This report is dedicated to the many Tanzanian activists who live the realities this report aspires to highlight and those who lost their lives under circumstances that should never have been.
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List of acronyms

AIDS  Acquired Immune Deficiency Syndrome
ASHR  Association for Sexual health and Human Rights
CHRAGG  Commission for Human Rights and Good Governance
CTC  Counselling and Testing Centres
HIV  Human Immunodeficiency Virus
HRDs  Human Rights Defenders
LGBTI  Lesbian, Gay, Bisexual, Transgender and Intersex
MOHSW  Ministry of Health and Social Welfare
MSM  Men that have Sex with Men
NACP  National AIDS Control Program
NSCHR  National Steering Committee on HIV Response
PSI  Population Services International
SRHR  Sexual Reproductive Health and Rights
STI  Sexually Transmitted Infections
SW  Sex Worker
TACAIDS  Tanzania Commission for AIDS
TASWA  Tanzania Sex Worker Alliance
TAWLA  Tanzania Women’s Lawyer Association
TGNP  Tanzania Gender Networking Programme
THRDC  Tanzania Human Rights Defenders Coalition
WSW  Women that have Sex with Women
ZAC  Zanzibar AIDS Commission
ZACP  Zanzibar AIDS Control Program
Glossary of terms

*Basha* – Dominant gay man also referred to as a ‘top’
*Batiki/ dada poa/ paka la barabara/ nitombe nikale* – Female Sex Worker
*Blender* – Lesbian or versatile gay
*Bujaina* – Lesbian (preferred term)
*Changudoa* – Derogatory term used to connote female sex workers
*Dandy* – Fancy gay man
*Danguro* – Brothel
*Dume jike* – Derogatory term used to refer to trans women
*Huntha* – Intersex
*Jike Dume* – Derogatory term used to refer to trans men or butch lesbians
*Kuchu* – Queer but mostly used by gay men
*Mchati* – Client
*Mchelechele/ bwabwa/ choko/ chuma mboga/ punga/ zuria* – Gay man
*Mchicha mwiba* – Versatile gay man
*Mchongoma* – Cell containing between 6 to 8 inmates
*Msagaji* – Lesbian
*Msenge baridi* – Closeted gay man with swag
*Polisi Jamii* – Community police
*Popo/ chips funga/ malaika/ wauza nyapu/ voda fasta/ tigo rusha/ kahaba/ muuza mbunye/ maharage ya mbeya/ jamvi la wageni/ chawote/ cash money* – Sex worker
*Shoga/ kisamvu cha kopo/ msenge/ chakula/ hanithi/ mtoto sio riziki/ baradhuli(Zanzibari term)/ mdebwedo/ mnazi/ mtoto show* – Male recipient of anal sex also referred to as ‘bottom’
*Shuga* – Preferred term for gay man
*Sungu Sungu* – Vigilante neighbourhood militia
*Wauza mahaba* – Sex Worker (Preferred term)
Introduction and background

In comparison to the movements in the neighbouring countries of Uganda and Kenya, the visibility of the movements in Tanzania remained low for a long period of time and the advocacy seemed relatively conservative. Access to health was for a long time the only focal point for advocacy in Tanzania. Although access to health was utilised as an entry point to advocacy in both Kenya and Uganda, activists in both countries have successfully litigated on issues affecting; right to documents for trans identities like in the case of Audrey\(^1\) in Kenya; the National Gay and Lesbian Human Rights Commission court case\(^2\) on registration of LGBTI organisations, also in Kenya; arbitrary arrest, illegal search and abuse in custody as in the Victor and Oyo case\(^3\) in Uganda in 2008; as well as the challenge to the nullified Anti Homosexuality Bill in Uganda. There has also been persistent lobbying of various stakeholders, for example the Kenya National Commission on Human Rights and the media, which is slowly paying off.

However, over the past eight or so years, the lesbian, gay, bisexual, transgender, intersex and sex worker movements in Tanzania have grown considerably as has the level of organising such as the current collective strategising and shadow reporting on Tanzania’s Universal Peer Review (UPR) process led by CHESA, the creation of a security committee for the LGBTI communities and the creation of the Tanzania Sex Workers Alliance (TASWA).

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1. http://kenyalaw.org/caselaw/cases/view/101979/ (last accessed on 2 September 2015)
The purpose of conducting this landscape analysis was to enable LGBTI and SW organisations, activists and their allies (including donors and groups in other movements) to:

- Map the growth of the LGBTI and sex worker movements in Tanzania;
- Document the lived realities of LGBTI people and sex workers in Tanzania;
- Assess the divergences between services provided and those that are needed by the LGBTI and sex worker communities;
- Document the challenges and gains made in advocacy for the rights of LGBTI and sex worker activists in Tanzania; and
- Document the factors that contribute to hostility of the environment in Tanzania.

The landscape analysis is structured on five broad themes:

1. **Legal and Policy context**;
2. **Landscape of organising**;
3. **Lived Realities**;
4. **Public Discourse**; and
5. **Health**.
Methodology

This study used both a quantitative and qualitative approach through a combination of desk reviews and fieldwork. The study was conducted through five focus group discussions (FGDs), one on one interviews with LGBTI and SW activists representing eighteen organisations and the final report was validated in two meetings of at least 40 sex workers and 40 LGBTI activists representing organisations in Dar es Salaam, Zanzibar and other parts of Tanzania such as Tanga, Iringa and Mwanza.

A survey was shared with all known LGBTI and sex worker organisations in Dar es Salaam and Zanzibar seeking information categorised under the five thematic areas of this study. The survey was completed by 60 Tanzanian activists.

In as much as possible, this report uses acronyms of the organisations as opposed to the full names. The use of acronyms for the listed organisations was intentional for purposes of the security of the organisations. The names of some of the individuals that are quoted in this publication have been changed, also for purposes of security.

Due to lack of a visible intersex community, LGBT and LGBTI is used interchangeably reflecting whether or not particular pieces of information are inclusive of input on the intersex community.
Summary

The Republic of Tanganyika and the Republic of Zanzibar formed a union in 1964 to become what is now known as Tanzania. Zanzibar is therefore a semi autonomous territory with its own independent arms of government and governing laws. Tanzania is bordered by Rwanda, Burundi, Kenya, Uganda and Malawi and Mozambique to the south. Much like its East African neighbours, Tanzania has a British colonial history from which it inherited a penal code which contains ‘morality laws’ whose purpose it is to police the bodies of Tanzanians using ambiguously worded provisions such as “acts against the order of nature”. Same sex sexual conduct and sex work is criminal in both mainland Tanzania and Zanzibar.

As a result of the existing legislative environment, the utility of existing laws that could offer protection to LGBTI and sex worker individuals on the basis of their citizenry is not fully realised. Instead, it is hindered by the legal interpretation of the laws, a negation of the inherent human rights of all citizenry and negative attitudes informed by religious fundamentalism of duty bearers, which ultimately trickles down to the wider society. This has made LGBTI and sex workers in Tanzania vulnerable to various human rights violations including but not limited to physical, sexual and verbal abuse, arbitrary arrests and detention, denied access to justice, eviction from housing and unfair dismissal from places of employment all despite the existence of a Constitution that explicitly provides protection against the aforementioned violations.

4 The Constitution of Tanzania Art.102
The legislative environment has also hindered access to health for members of the LGBTI and sex worker communities. Much like its neighbours, Tanzania recognises men that have sex with men (MSM) and sex workers as part of key populations in its national HIV and AIDS policies. However whereas this recognition is afforded on paper, it does not adequately translate to practice. In attempts to access health services such as testing, treatment and counselling members of the LGBTI and SW communities are subjected to discrimination, stigma and in some cases denied services altogether. There is a sweeping disregard for confidentiality as well as the Hippocratic oath doctors are professionally obligated to uphold. In the instances that the health care services are delivered, it is oftentimes accompanied with admonishment and coercion for individuals to ‘reform’. Existing health policies do not recognise lesbians, trans identities or intersex persons which perpetuates a culture of ignorance on the constructions of gender vis a viz any variances or binaries.

The LGBTI and SW movements have grown considerably in the past decade and organising continues to grow from strength to strength. For a long time, the only platform for advocacy that was perceived as viable was health. Whereas health remains a strong entry point into advocacy for the rights of these communities, the movements appear to have broadened their focus in recognition of the obstacles presented by the legislative environment, stakeholder attitudes and public discourse. That said, the movements are still experiencing a few ‘teething problems’ such as competition for resources and opportunities for growth, limited access to funding and low visibility of the trans and intersex part of the community. Trans organising was particularly limited even as the movements gained momentum. Now there are three organisations known to have a strong trans or gender non-conforming (GNC) inclusion or focus.
A consistent theme in this study is how the lived realities of LGBTI identifying individuals and those of sex workers is intrinsically linked because in the case of most respondents interviewed during the course of this study, the identities overlap. Most of the organisations that engage in advocacy for the rights of LGBTI individuals also engage in advocacy for the rights of sex workers because there are many members of the LGBTI community that also identify as sex workers. This invariably means that LGBTI individuals are subjected to double stigma.

This report aims to document the lived realities of LGBTI and sex worker Tanzanians, map the growth of the movements and highlight the obstacles faced by LGBTI and SW Tanzanians in attempting to live free from discrimination and stigma.
Legal and policy context

Tanzania uses the common law system, derived from its colonial history under British rule. Part of this heritage includes the Penal Code which contains provisions on “offences against the order of nature” similar to those in the penal codes of Tanzania’s neighbouring countries owing to the same historical influence. It is evident that most of the provisions contained therein have remained unchanged since their inheritance. For instance, the Penal Code still uses language like ‘idiot’ and ‘imbecile’ to refer to intellectually or developmentally differently-abled persons.

The Penal Code of Tanzania and the Penal Decree Act of Zanzibar both criminalise “carnal knowledge against the order of nature” which technically is worded to imply sexual conduct that was not traditionally perceived as normative such as anal sex. The practice of anal sex is not exclusive to any particular sexual orientation however these provisions are construed to criminalise same-sex sexual conduct, consent not withstanding, making it punishable by up to life imprisonment. The Penal Decree of Zanzibar criminalises consensual same sex conduct between men and women and goes a step further to criminalise same sex unions.5 Where as the Penal Code applied in mainland Tanzania does not explicitly provide against ‘lesbianism’ as in the case of the Zanzibari Penal Decree, the language used is broad enough, (it makes reference to ‘persons’ without the specific provision, ‘between males’ as in most other African Countries with similar penal codes), that it’s interpretation could include same sex sexual conduct between women.

There are some laws that could be construed as supportive of LGBTI rights particularly the Constitution which is the supreme law of the land. However, whilst these laws have provisions that could be useful to enforce implementation of the human rights of LGBTI persons, the same laws contain provisions that remain ambiguous enough such that their construal would result in the hindrance of access to these rights by LGBTI persons or outright discrimination.

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5 Penal Decree Act of Zanzibar S.158
As such, even the laws that could be deemed supportive have a double-edged quality to them that could go either which way if interpretation is sought.

The impact of these provisions resounds not only in other pieces of legislation and national policies in force in Tanzania, but also through the widespread institutionalised homophobia, transphobia and whorephobia. Whereas the language contained in the laws are construed to relate to same sex sexuality, they also impact non-conforming gender identities owing to a lack of discernment and/or ignorance about gender binaries or gender variance. This is particularly so for the trans community. Unfortunately in most cases, the duty bearers that interpret and implement laws in Tanzania are informed by personal biases or religious fundamentalism as opposed to an acknowledgement and awareness of the human rights of every citizen, thereby to some extent dehumanising LGBTI individuals.

As a result LGBTI Tanzanians are forced to endure all manner of human rights violations including; verbal, physical and sexual violence; harassment; arbitrary arrests; blackmail and extortion; denied access to health and education; unfair dismissal from employment; and eviction from housing.

**Abuse of power: Sungu Sungu and the police**

The term *Sungu Sungu* was historically used to refer to vigilante groups formed in the 1980s to combat cattle rustling however in current contexts it refers to neighbourhood militia. *Polisi jamii* refers to community police, who have a relative degree of structure derived from its linkages to established governance structures. For example, *Sungu Sungu* are vigilante groups that are self appointed neighbourhood protectors whereas polisi jamii are appointed by the local government, trained by the police, given uniforms to facilitate association with a particular neighbourhood and perform basic ‘law enforcement’ duties with ultimate accountability to their assigned police posts. There is due process that the *polisi jamii* are

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expected to follow but have been reported to often times act on their own accord. In the context of this report, the reference to Sungu Sungu is construed as interchangeable with polisi jamii with the members of the LGBT and sex worker communities interviewed during this study intimating that there is little distinction between the two.

The Sungu Sungu were reported as one of the foremost perpetrators of the human rights violations of LGBTI persons. Members of the LGBT community reported being sexually and physically assaulted, blackmailed, their premises or person illegally searched and arbitrary detention. In instances in which the police become involved, they tend to side with the Sungu Sungu and further perpetuate the violations against LGBT Tanzanians by arbitrarily arresting them or soliciting bribes and/or sexual favours in exchange for release.

