

# MAKING ACCESS REAL

**Organising for access**

Key Affected Populations Alliance of Lesotho  
(KAPAL)





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**Organisation:** Key Affected Populations Alliance of Lesotho (KAPAL)  
**Country:** Lesotho  
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There is also the issue of donor-driven pop-up projects that create short term relief for key populations, then leave them high and dry as soon as the funding runs out. This problem not only dehumanises the people affected by these issues, but makes them more vulnerable.

### Who are we?

KAPAL is a registered NGO founded in October 2016 by representatives of key populations in Lesotho. We are an advocacy organisation that works to improve the lives of key populations by addressing the negative societal attitudes and perceptions that lead to the violation of their legal, medical and social rights. With a focus on educating law enforcement officials and the general community about sex work *as work*, we hope to build a better Lesotho with a health system that is responsive to everyone's needs, irrespective of what they do for a living. KAPAL, which is sex-worker led, was registered in 2017.

### What was the issue?

Sex workers face multiple challenges accessing health care services and exercising their right to work. These are due to the attitudes and beliefs held in society about sex workers; and/or lack of information about, and *for*, sex workers. They are viewed as people that are immoral, insatiable, promiscuous and not deserving of treatment in a resource strapped state. This perception contributes to re-infections, misdiagnosis and new infections of STIs among key populations, as well as the general population.

Owing to the perception of sex workers as acting against public morals and order, they face constant harassment and victimisation by police, and are charged for various crimes, primary of which is loitering.

### What was the change we wanted to see?

We are hoping that Lesotho will see sex work as work, like any other job – a legitimate form of work, and necessary, in light of our very high unemployment, poverty and HIV infection rates. Then sex work could be regulated, and so become safer for the women and men that make their living in this way.

We also want to see sex workers' rights being viewed and treated like any other workers' rights; but, more importantly, the rights of female sex workers being recognised as women's rights, and being protected as such.

This will improve the ability of sex workers to negotiate safe sex, and access treatment and general health services as may be necessary. Ultimately, they will live fuller and better lives with the dignity and respect that they deserve as human beings with full rights as citizens.

### What did we do?

We have taken the bold step of legally registering an organisation that represents constituencies that are most vulnerable to HIV infection and ill treatment. We have also aligned ourselves with national and continental organisations and networks that have similar objectives. It is our intention to work on sensitising our law enforcers about the violation of human rights by them, as well as the general population; and to collaborate with other organisations to create a stronger and more powerful voice, and a wider reach.

### **What did we achieve?**

As a newly-founded organisation, we have not achieved much yet. We have, however been able to get the recognition that we will need, to access those at the helm of government and decision making. This has already led to a reduction in the blatant abuse of sex workers by police, and has opened a path to engagement. These are things we never thought we could achieve.

### **What were the key lessons learnt?**

**Perceptions:** Negative attitudes towards sex work are so influential that health care workers will, in breach of their ethical responsibilities, deny sex workers treatment even where such treatment is necessary to prevent serious illness or preserve life.

**Relatability:** We need to find ways of framing the issues that show that there is no difference

between a sex worker seeking PEP and, for example, a health professional that seeks PEP constantly. This will help health care workers to relate sex workers to themselves and other categories of service providers whose work exposes them to higher risk of HIV contraction.

**Patience:** Based on the current attitudes, we realise that this will be a very slow process, but we are willing to learn and stick with it.

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