth and NOT science or evidence;
* In the absence of protective laws therefore, there is increase in intolerance and rights violations;
* As key players in the enforcement of laws, the GPSACP in collaboration with the Ghana Office of UNFPA designed and implemented a program in 6 out of 14 Police Regions in Ghana with the aim to:
* Solicit information on how the Police would identify a sexual minority/key population
* Define Laws that classify Key Populations
* Increase understanding on what constitutes the causation of a sexual offence/offence against public morals.

***Methodology:***

* Focus Group Discussions to discuss issues raised (in the description);
* Sensitization to address pertinent issues that came out of the FGDs.

***Issues of Discussion:***

* A. The discussion areas and responses included the following?
* How do you identify a Key Population?
* *“…I can identify a KP by the nature of her short dress, long earrings, exposed breasts, chains on her legs and fancy hair styles…”*
* *“…I can identify a sex worker by the type of dressing he/she wears and the location especially at night…”*
* The ability of respondents understanding the laws and interpreting them ranged from one being an SPO (77%) to working at DOVVSU (70%) to operational men (38%) respectively;
* B. How does the Criminal Offences Act describe the offences of Solicitation or unnatural carnal knowledge?
* In all instances, participants could not define or state the key ingredients of the law as stated in the Criminal Offences Act. (Ref. Sect. 104 & Sect 273-276 of the Criminal Offences Act 29/1960.) The response levels were SPO (62%), DOVVSU (70%) and Other Ranks (59%).
* C. What constitutes the causation of a sexual offence/offences against public morals?
* In answer to these questions, discussants dwelt mostly on perceptions as facts. The way of dressing, the time of the day, the way of walking and where one is spotted constituted most of the responses of law enforcement officials. Appropriateness of responses ranged from DOVVSU (63%) to SPOs (59%) and Other Ranks (41%)
* Discussants then viewed a documentary on police abuses against Key Populations

***Lessons learnt:***

* After viewing the documentary on Police abuses, participants agreed on the following:
* Police must be more professional in their dealings with every segment of society;
* Most senior officers stated that even though they try to protect the rights of these KPs they are compelled to go after them due to political and societal pressure;
* Morality should and must be decoupled from law enforcement;
* There should be greater supervision of personnel especially the patrol teams;
* The law enforcement must constantly dialogue with the judiciary in order to protect the rights of KPs.

# Day 3:

### 5.0 Film – “Remember Eliphas”

* The last day of the training started by watching a video. This video was shot in the Namibian military with the main actor, Eliphas, a soldier who was diagnosed with HIV but became a hero as he became a role model for the army;
* However, the video was interrupted towards the end because of technical problems;
* There was lot of interest on the video though and the attendants felt they have lot to learn and identify with. Participants asked to also watch Part 2 of this video.

### 5.1 Monitoring and Evaluating programs

* Chief facilitator, Jones Blantari, took participants through the monitoring and evaluation process;
* He explained that monitoring is to observe and check the progress or quality of something over a period of time;
* There should be a systematic process whenever you are implementing some idea;
* A programme should follow specific steps:
* there should be an objective;
* then specific objectives;
* the there should be indicators.
* Programmes also need to be evaluated to check if the goal is being met.

### 5.2 Dialogue with ‘Visitors’

* This session was a discussion between some of the target populations at high risk for HIV infection, sex workers, and the training participants;
* Before the session started, participants were reminded of the ground rules, including, confidentiality and protection of others as well as controlling emotions;
* The presentations fro the SW were as follows:

***Presenter one:***

* + She stated she stays around Matsapha and also trades around that area;
  + She stated she’s not happy because Lobamba and Matsapa police were not present in the room, yet they are the ones interacting most with police in the Matsapha-Ezulwini corridor;
  + She’s happy to meet the people who always chase them;
  + As sex workers, they want to know what is the law saying about these issues of sex work because in most cases, it is not clear;
  + She said she lives in the Mbabane – Manzini corridor where the sex trade is dominant;
  + Most of her peer-sex workers complain police ask bribes from them for not arresting them;
  + So as SW, they would like to have a forum where they can be taught about what the law says;
  + She narrated her story of rape last year by a client who further raped another woman and killed her. She stated how she was psychologically haunted as she was afraid to go and report the rape to the police. She stated should she had reported the rape, she might have saved the other woman who was later killed as the rapist might had been arrested. She stated that further mentally haunted her.
  + She also shared a story happened 2-weeks back of a sex worker who was taken to a police station by raiding police to be mocked;
  + When they (SW) report cases at the police station they are met with mockery at the front desk – especially from female officers;
  + She stated they need to be able to report cases of violence even if they are regarded to have broken the law;
  + Police sometimes will remove their police numbers when they abuse sex workers;
  + Police sometimes rape and take money from them, especially during raids;
  + There is challenge in accessing mobile clinic services because police sometimes would collect them while going to the mobile clinic for health services;
  + She added that there is high HIV prevalence among SW in Swaziland and it is perpetrated by lack of access to services which police can be barriers;
  + She was once arrested for reporting counterfeit money to the police. A client was paying with counterfeit and she was trying to report to the police and police ended up arresting her and the suspect fled;
  + She also narrated a recent case of a woman who was arrested in Ezulwini while walking at night and caring condoms;
  + She said police are people as well and they are also their clients, but when they are in uniform, they don’t cooperate anymore and often use their powers;
  + The sex industry is still growing because of lack of jobs;
  + Sex workers should be at least able to report cases – they shouldn’t taken as suspects themselves;
  + SW should be at least given receipt if police take their money.

***Presenter 2:***

* + She stated she was from Lubombo and stays around Siteki;
  + She said for them, they have less negative interaction with the police as they normally do not trade along the road but at private venues;
  + She stated some of their clients are police themselves and in most cases they pay;
  + She mentioned that there are cases with them as well where they have experienced negative interactions with the police.