“In 2009, Kasim was raped by two policemen and Sungu Sungu. They held him down and gang raped him. Later he went to Mnazi Mmoja hospital where he was discriminated against and they demanded a PF3 form which he could not get from the same people that raped him.”
— Ismail, Coordinator of YMC in Zanzibar

**Arbitrary arrests and detention**

Following the arbitrary arrests LGBT individuals are often times stripped naked and detained in ‘mcho-ngoma’ that is a cell of about six to eight people which is typically a setting that was reported to result in rape and other forms of sexual and physical violence whilst in the custody of the police.

The laws are not just abused by the police and inmates. Sungu Sungu and polisi jamii continuously harassed members of the LGBT community. There are several cases (reported and unreported) of rape and theft involving Sungu Sungu who despite not having the same level of power as the police, rely on the ignorance of majority of members of the community to intimidate, rape, harass and extort the LGBT community.
“We can’t report the police or Sungu Sungu. It is like they are above the law. And because we have little information and rights and self-awareness and self-esteem and self-acceptance, we are afraid to take these violators to court.”
— Max, Trans man in Dar es Salaam

**Access to justice**
Due to the existing regime, when the various human rights violations occur, LGBT Tanzanians have limited access to legal recourse contrary to the Constitution’s provisions on equality before the law. This is because of a perceived and real fear that in attempting to access justice there is a likelihood of persecution by the same regime that should offer the community that is part of citizenry, protection.

“I am so afraid of the police. I have been arrested so many times by them and harassed. I often have to pay bribes to get out. Sometimes they ask for sex or sexual favours in exchange for my release. Sometimes when I’m thrown in cells with other inmates, they rape me. It is so hard.”
— Michael, Gay identifying member of the community.
Table 1: Prohibitive or anti LGBTI legislation

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<thead>
<tr>
<th>Law/Statute</th>
<th>Prohibitive provisions</th>
<th>Impact</th>
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<td>The 1977 Constitution of the Republic of Tanzania</td>
<td><strong>Article 13 (5):</strong> “…the word ‘discrimination’ shall not be construed in a manner that will prohibit the Government from taking purposeful steps aimed at rectifying disabilities in society.”</td>
<td>The language used towards the end of this provision is ambiguous and could be misused to take proactive or reactive measures against LGBTI communities. For example if a legislation that expressly discriminates against non-conforming sexualities is proposed that is purports to “rectify a disability in society”, like in the context of Uganda when the Anti Homosexuality Bill was enacted, this section could be abuse to justify similar legislation.</td>
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<td>The Penal Code</td>
<td><strong>Section 129 A:</strong> Definition of a woman as “any female person”. Where as it could be argued that this definition is still quite broad, in this context it is construed as applying the given dictionary definitions.</td>
<td>Does not recognise Trans women or intersex people because the construed definition of female is a person with ova.</td>
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<td>Zanzibar Penal Act</td>
<td><strong>Section 130:</strong> Rape is defined as a man having sexual intercourse with a woman under circumstances that are legally not permissible one of which is without consent.</td>
<td>Defines rape only in heterosexual context therefore not recognising sodomy under rape. Rape is cited as punishable by up to life imprisonment. The rape and sexual abuse experienced by gay or bisexual men within Tanzania’s LGBTI community at the hands of police and Sungu sungu for example would likely be categorised as grave sexual abuse, which has a lesser term of a maximum of thirty years.</td>
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<td><strong>Section 138 A:</strong> Acts of gross indecency between persons.</td>
<td>Defines ‘gross indecency’ as including masturbation, negates the element of consent and contravenes the right to privacy. It is punishable by up to 5 years imprisonment.</td>
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<td><strong>Section 154:</strong> Acts of gross indecency between persons.</td>
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<td>Law/Statute</td>
<td>Prohibitive provisions</td>
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<td>Section 154 (1) (a) and (c): Unnatural offences. Does not define ‘unnatural offences’ nor does it define ‘acts against the order of nature’ however it is construed as applicable to anal sex.</td>
<td>This provision is interpreted by law makers and enforcers as applying to same sex sexual conduct and makes it punishable by life imprisonment in mainland Tanzania and up to 14 years imprisonment in Zanzibar.</td>
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<td>Section 150: Unnatural offences.</td>
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<td>Section 155: Attempt to commit unnatural offences.</td>
<td>Although it does not expound on what would constitute an ‘attempt’ it makes attempts to commit unnatural offences punishable by at least 20 years imprisonment in mainland Tanzania and a maximum of 7 years imprisonment in Zanzibar.</td>
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<td>Section 151: Attempt to commit unnatural offences.</td>
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<td>Section 157: Indecent practices between males. Explicitly criminalises ‘acts of gross indecency’ between two males and criminalises it with 5 years imprisonment, consent and privacy not withstanding. Gross indecency is defined in the Sexual Offences Act as including masturbation.</td>
<td>This provision can be used against MSM who may be accused of non penetrative sexual conduct such as masturbation.</td>
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<td>Zanzibar penal Act Section 153: Acts of lesbianism.</td>
<td>Criminalises same sex sexual conduct between women in Zanzibar punishable by a maximum of 5 years imprisonment or a fine of TSh. 500,000.</td>
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<td>Section 158: Union of persons of the same sex.</td>
<td>Makes same sex unions in Zanzibar punishable by up to 7 years imprisonment.</td>
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<td>Law/Statute</td>
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| **Cyber Crimes Act 2015**       | **Section 14**: Provides that a person shall not publish pornography through a computer system. It does not define pornography; as such this provision could be used against anyone including LGBTI individuals that post any pictures even of just themselves that can be interpreted as pornographic.  
**Section 16** provides that any person that publishes ‘false information’ is liable to not less than 6 months imprisonment. This provision is harmful because for purposes of security because of the existing legislative environment, members of the LGBTI community often times have to resort to creating false identities particularly on social media.  
**Section 31**: Search and seizure. Gives police officers the authority to seize a person’s computer if it said officer has ‘reasonable grounds to believe that said computer might be used as evidence in proving an offence’. | Whereas this act was cited as drafted to address child pornography, cyber bullying, online impersonation, electronic production of racist and xenophobic content, unsolicited messages (i.e. spam), illegal interception of communications to name a few, some of its provisions are very dangerous for the LGBTI community such as the provisions on publication of false information or the provisions that give the police the authority to seize computer systems as evidence. This is dangerous for LGBTI Tanzanians because oftentimes for security reasons individuals may use different names on social media. Also it might be abused by law enforcement trying to prosecute LGBTI individuals using the criminalising laws on same sex sexuality. |
| **The Birth and Death Registration Act** | **Section 10**: Mode of registration (of births). This section provides that every registration of the birth of a child shall include ‘prescribed particulars’ which are defined in the act as inclusive of sex.                                                                                                                                                                                                                                               | This section hinders the protection afforded by section 4 of the Law of the Child Act 2009 by intimating that the sex of a child is automatically assignable at birth, not taking into account intersex children.                                                                                                                                                                                                                                                                                                                                 |


Table 2: Enabling and Supportive Legislation

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<tr>
<th>Law/Statute</th>
<th>Provisions</th>
<th>Impact on LGBTI/SWs</th>
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<tr>
<td>The 1977 Constitution of the Republic of Tanzania</td>
<td>Article 9 (a),(f) and (h): The pursuit of Ujamaa (the Tanzania model of socialism) and self reliance. Obligates all state authorities and agencies to direct their programmes and policies that ensure human dignity and human rights are upheld.</td>
<td>Protects the dignity and human rights of LGBTI citizenry.</td>
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<td>Article 11 (2) and (3): Right to work, educational and other pursuits.</td>
<td>Grants LGBTI individuals the right to education and self development and the right to not be expelled from learning institutions on the basis of sexual orientation or gender identity.</td>
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<td>Article 11: Equality of people.</td>
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<td>Article 13: Equality before the law. It provides that all people are equal before the law and that no law shall be discriminatory in itself or in effect.</td>
<td>Grants LGBTI citizenry the right to access to justice and freedom from discrimination and prejudice by state authorities. This particularly would address the many state sponsored violations against the LGBTI community.</td>
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<td>Article 12: Equality before the law.</td>
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<td>Article 14: Right to Life. It provides that every person has the right to live and the right to protection of that life by society in accordance with the law.</td>
<td>Protects the right to life of LGBTI individuals particularly in the context of homophobia-driven homicides but also speaks to the right to a quality of life that is to be observed and protected by the other members of society.</td>
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<td>Article 13: Right to Life.</td>
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<td><strong>The Constitution of Zanzibar</strong></td>
<td><strong>Article 15:</strong> Right to personal freedom. This provision provides against illegal arrest, imprisonment, confinement, detention, deportation or restriction of freedom.</td>
<td>This provision is particularly applicable to the misbelief by the society and the LGBTI communities that having a non-conforming identity in and of itself is criminal. It speaks to the violations based on gender and identity expression.</td>
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<td><strong>Article 14:</strong> Right to Personal freedom.</td>
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<td><strong>Article 16:</strong> Right to privacy and personal security. This provision obligates state authorities to lay down legal procedures for circumstances under which the right to privacy of a person could be breached.</td>
<td>Grants LGBTI individuals the right to privacy and the right to not be subjected to unlawful searches as in the case of several incidents that continue to happen.</td>
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<td><strong>Article 15:</strong> Right to Privacy and personal Security.</td>
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<td><strong>Article 18:</strong> Freedom of expression. This provision provides for a person’s right to be informed which includes to seek, receive and disseminate information.</td>
<td>Ensures that the queer community has the right to produce and disseminate information but also to receive information. This is particularly relevant in the absence of HIV/AIDS and STI material that caters to the needs of the communities.</td>
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<td><strong>Article 18 and 25(1)(b):</strong> Freedom of expression.</td>
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<td><strong>Article 20:</strong> Freedom of association. This provision provides that every person has the right to freely and peaceably assemble, form and join associations and organisations and express views publicly.</td>
<td>Allows LGBTI individuals to assemble, form and join organisations that benefit the community. To organise.</td>
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<td><strong>Article 20 and 25 (1) (b):</strong> Freedom of association and fundamental rights and individual freedoms.</td>
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<td><strong>Article 29 (1) and (2):</strong> Fundamental rights and duties.</td>
<td>It provides that every person without prejudice has the right to life, individual freedom, protection by the law, freedom of thought, expression and association, to ownership of property as well as domestic privacy. Protects the fundamental rights and equal protection by the law of LGBTI citizenry.</td>
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<td><strong>Article 25 (1):</strong> Fundamental rights and individual freedoms.</td>
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<td>Provisions</td>
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<td>Article 30 (3)</td>
<td>Limitations upon and enforcement, preservation of basic rights, freedoms and duties.</td>
<td>Allows LGBTI individuals the opportunity to challenge laws and provisions that violates their rights.</td>
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<td>Article 24 (2): Limitations to the rights and freedoms and safeguard to the rights and obligation.</td>
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<td>The HIV and AIDS (Prevention and Control) Act 2008</td>
<td>Section 4(1)(a), (b), (d) and (f), Section 4(2): General duties. These provisions outline the duties of the various stakeholders in the discourse on HIV with a focus on the duty bearers.</td>
<td>Provides for the awareness creation, prevention, treatment, care, access and support for HIV and AIDS as affecting all Tanzanian citizens which includes the LGBTI citizenry. It also ‘discourages’ negative traditions that facilitate infection and the spread of HIV and AIDS such as the homophobic and transphobic contexts that force the LGBTI community underground. It also creates an obligation on the government and significant leaders to advocate against stigma and discrimination of all people living with HIV and AIDS.</td>
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<td>Section 6(3): Roles of sectors. This section provides that civil society and private organisations shall in collaboration with the government design and implement plans and programmes aimed at or geared towards prevention, care of patients and control of HIV and AIDS.</td>
<td>Provides a platform through which the LGBTI community can engage and take part in the creation and implementation of programmes that cater to the needs of their communities.</td>
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<td>Section 7(1): Public education and programmes on HIV and AIDS. Gives the ministry of Health the responsibility of consulting with stakeholders and developing education programmes on stigma and discrimination.</td>
<td>Can be used as a platform for the inclusion of LGBTI communities in consultations with the Ministry of Health for the development of education material on stigma and discrimination against PLWHIV.</td>
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<td>Section 8: Dissemination of HIV and AIDS information.</td>
<td>Allows for the dissemination of information on HIV and AIDS to the public including LGBTI citizenry.</td>
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<tr>
<td>Law/Statute</td>
<td>Provisions</td>
<td>Impact on LGBTI/SWs</td>
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<tr>
<td><strong>Section 17:</strong> Medical confidentiality.</td>
<td>Obligates health practitioners and other relevant parties to uphold the confidentiality owed to patients that get tested for HIV and AIDS. This may be construed as inclusive of LGBTI citizenry.</td>
<td></td>
</tr>
<tr>
<td><strong>Section 22:</strong> Prevention and control of STIs.</td>
<td>Provides for the strengthening of STI services. This means that LGBTI community should be able to access services dealing with STIs.</td>
<td></td>
</tr>
<tr>
<td><strong>Section 24:</strong> Access to healthcare facility.</td>
<td>Provides for access to healthcare including to ARVs without discrimination.</td>
<td></td>
</tr>
<tr>
<td><strong>Section 29:</strong> Restriction of healthcare practitioners to stigmatize or discriminate.</td>
<td>Protects LGBTI citizenry living with HIV and AIDS against discrimination and stigmatisation by health care professionals.</td>
<td></td>
</tr>
<tr>
<td><strong>Section 30:</strong> Prohibition of other forms of discrimination.</td>
<td>Protects LGBTI individuals from discrimination by denial of admission, participation in services or expulsion from any health care facilities.</td>
<td></td>
</tr>
<tr>
<td><strong>Employment and Labour Relations Act</strong></td>
<td>Provides for the protection of the rights of workers.</td>
<td>Allows for members of the LGBTI communities to engage in employment free from discrimination or unfair dismissal based on their sexual or gender identity.</td>
</tr>
<tr>
<td><strong>Law of the Child Act 2009</strong></td>
<td><strong>Section 4(2), which provides that the best interest of a child shall be the primary considerations in all actions concerning a child.</strong></td>
<td>This section affords intersex children protection from medical decisions often times by medical professionals and unwitting parents upon their birth, to decide and consequently sanction surgical and medical procedures with the purpose of pre-determining the sex of the child.</td>
</tr>
<tr>
<td></td>
<td><strong>Section 5:</strong> Provides that a child is entitled to a life that is free from discrimination on whatever grounds.</td>
<td>Provides for non-discrimination of a child on the grounds of gender, disability, health status, or birth. This affords intersex and trans children protection against discrimination.</td>
</tr>
<tr>
<td>Law/Statute</td>
<td>Provisions</td>
<td>Impact on LGBTI/SWs</td>
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<tr>
<td>The Penal Code</td>
<td>Section 138 (C): Grave sexual abuse.</td>
<td>This section provides penetration for MSM that are raped by the police and the Sungu Sungu. It provides that the pursuit of sexual gratification by a person against another person without consent, like was reported to be the case for many members of the community in police custody, is punishable by up to 30 years imprisonment, corporal punishment and a fine.</td>
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</table>
Recommendations on Legal and Policy Context

1. **Education and awareness-raising among the LGBTI community.** There is a lot of ignorance among LGBTI Tanzanians regarding their human rights and the applicability of the Law. There is a misperception enforced by lawmakers and agents which misperception is believed by the communities, that having an LGBTI identity in and of itself it is criminal. Whereas the laws can often times be twisted against LGBTI, there are certain laws that can be used in their defence such as the Constitution, The HIV and AIDS Act to address discrimination and stigmatisation in health facilities, Employment and Labour Relations Act to stand against discrimination in employment, Contract and Land law to address evictions without notice etc.

2. **Human Rights training and sensitisation of police.** Doing so may be somewhat difficult for LGBTI organisations because of the fear of backlash, however identified mainstream human rights and health institutions that are allies of the movement could act as a conduit.

3. **Employment of strategic litigation/test cases.** The emanating conversations from the LGBT movements during the course of this study identified a desire and need to engage in advocacy and lobbying using the strategy of test cases particularly for cases such as the forced evictions and discrimination in accessing health services.

4. **Documentation of the human rights violations faced as well as of any litigation involving the LGBTI communities.** This documentation could be a very effective advocacy tool in any attempts the movements may make to change the hostile legal environment as well as to increase access to health for LGBTI identifying individuals.

5. **Lobby for the inclusion of trans and intersex communities** in the bracket that falls under the gender desk at the various state institutions. This could be done through education and awareness raising projects that involve key stakeholders such as the police force.

6. **Training of lawyers** to better articulate issues faced by the communities and incorporate effective appropriate arguments into case law.
Landscape of LGBTI
organising in Tanzania

Organisational mapping: Who is organising and where

The mapping indicates that over the past 8 or so years the number of organisations working on LGBTI issues has grown exponentially. Before 2008, organisations such as the now defunct TALESA and CPSS in Dar es Salaam were the only two LGBT organisations known to operate in Tanzania. The movement started taking shape in 2008 with the emergence of TSSF and SANA and has since grown to the 16 organisations identified by the community in 2015.

Key issues for deeper reflection and interrogation

Centralised presence of organisations
Most of the organisations are situated in the Dar es Salaam, which is the capital city of Tanzania. This is made manifest in the range of the interventions which appear to predominantly focus on Dar es Salaam and its immediate environs. There is evidence of members of the LGBT communities in other parts of the country such as in Mwanza, Tanga, Iringa, Arusha, Shinyanga, Mbeya, Pwani, Mtwara, Njombe, Tabora, Dodoma and Moshi for example, as well as a handful of Dar es Salaam based organisations that reported working beyond Dar es Salaam. Aside from the organisations in Zanzibar, the scope of work as well as the visibility of LGBTI individuals outside of Dar es Salaam appeared to be sparse.
**Mushrooming and splitting**

Several organisations have sprung up in the past two to three years. Examples include YWIG, which was previously under a collective called Tanzania Lesbians Association (TALESA), that fractioned into three different organisations. In Zanzibar, YMC is constituted by former members of YOSOA despite YOSOA being an organisation that was formed quite recently.

Coalitions have been formed only to disband after a few months. An example of this is the Wake Up and Step Forward (WASO) coalition that helped facilitate the production of the Human Rights Watch Report dubbed “Treat us like human beings”. The WASO coalition is now defunct following problems with registration. Instead, an organisation called *Wake Up and Support Others* with the acronym WASO and logo that is a replica of the one used by the now defunct coalition was started by the former chairman of the WASO coalition and the former director and current member of the organisation called CPSS.

The reasons cited for the creation of some of the new organisations include; differences based on organisational management and structures; lack of clear, consistent and conclusive conflict resolution mechanisms, lack of mutual accountability, dictatorial hierarchies within organisations and non transferral of learning by activists that attend various capacity building engagements.

**Across the pond: Creating linkages between Zanzibar and mainland Tanzania**

Organisations in Zanzibar are ‘younger to the movement’. Initially, the only organisation known to work on LGBTI rights in Zanzibar was the now defunct ZASOSE which nurtured the activists that formed the three organisations currently known to work on the rights of LGBTI and sex workers in Zanzibar. The first of which was ZAYEA formed in 2011, followed by YOSOA and YMC formed in 2014 and 2015 respectively.
Although the first of the three organisations was formed in 2011, there has been a lot of impact that has manifested through the inclusion and engagement of these organisations in the inclusion of and outreach to key populations by the Zanzibar AIDS Commission (ZAC).

There is a need to escalate shared learning and the development of linkages between Zanzibar and mainland Tanzania given the shared context and challenges faced by the community. For example, on the issue of access to health, the communities in mainland Tanzania have seemingly made more leeway in establishing more options for hospitals and clinics that provide services to the key populations as opposed to Zanzibar. There are increasing attempts to build the collective capacity of the organisations working in the movement. E.g. ZAYEA in Zanzibar and AMKA Empowerment in Dar es Salaam are currently running an exchange programme to facilitate shared learning.

**Competition for visibility**

One of the things that was highlighted during this study is the high competition for resources and visibility between the organisations in Tanzania. The identified axis for this competition is reportedly between the older organisations and the new upcoming organisations. That there is a lot of territoriality over the movements in Tanzania was a concurrent theme during the interviews. This is compounded by the allegations that specific people within the movements particularly those within management positions in some of the organisations, repeatedly nominate themselves for various capacity building opportunities and thereafter to do not share the learning. The result of which is that the collective capacity of the organisations remains stunted. The same was said of the various arising opportunities for funding. There were reports that often times information on emerging calls for proposals are not shared between the organisations in the perception that an increase in the number of applying organisations is likely to lead to a decrease in chances for the organisations interested in said call.
**Limited access to funding**

Access to funding for the mushrooming organisations is reported to be particularly difficult given the lengthy registration processes. Most funders were reported to be reluctant to support new and unregistered organisations. A further hindrance to access to funding was reported to be language barrier. The language spoken in Tanzania is Kiswahili. However, most communication emanating from potential donors on funding opportunities as well as the reporting structures tends to be in English, have strict inflexible requirements and are in formats that are deemed to be complicated.

It was reported that several donor organisations, even those that were cited as being supportive of the movements in Tanzania such as UHAI, play favourites and repeatedly fund the same organisations to the neglect of new up coming organisations. Thereby creating further tension within the movement.

**Visibility of gender non-conforming identities**

Although most of the organisations working within the movement purport to work on trans and intersex issues, there are no programmes, plans or actions in said organisations (with the exception of TTI, HEAT and TAT) that focus on Trans issues. Most of the interventions and actions in these organisations are structured around MSM and to a lesser extent lesbians and Bisexual identifying men. Lack of a visible intersex and trans community was mentioned as a factor as well as the society’s conceptualisation of gender non-conformity, which was reported as overlapping with sexual orientation i.e many individuals that could be trans, identify and are labelled as MSM. As such, trans identifying individuals, particularly trans women reported that they struggle to fit into organisational programming because of the restrictive and exclusionary focal categories.

CHESO reported conducting research that identified an estimated 24,000-intersex people in Tanzania. Since their organisation has a specific focus on children, they asked that the organisations in the movement be more inclusive of intersex individuals.
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<tbody>
<tr>
<td></td>
<td>CPSS</td>
<td>SANA</td>
<td>TSSF/CHESA</td>
<td>WEZESHA/LGBT VOICES</td>
<td>SHI</td>
<td>ZAYEA</td>
<td>CHS</td>
<td>TTI</td>
<td>TAT</td>
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<td>TAWG</td>
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<td>YOSOA</td>
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<td></td>
<td>CHESO</td>
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<td></td>
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<td>YOSOA</td>
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</table>
Key observations from the landscape of who is organising

The key issues that were identified include:

- While a majority of the organisations reported that they work on all LGBTI issues a closer analysis indicates that their focus is mainly on gay/MSM constituency. Organisations typically only have one or two members that are from the other communities within the LGBTI movements.
- There are only three organisations that include as a primary focus, Trans and GNC issues namely HEAT, TTI and TAT.
- Only one organisation works on intersex issues, CHESO albeit the focus is on intersex children only.
- The period 2012-2015 has seen an upsurge and emergence of many organisations and a high growth and multiplication rate within the movement.
- A majority of the LGBTI groups are registered as either NGOs or companies limited by guarantee. The registration process is typically difficult with organisations forced to exclude any objectives that demonstrate clear linkages to human rights advocacy and to the LGBTI community, from their documentation in order to get registered. For example, when YOSOA first attempted to register under the name Association for Sexual health and Human rights (ASHR) their registration was denied and they were informed that their name implied ‘promotion of homosexuality’ so they had to come up with a different name.
- The movements in Tanzania are yet to get tangible, consistent support from most human rights and civil society mainstream organisations in Tanzania. It was reported that oftentimes, mainstream organisations that purport to work with the movement, exploit the community for purposes of collecting data to use for their own fundraising efforts.
- There are various gaps in capacity particularly in the newer organisations. The identified gaps include on proposal writing, documentation and financial management.
- Whereas health is predominantly perceived by the LGBTI organisations as the entry point to advocacy, more organisations are programming to include other platforms for advocacy such as on law and policy vis a viz education, employment, housing and some like CHS are even contemplating strategic litigation on unfair dismissal and eviction without notice.
<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year of formation</th>
<th>Registered</th>
<th>Physical location and area of operation</th>
<th>Niche and Focus area</th>
<th>Target constituency</th>
</tr>
</thead>
<tbody>
<tr>
<td>SANA</td>
<td>2008</td>
<td>2012</td>
<td>Tanzania mainland</td>
<td>HR Advocacy, Health based advocacy and counselling and testing</td>
<td>LGBTI and SW</td>
</tr>
<tr>
<td>CHESA (Formerly TSSF)</td>
<td>2014/2008</td>
<td>2014</td>
<td>Tanzania Mainland</td>
<td>Has six areas namely: capacity building, SRHR and HIV, Human Rights advocacy, Economic empowerment e.g through micro loans, revolving funds and establishing a SACCO, Social movement building and research.</td>
<td>LGBTI and SW</td>
</tr>
<tr>
<td>Amka empowerment</td>
<td>2012</td>
<td>2013</td>
<td>Tanzania mainland and Zanzibar</td>
<td>Advocacy on Health and Human Rights, empowerment through capacity building.</td>
<td>LGBTI and SW</td>
</tr>
<tr>
<td>YWIG</td>
<td>2010</td>
<td>2013</td>
<td>Tanzania mainland</td>
<td>HIV testing and counselling, health based advocacy, human rights advocacy</td>
<td>LGBT and SW</td>
</tr>
<tr>
<td>TTI</td>
<td>2013</td>
<td>2015</td>
<td>Tanzania mainland</td>
<td>Capacity building and visibility focus for and Human Rights and Health advocacy. Research and documentation</td>
<td>Trans identifying and GNC</td>
</tr>
<tr>
<td>LGBT voices (formerly known as wezesha)</td>
<td>(2009) 2013</td>
<td>2013</td>
<td>Tanzania mainland</td>
<td>Advocacy and legal awareness; sensitisation on health, and capacity building on income generating activities.</td>
<td>LGBTI</td>
</tr>
<tr>
<td>CHESO</td>
<td>2006</td>
<td>2006</td>
<td>Tanzania mainland</td>
<td>Promotion of the rights of intersex children, awareness raising of issues affecting intersex, legal aid provision and advocacy on intersex children.</td>
<td>Intersex children</td>
</tr>
<tr>
<td>SHI</td>
<td>2010</td>
<td>Not yet registered.</td>
<td>Dar es Salaam</td>
<td>Sensitisation of the community on health and living with HIV including components on diet and adaptation of lifestyle changes.</td>
<td>Gay men and/or MSM living with HIV</td>
</tr>
<tr>
<td>Organisation</td>
<td>Year of formation</td>
<td>Registered</td>
<td>Physical location and area of operation</td>
<td>Niche and Focus area</td>
<td>Target constituency</td>
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<tr>
<td>CHS</td>
<td>2013</td>
<td>2015</td>
<td>Dar es Salaam</td>
<td>Sensitisation and awareness raising of community members on Human Rights, counselling and support for self acceptance. Economic empowerment, human rights advocacy for SOGI, research and documentation.</td>
<td>LGBT</td>
</tr>
<tr>
<td>TACEF</td>
<td>2013</td>
<td>2015</td>
<td>Tanzania mainland (Shinyanga, Arusha, Dar, Iringa, Mbeya)</td>
<td>Health, youth empowerment, human rights advocacy and lobbying of the religious sector.</td>
<td>GBT and SW</td>
</tr>
<tr>
<td>ZAYEA</td>
<td>2011</td>
<td>2013</td>
<td>Zanzibar</td>
<td>-Human rights advocacy, health &amp; community empowerment and outreach. Counselling and testing. Distribution of education material on HIV/AIDS and sensitisation - LGBT legal sensitisation - Referral services - Capacity building – life skills, trainings</td>
<td>LGBT, PWID and sex workers</td>
</tr>
<tr>
<td>YMC</td>
<td>2015</td>
<td>In process</td>
<td>Zanzibar</td>
<td>Sensitisation of family, religious leaders and local government. Capacity building and training on income generating activities, health based advocacy and education, human rights advocacy.</td>
<td>LGB youth and SW</td>
</tr>
<tr>
<td>CPSS</td>
<td>CPSS was formed in 2006</td>
<td>2006 (as a company limited by guarantee called COPESSI group)</td>
<td>Dar es Salaam</td>
<td>Counselling and testing, human rights advocacy and Health based advocacy.</td>
<td>LGBTI, SW and truckers</td>
</tr>
<tr>
<td>Organisation</td>
<td>Year of formation</td>
<td>Registered</td>
<td>Physical location and area of operation</td>
<td>Niche and Focus area</td>
<td>Target constituency</td>
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<tr>
<td>HEAT</td>
<td>2015</td>
<td>Not yet registered</td>
<td>Mainland Tanzania and Zanzibar</td>
<td>Capacity building, sex education, income generation and advocacy through entertainment, wellness and empowerment, condom and lubricant distribution.</td>
<td>LGBTiQ and SW</td>
</tr>
<tr>
<td>WASO Organization</td>
<td>2014</td>
<td>2015</td>
<td>Mainland Tanzania</td>
<td>Human Rights Advocacy HIV counselling and testing, condom (including female (condoms) and lubricant distribution.</td>
<td>LGB, SWs and Truckers</td>
</tr>
<tr>
<td>TAWG</td>
<td>2008</td>
<td>2015</td>
<td>Tanga</td>
<td>HIV and AIDS advocacy, counselling and testing, economic empowerment.</td>
<td>LGBT and SW</td>
</tr>
<tr>
<td>TAT</td>
<td>2014</td>
<td>In the process</td>
<td>Dar es Salaam</td>
<td>Sensitization of the society including parents of trans, self acceptance and Human Rights advocacy.</td>
<td>Trans identifying</td>
</tr>
<tr>
<td>YOSOA</td>
<td>2013</td>
<td>2014</td>
<td>Zanzibar</td>
<td>Health, human rights advocacy and community empowerment, economic empowerment.</td>
<td>LGBT and SW</td>
</tr>
<tr>
<td>AGAPE</td>
<td>2014</td>
<td>In the process</td>
<td>Iringa</td>
<td>HIV counselling and testing, economic empowerment.</td>
<td>LGBT and sex worker</td>
</tr>
<tr>
<td>TASEFO</td>
<td>2015</td>
<td>In the process</td>
<td>Lake Zone (Mwanza, Shinyanga, Simiyu, Geita and Msoma)</td>
<td>Health based advocacy, economic empowerment, counselling and testing, distribution of condoms and lubricants.</td>
<td>LGBT and SW</td>
</tr>
</tbody>
</table>
**Who is organising what?**

The focus areas for most of the organisations are:

**Sexual Reproductive Health Rights (SRHR) Services and information** – Through provision of services such as referrals to health institutions identified as friendly, provision of sexual and reproductive health services... most notably distribution of condoms and lubricants; provision of information on HIV/AIDS and STIs. Organisations such as SANA and WASO offer VCT services.

**Engaging policy and advocacy** – Particularly as regards increased visibility, inclusion and involvement of the communities as stakeholders in various spaces such as the annual gender festival in previous years. Health is still perceived to be the most viable entry point for advocacy and given the inclusion of MSM and SW in the national HIV and AIDS policies, LGBTI groups are engaged as stakeholders in the discussion on policies such as the National HIV and AIDS strategic plans.

**Education and Literacy** – Education and literacy was identified by those interviewed as an issue in the LGBTI communities. Aside from economic disposition, another identified hindrance to access to education is stigmatisation and discrimination by the families of those whose sexual orientation is known. Several LGBTI individuals reported being disowned by their families or forced to conform to normative sexualities and gender expression in order to continue having access to education. As such, some of the interviewed organisations cited capacity building on literacy and income generating activities as core to their work. For organisations like CHESO, they achieve this through support to the families of intersex children as well as to the children themselves.

**Economic empowerment and livelihoods income generating activities** e.g. saving schemes for the members of the organisations as well as trainings on financial literacy.
Movement building, coalitions and networking – There has been an increase in the building of national coalitions and alliances, networking and strategic partnerships with civil society organisations such as the Commission for Human Rights and Good Governance (CHRAGG) and the Civil Society Steering Committee on HIV as well as the sex worker movement in key national advocacy efforts.

Safe spaces as well as arts and entertainment – Creation of periodic safe spaces for example, organisations such as SANA allow for its members as well as other individuals from the community to convene at its offices. Visibility through entertainment such as the activities engaged in by HEAT at different queer specific and non queer functions as well as events such as the IDAHOT celebrations which were recently held in Zanzibar.

Allies

According to the interviewed members of the community, although the limitations on advocacy imposed by the legislative environment is acknowledged, there are still advocacy gaps that allies could address and avenues they could exploit to lobby for the rights of LGBTI using their privileged mainstream status. It was noted that some identified allies such as the Commission for Human Rights and Good Governance (CHRAGG) and UK embassy which produce annual reports on the human rights situation in Tanzania, do not include the violation of the rights of LGBTI individuals in said reports. CHRAGG in particular could be a stronger ally because among its other functions, it was constituted to create awareness on all human rights as included in international and national human rights instruments; to advise the government on human rights issues, to receive and investigate complaints of human rights violations, and if necessary institute proceedings in court to prevent violation of human rights or restore rights denied.7

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7 The Constitution of Tanzania Art. 130(1)
Existing, past and potential allies identified by those interviewed in the course of this analysis include:

- LGBT Denmark to support the LGBT movement’s capacity building through trainings such as Looking In Looking Out (LILO) which is a personalised approach to exploring gender identity and sexual orientation. It involves a facilitated process of support for LGBTI people.

- Foreign embassies such as the US, Swedish and Irish embassies were identified as potential allies. None of the organisations represented at the validation meetings of this report cited having received capacity or financial support from these embassies to date. Some respondents reported that the reason the organisations have not received financial support is because most organisations do not meet the requirements stated in the various calls for proposals. However, it was stated that support has been received from various agencies linked to some of the countries. Such agencies include amfAR and USAID.

- Human Rights Institutions. Examples include CHRAGG, which is the National Human Rights Institution (NHRI). It was reported that CHRAGG is slowly emerging as a consistent albeit considerably conservative ally in its advocacy for the rights of LGBTI persons. The context of its support to the movements utilises the key populations status and is mostly in the form of consultations e.g current efforts for a collective shadow report ahead of Tanzania’s UPR is underway with the leadership of CHESA in partnership of CHRAGG. Other listed organisations that offer similar support include Tanzania Human Rights...
Rights Defenders Coalition (THRDC), Tanzania Women's' Lawyer Association (TAWLA) and INERELA, a religion based organisations that focuses on access to health including for members of the key populations. Tanzania Gender Networking Programme (TGNP) was cited as a former ally through its inclusion of LGBTI groups in the annual gender festival, but in recent times has been reluctant to visibly support the communities.

• Donor partners – The movement identified supporting partners such as UHAI, AmSHeR, COC, INERELA SA, HIVOS, AIDS Alliance, amfAR, USAID, OSIEA, UNAIDS and the Coalition of African Lesbians (CAL). However it was also reported that there is a need for donor partners to get to know the upcoming organisations in order to equitably afford support to all the organisations within the movement and not funding just a handful of known organisations.
Lived realities

“My step-father, tried to rape me but he was not successful. He was the source of all my problems. Because from when I was born I know I am a man. He wanted to know exactly if I am male or female. Since that day, I cannot stay in the same house with him. I cannot get work as I am so I join the football team. I went to apply for a passport and they told me to go back and dress as female.”
— Maanzo, Trans man, member of TAT

Being an LGBTI person in Tanzania comes with a string of violations, abuse and ostracising by loved ones. The cultural setting includes religious influences e.g. from Islam and Christianity and deeply ingrained patriarchy. This is further exacerbated by the persistent state sponsored anti LGBT sentiments and statements. For example, in 2014, Ezekiel Wenje, a member of parliament expressed intent to draft and table an anti homosexuality bill following the passing of Uganda’s repealed Anti Homosexuality Act.⁹

There appears to be the misperception that LGBT identities are a choice or a learned behaviour. As such, there is a low level of acceptance and some of the organisations or entities that purport to empathise, link said empathy to attempts to ‘rehabilitate’ or coerce LGBT individuals to ‘reform’.

There is a lot of ignorance on matters of gender identity. Trans men often times get labelled as ‘lesbians’ whilst trans women are often times labelled and presumed to be gay men.

**Coming out**

“Here in Tanzania if you don’t expose yourself, like acting effeminate, then you don’t get issues. The problem occurs if you seem gay or have feminine behaviours. Even if you are a ‘bottom’ and you appear to be ‘normal’ you don’t get any problems.”

— Victor, Gay identifying member of an LGBTI organisation.

As a result of the hostile environment, most members of the community are not willingly visible. Of those that are ‘out’, a few came out of their own volition whilst most were ‘out-ed’ by friends, family or people with no direct relation such as those interacted with in health care contexts e.g. when an individual goes for HIV testing and treatment.

“When I am at home, I dress and behave the way my family members want. When I leave home I can do whatever I want and dress the way I like.”

— Bee, Trans woman in Dar es Salaam

“...Sometimes members of the public that encounter me, strip me for no reason, even if I am dressed as society would expect, because they know me and where I live through my family, the media, healthcare practitioners.”

— Sanaa, trans woman in Zanzibar

This invisibility is more so for the intersex community who are barely known or identified even by the community.

“I know of an intersex person in Sinza who has issues with peeing. I’m not sure which genitals are primary. The family hides them. They are afraid of coming out. There are no organisations or services or programmes for them. There is high lack of information.”

— Peer educator at WASO
Identity politics: on culture vis a viz gender expression

In Tanzania, the grammatical use of the word ‘shoga’ in a day-to-day context means a lady friend. However it is also associated with effeminate gay men and trans women.