***Discussions after Presentation:***

After the two presenters finished their presentations there were discussions between them and the police:

* + One police participant said, we thank the visitors to be brave and come forward. Now I have started to understand why we are here and that these issues are realities. We all understand this is unlawful but you (sex workers) shouldn’t be treated unfairly. I’m shocked our officers are doing this and I’m thinking of a strategy on how we can work together and help each other.
  + Another officer asked, are you still practicing sex work or you are off?

- The visitors told him they are still on the trade, as they need the money.

* + A police participant from Lubombo commented, in Lubombo, I would like to get in contact with the sex workers and see how we can work together to end HIV.
  + Another police officer said, it is wrong for the police to take money from SW and also to have sex with them sometimes.
  + Another police attendant said, We need to talk with our offices it’s unfair to arrest people for carrying condoms; SW should always use condoms like anyone else;
  + Another police participant said, sex workers should be also brave and have their associations and be brave to report police and clients abuses; they should be able to report and arrested when they have done wrong like anyone else;
  + A legal police officer stated, she appreciates this forum and they are currently preparing to develop a legal document. They will include this issue and make sure it is also implemented on the ground. She encouraged SW to report ill practices of police in their unit;
  + Another officer said they thank the guests for being brave and come and promised they will take these issues down to their officers. She thanked NGOs for making this forum possible;
  + Another police officer stated, the commissioner would die if he could hear about all this. He apologized about the misbehavior of the junior police. He stated that this presentations confirms the theory he has been learning from the training. They didn’t know these issues are escalating this much. He understands now these issues are realities. He encouraged them to report because their mandate as police is to give service of protection to all regardless of any background.
  + Another police participant added: they appreciate to learn the reasons behind getting into sex work. They are looking forward into a stage where the sex workers will play a role in the prevention of crime. Sex workers should also think how then can they also do to prevent the continuation of sex work, especially their children getting into sex work.
* Response from SW visitors: getting into this trade of sex work is not an easy decision and there are so many difficulties in the trade, like violence. No one would be there is she had a choice.
  + Another police officer recommended sex workers should have station commanders’ contacts and report to them if they are afraid to report to or are not assisted by junior officers;
  + The medical unit of police pledged to assist the sex workers and provide services to them, including preventative services.
  + The chief facilitator, Jones Blantari, reminded the SW guests that now that they had this discussion, they should not think all is legalized, they should remember they still have responsibilities. He also encouraged them to form an association and get themselves organized.

### 6.0 Conclusion:

* After the visitors left and all was done, Chief Superitendant, Jones Blantari asked participants if there is anything they did not understand from his presentations. These were the responses:
* We didn’t understand definition of decriminalization and legalization.
* the facilitator further explained the difference, emphasizing that decriminalization is not removing the law but “turning a blind eye”.
* There are concerns that research results about police are sometimes questionable. What can we do to improve that?
* Response: There should be an insider as part of the investigators so that police also has confidence on the research results. For instance, when it’s about police, there should be a police among principal investigators;
* Participants asked facilitator to share objectives of the programme in the police that he is doing;
* One participant asked: Please share the process you did to legalize sex work:
* The facilitator emphasized that it is not legalized but they don’t arrest sex workers but rather give them responsibilities – then it becomes a win-win situation.

### 7.0 Way Forward: Practical actionable pla

* Participants went into 3 groups to discuss the plan of actions from the training. Participants were given the question, ***“ how do we translate what we have learnt from the boardroom down through the ranks and on to the ground?”*** After their discussions, they presented them as follows:

***Group 1:***

* + Establish a task team – by Netcom (welfare and health) to:
* Conduct research;
* National action plan;
* Monitoring and evaluation;
* Soliciting assistance from NGOs;
* Formulation of regional task teams to:

1. Coordinate regional training interventions;
2. Create platforms/forums to facilitate meetings with SW and NGOs and MoH;

* Design an implementation of training curriculum at basic recruit training and in-service;
* Expand the Domestic Violence’s unit and capacitate to facilitate on the KP issues;
* Conduct stakeholder dialogue on issues of KP towards reduction of HIV by 2022;
* Police clinics to open as a drop in center for treatment and health issues of KPs
* Intensify usage of condoms by staff in the police service.

***Group 2:***

***Activities:***

* + Write comprehensive report on this training – we will write what we learnt and observed;
  + Conduct research to ascertain the extent of challenges between police and SW;
  + Sensitize operational officers on how to handle KPs through workshops, seminars and outreach programmes.
  + Identify hot spots for SW and work with other stakeholder organizations that work with KP to do interventions for SW.

***Action Plan:***

|  |  |  |
| --- | --- | --- |
| **Activity** | **When** | **Who** |
| Conduct workshops and lectures for operation | 3 months | Regional Committees (RCs) |
| Issue condoms to operational officers | 3 months | Regional Committees (RCs) |
| Research on police and key populations: knowladge, attitudes and perceptions. | 6 months | Health Department |

***Group 3:***

* Design a module for basic recruit course;
* To provide training to all police officers;

- training will be on issues of human rights; confidentiality and HIV facts.

* To identify KP and have empowerment training to them;
* Establish research monitoring and evaluation system.

### 6.0 Conclusion and Closing Remarks:

The training was official closed on the 07 April 2016, and police officers thanked the Health Communication Capacity Collaborative team, Swaziland National Aids Program team, and Ministry of Health officials for convening the forum and stated they benefited a lot. They promised that the information will be taken further and implemented. The chief facilitator of the training, Chief Superintendent Jones Blantari, also thanked the participants and organizers of the training to give him an opportunity to share their experiences. He hoped that the information will be helpful to the RSP.