"Because of how we identify and how we express ourselves, they (society, police and Sungu Sungu) just call us ‘shoga’ or ‘msagaji’ or ‘msenge’. They take our money, solicit bribes both monetary and sexual, strip us naked, beat us, chase after us in public, and remove our wigs. For trans men, they strip them and oftentimes rape them, especially because of the androgynous look they usually have.”
— Delilah, Trans woman in Dar es Salaam

At the root of the homophobia lies a construction of gender and gender roles. There seems to be the perception that ‘homosexual’ means a male person that is penetrated during anal sex. That person is perceived as submissive and therefore referred to within the community as a ‘bottom’. This is reflected in the use of terminology such as msenge and negative connotations of the word ‘shoga’ all of which draw disapproval, resentment and disrespect from the wider public. Incidentally, where the gender expression is perceived to ascribe to the patriarchal connotations of what it is to be a ‘man’ i.e. seen to be masculine and dominant, it translates to a much lower tolerance towards effeminate gay men and an seeming indifference towards ‘bahshas’ or gay men that are sexually dominant, also referred to as ‘tops’, butch lesbians as well as towards trans men.

“Tops don’t see themselves as gay or part of the queer community. They are men who have sex with men, but they say ‘I am not gay!’’. Even outreach to tops is difficult. It is hard for them to open up about themselves. They too need to be educated so that they don’t self-discriminate. At work, they are fine. Even if they say they are gay, the community just brushes it off since they are ‘masculine’ and conform.”
— Coordinator of TACEF
Owing to the high levels of culturally inspired superstition, intersex individuals are demonised and stigmatised in the belief that their birth was a bad omen, curse or a result of witchcraft.

“Culturally, intersexuality is considered as a taboo or the result of witchcraft and in the villages they kill both the mother and the child.”
— Coordinator of CHESO

**Access to housing**

Several LGBT Tanzanians have been subjected to forced evictions from their houses by landlords or driven away by a rise in hostility from neighbours. Oftentimes, despite the existence of a binding contract, (most leases are typically at least one year which year is paid for upfront).

“One of my friends came to my house. The second day, the owner of my house spoke to me and said that he will not tolerate ‘gayness’. When I asked why, he said it was because my friend slept over and he assumed that we had sex. I’m glad that he refunded my deposit because had he not, I knew that even if I went to the police, they would not assist in anyway. The last time I was there because my phone was stolen, they dismissed me because they knew I am gay”.
— Isso, Male SW in Zanzibar

Some LGBT individuals reported that their sexual or gender identity is also often times used as a basis for police involvement despite the contention being on something entirely unrelated like the refusal by a landlord to return a deposit or disagreements over rent. There are also many landlords that refuse to rent out their houses to two people of the same sex on the pretext that they will not promote homosexuality. Particularly where the house in question has just one bedroom.
“My landlord had a problem with me regarding the rent. She went to the police and instead, told them that I am gay. The police came and threatened to arrest me. When I asked them what the issue was, they said it was because I was practicing ‘usenge’. Since I knew my rights, I asked them what proof they had, and insisted that the people the landlady may have referred to, were my friends and there was nothing wrong with what I was doing. When they insisted, I told them that if it was a big deal I would need to call my lawyer upon which they changed their mind. It was only then that the landlady revealed that the real issue was because I had not paid rent, which was also not true.”
— Gideon, Gay identifying member CHESA

Family and Friends
There were mixed reactions from members of the community regarding the reaction of family. Most reported having experienced negative reactions ranging from ostracising to one individual being reported to the police by his father. On the converse, some reported a negative reaction at the onset that eventually morphed into acceptance at best but mostly a pretence that it is/was not an issue worth discussion.

Zanzibar has a predominantly Islam culture which was reported as bearing heavy weight on the reaction from loved ones. This was reported to be an issue mostly for members of the LGBT community and was not perceived to be as much of an issue for intersex individuals.

“I have a friend of mine who was taken to police by his father. The father said that if he is the way he is, prison will ‘fix’ him. In prison he was raped and consequently got infected with HIV.”
— Coordinator of LGBT voices
Discrimination in employment

“I have a diploma but I have found it extremely difficult to get a job particularly when I was more effeminate.”
— Emmanuel, gay man and sex worker

Whereas getting employment was reported as being a challenge for members of the LGBTI community, there are several incidences in which members of the community that were employed have been unfairly dismissed or forced to alter their dressing and mannerisms in order to sustain their employment.

“Said, a young gay man that was a nurse in Magomeni Hospital was fired in 2013 once they discovered his sexual orientation.”
— Coordinator of TACEF.

Security

Maurice Mjomba (R.I.P)

In July 2012, Maurice Mjomba who was 29 years old, an LGBT activist and founding member of SANA, an organisation that advocates for the rights of LGBT and sex workers was murdered in his house. He was strangled to death. He was a visible and prolific activist that contributed greatly to the growth of the LGBTI and SW movements in Tanzania. It is still unknown whether or not his death was related to homophobia and police investigation into his death remains inconclusive.
“When Maurice Mjomba died in 2012, it was a big blow to us. The police did not bother to investigate. The media published that ‘The leader of homosexuals has died’. Once the police know of your sexuality, they do not bother to assist. Therefore the remaining leaders are in constant fear because the reasons for his death are still unknown and so there is a real fear that anyone could be targeted.”
— Programme Officer, SANA

Security is a very big issue especially in the cases in which the identities of the individuals is presumed or known. LGBTI Tanzanians are subjected to threats against their lives, verbal, physical and sexual abuse from members of the society as well as security agents such as the police and Sungu Sungu. As a result, the community is forced to be self reliant and to employ their own security measures such as relocating to a temporary abode in a different geographical location, informal due diligence on newly introduced people and going out in groups.

One of the security strategies used in an organisational context is in the naming of organisations. Most organisations have opted for names that do not allude to advocacy for the human rights of LGBTI Tanzanians.

Another strategy employed is the formation of a security committee comprised of AMKA, SANA, ZAYEA, TTI and Dar es Salaam Sisters. The committee investigates reports about threats on the security of LGBTI and SW human rights defenders (HRDs) as well as the coordination of resulting emergency responses.
Sabri’s Story
ZAYEA has helped by involving me in their work and giving me a platform to share my woes and troubles. I was away at Changing Spaces Changing Faces (a conference hosted by UHAI) when I received a call from a man that introduced himself saying that my friend Issa gave him my number and that we would like to meet me. When I checked with my friend Issa, he denied giving anyone my number. I did suspect anything when the man came to where I was the following week. I was sat with one of my girlfriends and when he came. We had a brief conversation and he hinted that he wanted to do some business with me. I did not find this odd because he was a well-dressed young man and, I’m well known in Zanzibar because I am a musician.

The following day he called me again and asked me to meet him. When I went to where he was, I found him waiting in a car. Despite my doubt about entering his car, he convinced me, saying he was harmless. Once I got in, he locked all the doors and sped off towards a different area. By this point I had started getting a little worried and asked him where he was taking me but he did not say a word. When he stopped, a lady and another man got into the car. When I tried to get out, the second man pushed me back in saying ‘nenda msenge wewe tunakujua’ (we know you, homosexual). There was a short struggle and I managed to hurl myself out of the car. I left my bag that contained my medication behind. A friend of mine saw me and asked why I was bleeding. I had not noticed until she mentioned it and it was then I realised that I had bruises all over my body. I was reluctant to go to the police because I’m well known and it would be an issue... besides, the police would not help me. My body was swollen everywhere and so I asked my friend to take me to hospital. At the hospital, I was informed that without a P3 form they would not assist me.

At the police station, it took a very long time for me to get any kind of assistance. I told them what happened upon which they laughed and said it was nonsense. I told them off, telling them that I am a Zanzibar citizen and I had rights. They asked me if I knew the car type or number plate and I told them considering the circumstances, I did not check for that information. They said there was nothing they would do, but finally, they gave me the P3 to get medical assistance. Although I got treatment, it is now two months later and I am still in pain. I cannot even do the CT scan that costs Tsh 150,000. My friends from ZAYEA came to visit me and they had stones thrown at them.
Now I can't even go to hospital. I am buying medicine using my own money. The police have not followed up.

I feel like they targeted me because I'm known everywhere and probably because of all the stories in Facebook and newspapers. I cannot even use dala dala (public transport) or the usual taxis. My boyfriend and I are always getting evicted from houses. Even where I am now, they have started to talk. I am not happy. I don't have freedom of movement. I am still in pain but I am just surviving. I live in fear every single day.

**Access to education**

Intersex children are often times discriminated and stigmatised in education institutions. Any existing provisions for affirmative action e.g. for women, automatically excludes intersex individuals because they may not necessarily fall under either male or female categories. This also arises as problematic in attempts to enrol in ‘single sex’ schools.

“In the context of boarding schools when taking a bath, intersex children are perceived as abnormal and as a result are subjected to bullying and stigma consequently resulting in internalised phobia by said children.”

— Director of CHESO
Public discourse

“Some media group came and inquired about what we do. A reporter called and said he knows we work with ‘mashoga’ and asked to interview us. We had a meeting and agreed that I would do it. The reporter said he wanted to know how we are promoting homosexuality. He wanted to record. We told them we are a HIV organisation doing key population work; so if he wanted, we could talk about HIV/AIDS, but not promotion of homosexuality. We asked him where he got the issues. We told him if he records and says something untrue, we would sue him. He got afraid and apologised. One week later, I was called and told to listen to the radio. I had not known that three staff members (Hits FM) had talked to a lady reporter and they were recorded. The recording was on air. They revealed a lot about our work and issues. I investigated and find out that the reporter lied and said she was from BBC working from Kenya. In the radio programme, listeners contributed; some contributions were positive, most were negative. The comments ranged from ‘let them be killed, burned, chased away, the office to be closed’.

One mother of our staff told her son ‘Nitakusomea aubadiri’ meaning that she will put a curse on him. They kept repeating the clip to garner more views from the public.”

— Executive Director of ZAYEA
Majority of mainstream written and spoken discourse regarding homosexuality in Tanzania makes reference to ‘shogas’ or ‘wasenge’ meaning ‘gays’ and in particular connoting recipients of penetrative anal sex. Often times this reference is made even when speaking about transgendered women indicative of a general ignorance on gender variance and the difference between sexual orientation and gender identity. The other references made are typically regarding ‘wasagaji’ or lesbians. This term is also used in national discourse, particularly in the media to refer to transgendered men. The underlying tone in existing discourse is that LGBT identities are a ‘learned behaviour’ or result from conditioning. Where there is a fair understanding that intersex individuals are born intersex, there is still a lot of misconceptions about what it is to be an intersex person.

“After my local governor tried to set me up using his daughter, a media hose called Cloud FM that likes to discuss ‘hot topics’ came to interview me. Gea Habiba, the host of the show asked to interview me but I declined. In the end they only interviewed the local governor’s daughter. The next day there was a radio show in which they incited hatred citing my actions as a sin and solicited public opinion. Following that show every time I would leave the house people would call me names and refer to me as a lesbian.”

— Zion, trans man, programme officer in TTI

News on LGBT individuals and sex workers is framed in such a way as to be sensationalist and provoke or elicit a certain kind of reaction from the public. A given example is around the period in which the now defunct Anti Homosexuality Act was passed in Uganda, a radio show host called Zabuda, with East Africa Radio instigated homophobia and declared that he ‘has information on gays’.

“The media misrepresents matters concerning the key populations and kuchus. The media played a big role in the shutting down and deregistration of TSSF. In fact, SANA has in recent times been harassed by the media who reported that SANA is a same sex brothel.”

— Programme Offier, SANA

There is also a lot of misconduct from the media who were reported to utilise social media to gain access to images and pictures of members of the community and thereafter print false news, which they then link to said images.

“A week ago someone took many photos of me while I was performing at Raj, which is a restaurant in Zanzibar. Later I saw a newspaper with my photo with the title ‘Mwone huyu si mwanamke ni mwanamme anayetikisa mambo Zanzibar’ (look at this person who is a man and not a woman and is shaking things up in Zanzibar). They wrote lies about me, about how I eat cake and juice every day, and have sex with ten men per day.”

— Sabri, Trans woman in Zanzibar

The government continues to spew negative rhetoric and argue that LGBTI identities are a western import; this despite the inclusion of MSM as part of key populations in Tanzania’s national health policies and strategic frameworks. Respected leaders within the human rights movement such as DK Sengondo Mvungi, the Dean of University of Dar es Salaam and Commissioner at the Legal Human Rights Centre (LHRC) and Chrispine Nabigambo also a commissioner at the Legal Human Rights Centre to name a few have not only distanced themselves from advocacy for the human rights of LGBTI individuals but have also been reported as explicitly standing against recognition of the rights of LGBTI Tanzanians.\(^\text{12}\)

Most of the homophobic statements from members of parliament and government representatives such as Sophia Simba and Bernard Membe who were reported to be the

most vocal antagonists, have religious undertones despite Tanzania being a secular state.\textsuperscript{13} In the situations in which politicians speak to issues on LGBTI there is a denial of the existence of LGBTI individuals in Tanzania.

There were mixed reactions from the community on the conduct of politicians during campaign seasons. Some reported that when during election period, politicians become LGBT friendly and even include the queer community to liven up public rallies. However even in that case those that supported this opinion stated that the appeared motive of the purported inclusion is the exploitation of the community because ultimately nothing is done by said politicians to benefit the communities.

On the converse, other members of the LGBT communities argued that attempts to utilise or presuming that campaigning and looming elections makes politicians queer friendly is a strategy that could and has seriously backfired because said politicians can use homophobia to boost their political interests or to appeal to homophobic members of the public who are perceived as voters.

“\textit{Our morals and laws are against homosexuality. We stand by our dignity. We would rather lose the aid than succumb to the dim-witted string attached,}”

— Hon. Bernard K Membe reacting to threats by the UK to cut aid to African countries with sodomy laws following Uganda’s now redundant Anti Homosexuality Act.

“\textit{I hope I’m dead before the day Tanzania would ever accept homosexuals and same sex unions}”

— Dk Sengondo Mvungi, in reaction to statements from the British ambassador asking Tanzania to observe the human rights of LGBTI Tanzanians in 2011

\textsuperscript{13} \url{http://www.tanzaniatoday.co.tz/news/membe-apongeza-anglikana-kupinga-ushoga} (last accessed on 2 September 2015)
“I do not accept the British ambassador’s statement that we should recognise the human rights of homosexuals. We are not governed by British laws, we are an independent country with our own laws.”

— Hon. Sophia Simba

Mainstream discourse does not necessarily reflect the perception of every Tanzanian. Some discourse, mostly blogs and certain websites argue that the focus and criminalisation of homosexuals is self contradictory and a waste of energy instead of focusing on celebrating Tanzanian achievements. For example, a blogger called Mahmoud Zubeiry laments that Zanzibar has a lot of talent which talent is not recognised because society prefers to focus on things that are not as important as said talent such as a person’s sexuality or drinking habits to name a few.

**Recommendations**

- Training and seminars of staff at media houses to facilitate responsible reporting. For greater impact editors and the people that make decisions at media houses also require sensitisation;
- A viable entry point to engaging government and policy makers would be to engage local government before targeting national government;
- To identify and sensitise new members of parliament particularly using HIV as an entry point with an emphasis on key populations;
- Develop relationships with the media who could become allies. For example by adding solidarity to what could be a common agenda such as campaigning or lobbying against potential re-tabling of the currently withdrawn Media Bills that will affect freedom of expression and information by stifling the media.

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15 http://www.raiamwema.co.tz/ushoga-ni-mbaya-kuliko-ufisadi (last accessed on 2 September 2015)
Overall recommendations

1. **Utility of existing legal frameworks** to challenge human rights violations e.g. rape, sexual harassment, arbitrary arrests without due process and corruption. Tanzania has ratified several applicable human rights instruments, which can be combined with existing frameworks to challenge some of the occurring violations.
   - Strategic litigation as an entry point for the conversion/reversal of discriminatory laws.¹⁸
   - Strategies are needed on the most effective ways to legal redress given the context in Tanzania to include strategies that could lead to the development of a relationship between law enforcement and the community such as sensitisation trainings.
   - Education of lawyers to enable them competently defend members of the community. In addition, identifying a cadre of lawyers able and willing to litigate on behalf of the LGBTI community.

2. **Increased visibility of some of the groups** i.e. lesbians, trans and intersex communities. Currently members of these communities are side-lined, both in a national context as well as within the wider LGBTI organising. This could be facilitated through specific programming that targets members of these communities such as lobbying for the inclusion of trans identities in HIV programming so as not to conflate trans issues with those of MSM.

3. There is the need for a **more comprehensive and institutionalised approach to advocacy and capacity building** that are long term continuous processes and not singular activities.

4. **Added flexibility by potential donor partners** to make any support mechanisms more accessible to the communities by having the documents translated to Swahili and allowing for the submission of proposals that reflect the day to day linguistic context.

5. **Increased capacity building** in the organisations on research and document the various violations faced by members of the community. The research could facilitate the development of articulate position papers and reports that could be used for advocacy.

¹⁸ The movements in Tanzania could borrow strategies employed in Kenya for example
6. There is a need to **engage mainstream human rights institutions** and challenge them on what they purport to stand for. The movements need the help of mainstream allies to break some of the boundaries. This can be achieved through fostering a network of allies and engaging in the wider human rights agenda in solidarity.

7. An **awareness raising and sensitisation campaign** on challenges in accessing human rights of LGBTI community targeting different stakeholders such as:
   - To the government – to challenge their obligation to protect all citizenry who are equal before the law.
   - The LGBTI community – The capacities of activists within the movement could benefit from continued growth to facilitate better articulation of the challenges facing the movement. Doing so may also address the internalised homophobia reported to plague the movement.
   - Mainstream organisations running ‘Key Population’ programmes and their staff.
   - Religious leaders such as pastors, Imams, Kadhis etc. Religious fundamentalism greatly influences societal attitudes to LGBTI individuals. Engaging religious leaders using health as an entry point could be effective.
HEALTH
Access to healthcare for LGBTI and Sex Workers

Given the evident overlap between LGBT identities and sex work, the underlying theme to access to health for both is the high levels of stigma experienced at health care facilities and in discourse on the engagement of key populations in the national health policies as well as the particular exclusion of strategies to engage the needs of trans and intersex identities.

“Stigmatise” means –

a. to vilify or to incite hatred, ridicule or contempt against a person or group of persons on the grounds of an attribute of the person or of members of the group living with HIV and AIDS, by publication, distribution or dissemination to the public; or

b. the making of any communication to the public, including any arctic or gesture, that is threatening, abusive, insulting, degrading, demeaning, defamatory, disrespectful, embarrassing, critical, provocative or offensive.

—HIV and AIDS (Prevention and control) Act 2008 Section 3
Key findings on the Challenges to access to health

• Lack of information and education materials that target the LGBTI and SW communities;
• Demands from healthcare institutions that patients accessing STI testing and treatment come accompanied with their partners;
• Discrimination and stigmatization by health care professionals;
• Lack of discretion and ‘outing’ by health care professionals that work in institutions that are not run by LGBTI and SW organisations;
• Lack of access to lubricants;
• Lack of access to or information on PrEP (pre-exposure prophylaxis) or PEP (post-exposure prophylaxis);
• Absence of Trans or intersex specific healthcare.
• Stigmatisation of non-conforming gender identities.
• Ignorance/Lack of awareness by health professionals on issues affecting the communities.

According to Tanzania’s Global AIDS response country progress report of 2014\textsuperscript{19}, HIV prevalence among key populations remains high. Prevalence among Men who have sex with men was reported to be at 22.2%. Prevalence among female sex workers was reported to be at 31.4%.

The report points out that these figures are not representative of the whole nation. It does however indicate that the figures illustrate a decline from previous estimates and goes on to attribute the decline in HIV infection to “the extensive, preventive intervention measures in the country”\textsuperscript{20}.

\textsuperscript{20} Global AIDS response country progress report 31 March 2014 p.5
Whereas both the Zanzibar National HIV strategic plan (ZNSP II)\(^{21}\) and the National HIV and AIDS strategic plan (NHASP) includes men who have sex with men (MSM) and sex workers as part of the key populations and vulnerable groups for HIV programmes in Tanzania\(^{22}\), progress on it’s realisation is yet to reach it’s full potential. The purported inclusion, protection and targeted action compounded by, the environment and context within which this policy exists limits it to aspirational.

Any gains made by the inclusion of MSM and SWs as part of key populations is undermined by existing legislation that criminalises same sex sexuality and sex work, which in turn facilitates the sweeping discrimination, stigma and religious fundamentalism applied by most healthcare professionals. This is particularly so for government hospitals and counselling and testing centres (CTC). Some of the municipalities that have reached out to the sex worker community and are reported to offer support and education on income generating activities offer said services as rehabilitative and on the condition that the sex workers discontinue sex work.

Despite the information and knowledge of the impact of HIV among key populations, aside from a few recommendations for ‘tolerance’ contained in the reports or strategic plans\(^{23}\), most government bodies including the national AIDS commissions have appeared reluctant to lobby against the specific legislative regimes that create a hostile environment for key populations, particularly MSM and SWs thereby hindering national efforts for the control and prevention of the spread and infection of HIV and AIDS. That said, the LGBTI and SW communities still broadly perceive health as the most accessible entry point for the advocacy and recognition of the rights of LGBTI and SWs. Where as this is arguably true, the converse of health as an entry point is the negative association thereby made linking sexual orientation,


\(^{23}\) “Treat us like Human Beings”, Discrimination against Sex Workers, Sexual and Gender Minorities and People who use drugs in Tanzania, Human Rights Watch June 2013. P.5 (last accessed on 2 September 2015)
gender identity and sex work to the prevalence and spread of HIV and AIDS which further exacerbates the stigma.

Several strides have been made leading to the inclusion of MSM and SWs under the Key populations. Some organisations such as AMKA, CHESA, SANA and YWI reported being part of the HIV prevention technical committee. There is on going lobbying to have the rest of the LGBTI community included under the umbrella of key populations to facilitate access. Currently, trans women are reported to only be able to access healthcare and treatment under the banner of MSM whilst lesbians, trans men and bi-sexual women are purported to fall under the sex worker banner when accessing health services.

The only places that were reported to offer services to members of the LGBTI and SW community without discrimination is the few LGBTI and SW organisations (mostly in mainland Tanzania) such as SANA and WASO that offer testing and counselling services, albeit limited.

“A 26 year old gay man called Yuri went to Mwana Nyamala which is one of the government hospitals in Dar es Salaam in 2013, he had anal warts. The doctors at that hospital refused to help him and instead the doctor that should have helped him started preaching to him and called his colleagues to ‘come see’. The attending nurse refused to touch him ‘lest the homosexuality infect her unborn child’.”

— Coordinator of LGBT voices

“Doctors do not serve female sex workers with dignity, particularly if they are positive. This is even in some of the clinics purported to be ‘friendly’. I have come across a few doctors that knew me outside the clinic settings who proceed to lecture me and insist that I stop what I’m doing and get a different line of work. I would prefer it if I could just get my medication and leave without the insistent lectures and disapproval.”

— Female sex worker living with HIV.
Applicable Health Policies, guidelines and reports

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<td>Zanzibar National HIV Strategic Plan ii (2011-2016)</td>
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<td>GLOBAL AIDS Response Country Progress Report (March 2014)</td>
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<td>National Guidelines for Comprehensive Package of HIV Interventions for Key Populations (September 2014)</td>
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<td>Consensus Estimates on Key population size and HIV prevalence in Tanzania</td>
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<td>Health Sector Strategic Plan III (July 2009 – June 2015)</td>
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<td>Zanzibar National HIV and AIDS Policy</td>
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<td>National Guidelines for the Management of HIV and AIDS.</td>
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Identified LGB and SW accessible health institutions

It was reported that most of the health care institutions that purport to be LGBTI or SW friendly are not really friendly per se but rather have ulterior motives in appearing accessible to the communities. These motives are alleged to include data collection either to account for existing funding or in order to access funding.

1. **PASADA**, which is a catholic owned health centre that focuses on service delivery on HIV/AIDS and STIs was reported as friendly to the LGBTI community as well as to male and female sex workers. They however do not provide services such as hormonal therapy.

2. **DIC Mwenge** (Female sex workers)-They do screening of HIV, cancer and STIs. They do not do treatment. There were mixed reactions from the community with some saying that their ‘friendly attitude’ was because they are using the community for research and collection of data and this attitude is not consistent.

3. **Mwana Nyamala.** There were mixed responses regarding their approachability. It was also reported that they are not really friendly per se but rather attempt to collect data. They were also reported as not having treatment for STIs for male and female sex workers.
4. Magomeni. It is a district hospital. (MSM as well as male and female sex workers)
5. IDC Posta (MSM as well as male and female sex workers)
6. Seketoure hospital in Mwanza is purported to be friendly to the communities (MSW and FSW) however it was noted that they do so for purposes of data collection. They do not offer free treatment for STIs.
7. Palestina – Sinza is accessible to MSM and SW communities. Several organisations refer their members there. Focus on HIV/STI testing and counselling and provide patients with ARVs.
8. Zanzibar hospitals on the most part may claim to be MSM and SW friendly on paper but in actual sense are not. They often times frustrates efforts by sex workers to access treatment or medication. There were no identifiable friendly hospitals or medical institutions.

**Lack of Access to tailored information**

Most of the available information both from the Ministries of Health as well as at the various health care facilities only produce and disseminate information relevant in a heterosexual context. In the rare occasion that health facilities do not discriminate against GBT individuals or male sex workers, after discovering their identities, the counselling is oftentimes structured in a ‘behavioural’ context which includes ‘advice’ that said individuals need to ‘stop sleeping with the same sex’.

“I once went to a private hospital called TMJ for testing. There I was asked if I have a partner. I was also asked about the kind of sex I have. I refused to answer completely. I suspect that the counsellor detected that I’m kuchu. As she was counselling me, she told me to stop sleeping with men. I never went back.”

— Sila, Male Sex Worker in Zanzibar

24 As with most parts of this study, owing to the lack of visibility of intersex identifying individuals the reported cases emanated from individuals that identified as LGBT.
As a result, a large part of the LGBT communities are ignorant about the various prevention methods against infection of HIV and sexually transmitted diseases and in most cases, reluctant to access the information.

“Many sex workers are reluctant to go to government hospitals. We have to coerce the doctors to attend to those that do go. 1 out of 10 of us are afraid to access healthcare or to get tested. In the case that a sex worker gets a sexually transmitted disease and goes for treatment, they seldom go back. If as part of the course of treatment medicine is prescribed, most sex workers may adhere to the treatment for a while but discontinue the medication after a short period. This is particularly if the existing symptoms ailing said sex workers become no longer evident e.g. weight gain where there had been extreme weight loss after 3 to 4 months of adherence. This is owing to a fear of being stigmatised if discovered to be on medication or lack of full information not realising that in stopping there is a likelihood that they will become more ill.”
— Amina, Sex worker peer educator in Dar es Salaam

Most available information received by members of the LGBTI and SW communities was reported to have come from:
- HIV seminars in learning institutions. This is applicable to the few that have access to further learning;
- Health trainings given by allies such as AMICAL, Amref, FHI and PSI. These mostly target sex workers.
- LGBTI/SW organisations and meetings.
“Kuchus are typically reluctant to go to hospital and tend to prefer ignorance regarding their health status. If a kuchu asks another kuchu about their HIV status, the person asked is likely to take it personally and as an accusation that they are not healthy. Despite the conversation, most kuchus will still not go to get tested.”
— Misa, MSM peer educator in Zanzibar

Lack of Access to PrEP or PEP

“PrEP” stands for Pre-Exposure Prophylaxis and whose purpose the prevention of HIV infection following exposure particularly for people who are at a high risk of getting HIV for example sex workers for whom HIV infection is a very real occupational hazard.25

Post-exposure prophylaxis (PEP) is short-term treatment given with the objective of reducing the likelihood of infection after possible exposure.26

Most of the sex workers interviewed did not appear to have knowledge of the existence of either PrEP or PEP nor had they received any information, recommendations or prescriptions from health professionals. Given the vulnerability of sex workers to infection by HIV and AIDS, that these options are not made available is not only harmful but is contrary to existing national policies on the prevention and management of HIV and AIDS. It was reported that availability of PEP and PrEP is limited generally and not available as an option for members of the wider Tanzanian society. Instead use is restricted to health care professionals that work in ‘high risk of exposure’ settings.27

25 http://www.cdc.gov/hiv/basics/prep.html (last accessed on 2 September 2015)
26 http://www.who.int/hiv/topics/prophylaxis/en/ (last accessed on 2 September 2015)
Denied healthcare

“I took my friend to a clinic in Changongo. Three doctors came to examine us but would leave after looking at us, treating us like a spectacle. The fourth doctor that came, asked us ‘nyie hamwoni haya? (Don’t you feel ashamed?)’. In the end, we were not assisted and we could not afford to go to a private hospital.”

— Sami, Zanzibari MSM and SW peer educator

There is blatant stigmatisation and discrimination particularly in government owned health institutions towards members of the GBT and SW communities. There are several reported incidences in which GBT individuals and sex workers were denied testing and/or treatment all together, and turned away from hospital. Some trans identifying individuals, particularly trans women, reported having to change their gender expression in order to access treatment.

“I was using creams as lubricants, which made me itch and I ended up with anal warts. When I went to Magereza Hospital, I was informed that I needed a particular injection, which the doctor was clearly reluctant to administer to me. I had to see five different doctors to get some assistance.”

— Nani, Gay identifying man

Lack of discretion and breach of confidentiality

Most members of the LGBT and sex worker community reported that they feared accessing health services in Tanzania because of previous experiences in which staff at the various hospitals and clinics publicly ‘out’ them and reveal their purpose for visiting the clinics.
“For queer/trans identities, especially trans women, we are oftentimes reluctant to go to hospital because of our gender expression. The public constantly harasses us during the day so we prefer to attempt to go to hospital at night. In the hospitals, if the doctor is unsure of our biological sex at birth, they tend to prod and consequently cannot hide their stigma with comments like, ‘kumbe wewe ni shoga’ (so you are a homosexual?) after which they typically announce their discovery to everyone else within the hospital. In situations like this we are forced to slip away to avoid the unwanted attention. It is hard.”

— Nisa, Trans woman in Dar es Salaam.

**Lack of access to Lubricants**

“In Zanzibar if you are found with KY you are jailed because it is only for doctors. In the rare instances that we may be granted access to lubricants, we often discover that they are expired. We suspect that they intend to sabotage our efforts to engage in safe sex. Currently, we get KY jelly at ZAYEA. But it is never enough. When we run out of lubricants, we use petroleum jelly or cooking oil without which we risk the chance of the condom breaking and therefore becoming ineffective. For female sex workers, we do both anal and vaginal sex. Therefore at times we even resort to margarine, honey, lotion or saliva. A lot of us use saliva because there is no access to lube.”

— Sasa, Zanzibari female Sex Worker

Despite the importance of lubricants to vaginal and anal sex, unfortunately despite the relative accessibility to condoms in Tanzania, the same cannot be said for lubricants. The study identified three main reasons for the limits to accessibility namely:

- The misperception that carrying or distributing lubricants is illegal;
- A general unavailability of lubricants making them somewhat like a ‘black market’ product accessed through secret transactions and back doors...particularly in Zanzibar;
- In the situation that lubricants may be available in a few stores and/or chemists, they are expensive.
Most interviewed members of the GBT and SW communities reported that owing to the lack of access to lubricants in Tanzania, people typically resort to flawed and dangerous attempts at lubrication such as margarine, cooking oil, honey, vaseline and saliva to name a few.

Members of the LGBT and sex worker communities also reported that because lubricants are not ‘allowed’ except through the distribution from specific medical professionals and mainstream organisations partnering with the government in the national HIV/AIDS control programmes. Oftentimes these organisations do not attempt to reach out to the GBT and SW communities to access said lubricants. As a result there have been reports of reoccurring waste resulting from expiration of lubricants that are thereafter burned by the same institutions that partner with government and get funding to ensure access to said lubricants.

“Access to KY Jelly is restricted because they argue that it is only for hospital use. Even pharmacies experience difficulty accessing them. Despite the fact that ICAP informed Zanzibar AIDS Commission (ZAC) of this, we as well as our allies are not allowed to access, possess or disseminate lubricants. The government’s partner organisations that have access often let the lubricants expire and thereafter burn them. They were supposedly afraid of distributing them to the community because of the illegality of our identities. FAOUD Pharmacy, which is a big pharmacy in Zanzibar, appears to be one of the few commercial entities with access. Attempts to purchase lubricants there are not always successful. In the rare cases that one can purchase lubricants, we have to use code words such as ‘mzigo’ (package) in reference to lubricants as it is not stocked visibly. It is also very expensive as one costs Tsh 10,000. Therefore we are forced to use it sparingly!”

— Male sex worker in Zanzibar

28 UHAI was unable to identify any existing legal source that is the basis for the limitations on distributing or accessing quantities of lubricants or for the arrests of persons caught doing so. The only identified limitation appeared to be from the Zanzibar Food and Drugs Board that classifies lubricants under ‘cosmetics’ which require registration with the board before dispensation, sale or distribution. http://www.zfdb.go.tz/docs/FORM%20No-54-Application%20form%20for%20registration%20of%20cosmetics.pdf (last accessed on 2 September 2015)
“Organisations such as PSI would rather let the lubricants expire than give us because they do not want to be linked to provision of lubricants to the communities”
— Coordinator of ZAYEA

**Requirement of a PF3 form to access health services**

In cases involving sexual violence, when members of the GBT and SW communities attempt to get treatment, hospitals often require a PF3 form which is a form that the police are obligated to provide upon the reporting/allegation of a criminal offence. It is difficult to get said form from the police who further stigmatise them and in most cases solicit a bribe in order to provide the form which should be free.

“In September 2014, I had to pay a bribe of Tsh. 40,000 to officers in Kinondoni to get assistance and to get a PF3 form for one of our members who was raped by 3 men. The police refused to investigate the matter further or to take it seriously because we are sex workers. When we went to Mwana Nyamala hospital, they discriminated against us and insulted us. We had to pay a bribe of Tsh. 10,000 to the doctor in order for him to treat her.”

— Executive Director of KBH Sisters
Recommendations on health

1. Sensitisation of health care workers who typically tend to display bias and discrimination based on religious and personal views.
   • On the specific issues affecting MSM.
   • On trans identities and their specific health care needs.
   • On confidentiality.

2. Sensitisation of the sex worker and LGBTI communities to raise awareness on safe sex, contraceptives, STIs and HIV/AIDS. This sensitization could be coupled with counselling to demystify living positively and to integrate sex health and safety as part of the day-to-day lives of the LGBTI and SW communities.

3. Advocacy for amendments to the National Strategic Plan to reflect the intrinsic linkages and overlapping between the GBT and SW identities as currently MSM is categorised as its own category and SW are framed in such a manner as to connote female sex workers thereby excluding the other multiple identities that are the lived reality for sex workers in Tanzania. Including this recognition in the national policies will strengthen the visibility of GBT and SW communities.

4. Lobby the Ministries of Health to provide information /IEC materials on condoms and lubricants. This will help to demystify lubricants and remove the associations people make between lubricants and sexual identity. This education will also alleviate ignorance on how to use lubricants and condoms for the communities. For example it was reported that there is currently a stigma and discrimination strategy for key populations as well as condom strategy that are still in the draft process. The condom strategy is reported as inclusive of MSM and of condoms but is not inclusive of provisions on access to lubricants which was allegedly debated and deliberately left out because it was perceived as tantamount to promotion of homosexuality.29

5. Other information be made available is on family planning. This includes information on gender identity i.e. trans and intersex which will help families accept the trans and intersex individuals. Furthermore it will enable parents to be able to cater to the biological needs of their children by going to the hospital and interacting with health care professionals to further facilitate an understanding on the different gender identities.

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29 Interview with member of staff of the Civil Society Steering Committee on HIV.
6. Lobby for the inclusion of information on PEP and PReP.
7. Increase the capacity of LGBTI and SW organisations to be able to manage clinics that will/can offer services to the communities.
SEX WORKER
Legal and policy

The laws in both mainland Tanzania and Zanzibar criminalise all possible elements relating to sex work. This means that they do not just explicitly outlaw the service provision, but also target clients and existing places of work such as brothels. The existence of criminalising legislation is used as the basis for the denial of access to justice. Furthermore LGBT identities in Tanzania are intrinsically linked to sex work as most of the interviewed se workers also identify as either lesbian, gay, bisexual or transgendered thereby making them vulnerable to double stigma. As a result, sex workers in Tanzania are made vulnerable to harassment well as of other human rights violations such as arbitrary arrests and detention, searches, verbal, sexual and physical violence.

Key findings of the abuse of the existing laws:

- Denial of PF 3 forms, which is a document issued by the Police for purposes of medical examinations following cases of physical or sexual assault and accidents30, when they report cases of abuse by clients;
- Arbitrary arrests and detention on falsified basis. During these arrests, law enforcement officers and Sungu Sungu cite loitering and idleness as the offence. This is applied even in the instances in which the arrest was the result of illegal raid on a brothel or in some cases an individual's home. The Sungu Sungu who do not have any powers of detention and are meant to act under the supervision of the police, often times use the ignorance of most sex workers on the law, to take the law into their own hands and abuse their power even though it is limited;

“One of us was chased down by police. She ran to the brothel and locked herself in. They broke the door down and raped her. When she reported the case to the police, there was nothing they did.”

— Sex worker peer educator

“This new government took some young men, gave men education about community policing. Then these men now feel like they have been mandated to take the law in their hands and since there is no other work they do, they steal from us and rape us.”

— MSW on the abuse by Sungu Sungu

- Blackmail and extortion. Sex workers often have to pay bribes or have to give sexual favours (including anal sex whether or not it is a norm for the affected sex worker) in exchange for their release. Often times the bribes demanded are high;

“I was headed home after a night out with friends when I encountered about 20 Sungu Sungu at Elman who stopped me and asked me several questions like where I was going and why I was walking alone. I told them I had gone out for my own pleasure (‘kwa raha zangu’) and asked them whether there is a law that provides that someone must accompany me at night. They said I am jeuri (stubborn), beat me up and took me to police who charged me with loitering. When my sister came to bail me out, the police insisted that I would be taken to court as solicitation for a bribe. Eventually my sister had to pay a bribe of Tsh. 50,000.”

— Sasi, female sex worker in Dar es Salaam

- Sexual and physical abuse whilst in police custody. Male sex workers reported being stripped naked and thrown into cells with other inmates which more often than not, results in rape despite the presence of police officers who do not intervene but rather declare the victim deserving of said violations.
A gender non-conforming sex worker’s story – Beyor

Earlier this year (2015) I travelled to Morogoro, which is a town outside Dar es Salaam, to attend an event as one of the entertainers. I met a client who I accompanied to a different hotel and notified the receptionist at the hotel I was staying at, that I left my phone charging in my hotel room. When I returned, I discovered that my phone had been stolen from my room. When I went to ask at the reception, they told me that it could possibly have been the person that cleaned my room that took it. I knew they were lying because I had left the phone charging and they told me to leave the key with them and when I got back the phone was missing. The organisers of the event called the police who arrested the receptionist. At the time, the police did not suspect that my identity or orientation was non-conforming. Having stayed at that hotel numerous times, the receptionist and the manager of the hotel knew about me. After an investigation, the police found the phone with the cleaner and the case was taken to court. At the time, the police reassured me that my case was strong and they wondered why the hotel staff didn’t want to settle out of court by conceding to pay for the replacement of my phone. However, as the case progressed, I noticed that the people at the court started acting differently around me and even the judge concerned asked me if I was involved in anything untoward. As the case dragged on, information about my identity became widespread. I suspect that this was the reason the case that should have been concluded quickly, dragged on for a further 4 months. They kept frustrating my attempts at resolution by asking to go back every fortnight and referring me to different offices. It soon became clear that they did not want to handle my case after they found out about my gender non-conformity despite the fact that I was the victim. Eventually, my case was not heard and I know it was because of my identity.”
### Table 1: Enabling and Supportive Legislation

<table>
<thead>
<tr>
<th>Law/Statute</th>
<th>Provisions</th>
<th>Impact on SWs</th>
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<tbody>
<tr>
<td><strong>The 1977 Constitution of the Republic of Tanzania.</strong></td>
<td><strong>Article 9 (a), (f) and (h):</strong> The pursuit of Ujamaa and self-reliance. Obligates all state authorities and agencies to direct their programmes and policies that ensure human dignity and human rights are upheld.  &lt;br&gt; <strong>Article 12:</strong> Equality of human beings. It provides that every person is born free, equal and entitled to recognition and respect of their dignity.  &lt;br&gt; <strong>Article 11:</strong> Equality of people. Its provisions are similar to those of the Constitution of Tanzania.  &lt;br&gt; <strong>Article 13:</strong> Equality before the law. It provides that all people are equal before the law and that no law shall be discriminatory in itself or in effect.  &lt;br&gt; <strong>Article 12:</strong> Equality before the law.  &lt;br&gt; <strong>Article 14:</strong> Right to Life. It provides that every person has the right to live and the right to protection of that life by society in accordance with the law.  &lt;br&gt; <strong>Article 13:</strong> Right to Life.</td>
<td>Although it limits recognition of work to ‘legitimate activity’, it provides for the protection of the dignity and human rights of all Tanzanians including sex workers as well as the eradication of injustice, discrimination intimidation and oppression.  &lt;br&gt; Recognises the dignity and equality of every person, which includes sex workers.  &lt;br&gt; Grants sex workers the right to access to justice and freedom from discrimination and prejudice by state authorities. This particularly addresses the right of sex workers to report and seek retribution for the physical and sexual abuse experienced in the hands of law enforcement officers.  &lt;br&gt; Protects the right to life of SWs individuals particularly in the context the various security threats experienced in the course of work.  &lt;br&gt; Despite the criminalisation of sex work, this provision speaks to the applicability of due process in the context of sex work. It provides that procedures prescribed by law are to be followed which makes it applicable to the several incidences of arbitrary arrests and detention that sex workers are constantly subjected to.</td>
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<td><strong>The Constitution of Zanzibar</strong></td>
<td><strong>Article 15:</strong> Right to personal freedom. This provision provides against illegal arrest, imprisonment, confinement, detention, deportation or restriction of freedom.  &lt;br&gt; <strong>Article 14:</strong> Right to Personal freedom.</td>
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<tr>
<td>Law/Statute</td>
<td>Provisions</td>
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<td><strong>Article 16:</strong> Right to privacy and personal security. This provision obligates state authorities to lay down legal procedures for circumstances under which the right to privacy of a person could be breached.</td>
<td>Grants sex workers the right to privacy and the right to not be subjected to unlawful searches as has happened with Sungu Sungu who raid homes belonging to sex workers on a whim.</td>
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<tr>
<td><strong>Article 15:</strong> Right to Privacy and personal Security.</td>
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<td><strong>Article 18:</strong> Freedom of expression. This provision provides for a person's right to be informed which includes to seek, receive and disseminate information.</td>
<td>Ensures that the sex worker community has the right to disseminate information but also to receive information. This is particularly relevant in the absence of the lack of HIV/AIDS and STI material that caters to the needs of male sex workers.</td>
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<td><strong>Article 20:</strong> Freedom of association. This provision provides that every person has the right to freely and peaceably assemble, form and join associations and organisations and express views publicly.</td>
<td>Allows sex workers to assemble, form and join organisations that benefit the community. To organise.</td>
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<td><strong>Article 20:</strong> Protection of Freedom of assembly and association.</td>
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<td><strong>Article 29 (1) and (2):</strong> Fundamental rights and duties.</td>
<td>Protects the fundamental rights and equal protection by the law of sex workers.</td>
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<td><strong>Article 25 (1):</strong> Fundamental rights and individual freedoms.</td>
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<td><strong>Article 30 (3):</strong> Limitations upon and enforcement, preservation of basic rights, freedoms and duties.</td>
<td>Allows sex workers the opportunity to challenge laws and provisions that violates their rights particularly as regards access to healthcare, which has the requirement to bring ones partner as an obstacle.</td>
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<td><strong>Article 24 (2):</strong> Limitations to the rights and freedoms and safeguard to the rights and obligations.</td>
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<td>Law/Statute</td>
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<td>The HIV and AIDS (Prevention and Control) Act 2008</td>
<td>Section 4(1)(a), (b), (d) and (f). Section 4(2): General duties. These provisions outline the duties of the various stakeholders in the discourse on HIV with a focus on the duty bearers.</td>
<td>Provides for the awareness creation, prevention, treatment, care, access and support for HIV and AIDS as affecting all Tanzanian citizens which includes the sex workers who are identified as part of key populations. It also ‘discourages’ negative traditions that facilitate infection and the spread of HIV and AIDS such as the stigma and moralism applied by healthcare workers. It also creates an obligation on the government and significant leaders to advocate against stigma and discrimination of all people living with HIV and AIDS.</td>
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<td>Section 6(3): Roles of sectors: This section provides that civil society and private organisations shall in collaboration with the government design and implement plans and programmes aimed at or geared towards prevention, care of patients and control of HIV and AIDS.</td>
<td>Provides a platform through which the SW community can engage and take part in the creation and implementation of programmes that cater to the needs of their community.</td>
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<td>Section 7(1): Public education and programmes on HIV and AIDS. Gives the ministry of Health the responsibility of consulting with stakeholders and developing education programmes on stigma and discrimination.</td>
<td>Provides a platform through which sex workers can engage in consultations with the Ministry of health, as part of key populations, for the development of education material on stigma and discrimination against PLWHIV.</td>
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<td>Section 8: Dissemination of HIV and AIDS information</td>
<td>Allows for the dissemination of information on HIV and AIDS to the public, which includes sex workers.</td>
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<td>Section 17: Medical confidentiality: Obligates health practitioners and other relevant parties to uphold the confidentiality owed to patients that get tested for HIV and AIDS.</td>
<td>This provision can be used to challenge and seek disciplinary actions against the healthcare professionals that out sex workers.</td>
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<td>Section 22: Prevention and control of STIs. Provides for the strengthening of STI services.</td>
<td>This means that LGBTI community should be able to access services dealing with STIs.</td>
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<tr>
<td>Law/Statute</td>
<td>Provisions</td>
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<tr>
<td><strong>The Other Tanzanians</strong></td>
<td><strong>Section 24:</strong> Access to healthcare facility. Provides for access to healthcare including ARVs without discrimination.</td>
<td>This provision can be used to enforce the right to access healthcare without discrimination for example in the instances that sex workers are denied access or sent away because of the bias of the healthcare professionals.</td>
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<td><strong>Section 29:</strong> Restriction of healthcare practitioners to stigmatize or discriminate.</td>
<td>Protects sex workers living with HIV and AIDS against discrimination and stigmatisation by healthcare professionals.</td>
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<td><strong>Section 30:</strong> Prohibition of other forms of discrimination</td>
<td>Protects sex workers from discrimination by denial of admission, participation in services or expulsion from any health care facilities.</td>
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<tr>
<td><strong>Sexual Offences Special Provisions Act 1998</strong></td>
<td><strong>Section 12:</strong> Amends the penal code to include protection against sexual harassment and sexual gratification obtained without express consent or through consent obtained through intimidation, force or threats.</td>
<td>This section ensured that the penal code offers citizenry, which includes sex workers protection from sexual harassment and coercion by duty bearers</td>
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<tr>
<td><strong>The Penal Code</strong></td>
<td><strong>Section 130:</strong> Rape is defined as a man having sexual intercourse with a woman under circumstances that are legally not permissible one of which is without consent. And <strong>Section 140:</strong> Procuring rape</td>
<td>Contextualizes rape as inclusive of contexts in which consent has been obtained through the use of intimidation, force or threats. This is applicable in the context of female sex workers who are repeatedly subjected to sexual violence including by law enforcement agents and clients. It is punishable by up to life imprisonment.</td>
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<tr>
<td><strong>The Penal Decree Act of Zanzibar</strong></td>
<td><strong>Section 125:</strong> Rape And <strong>Section 126:</strong> Punishment for rape.</td>
<td>Contextualises gang rape as consensual sexual intercourse by a group of people and provides for the maximum penalty of life imprisonment.</td>
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<td><strong>Section 131 A:</strong> gang rape</td>
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<td><strong>Section 127:</strong> Punishment for gang rape</td>
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<td>Law/Statute</td>
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<td><strong>Section 138 C</strong>: Grave sexual abuse. Provides penalties for grave sexual abuse where there sexual gratification of another is undertaken without consent including through the use of intimidation, force or threats.</td>
<td>This is applicable in the context of female sex workers who are repeatedly subjected to sexual violence including by law enforcement agents and clients.</td>
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<td><strong>Section 156</strong>: Grave sexual abuse</td>
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<td><strong>Section 138 D</strong>: Sexual harassment which is defined as the intentional assault or use of criminal force to sexually harass another person, or by the use of words or actions, cause sexual annoyance or harassment to such other person.</td>
<td>Provides for the penalties of sexual harassment which sex workers are typically subjected to in the custody of law enforcement agents and in the course of work.</td>
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<td><strong>Section 158</strong>: Sexual harassment</td>
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<td><strong>Section 139 A</strong>: Trafficking of persons which is defined as the procurement and/or detention of either a male or female with the intention of prohibited sexual intercourse or sexual abuse of that person,</td>
<td>This section protects sex workers from human trafficking which sex workers are often times vulnerable to.</td>
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<td><strong>Section 172</strong>: Trafficking of persons</td>
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<td><strong>Section 143</strong>: Detention on any premises with intent or in a brothel</td>
<td>Explicitly provides for the protection of sex workers from non-consensual action or sexual abuse from clients or anyone else whether or not said acts take place in a brothel.</td>
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<td><strong>Section 138</strong>: Detention of female in brothel or elsewhere.</td>
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<td><strong>Prevention and combating of corruption Act, 2007 Section 25</strong> provides that Any person being in a position of power or authority, who in the exercise of his authority, demands or imposes sexual favours or any other favour on any person as a condition for giving employment, a promotion a right, a privilege or any other preferential treatment commits an offence and shall be liable on conviction to a fine of not less than 1 million Shillings but not more than 5 million shillings or to imprisonment for a term of not less than three years, but not more than 5 years or to both”</td>
<td>Provides for the penalties of sexual harassment which sex workers are typically subjected to in the custody of law enforcement agents and in the course of work.</td>
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Table 2: Prohibitive or anti SW legislation

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<tr>
<th>Law/Statute</th>
<th>Prohibitive provisions</th>
<th>Impact</th>
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<tr>
<td>The Penal Code</td>
<td>Section 139 (1) (a): Procurement of prostitution. This section provides that any person</td>
<td>Criminalizes the procurement of services from both male and female sex workers. Essentially this</td>
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<td>who procures or attempts to procure any person whether male or female of any age</td>
<td>provision criminalises clients, potential clients and pimps of sex workers.</td>
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<td>whether with or without consent of that person ...to become a prostitute commits an</td>
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<td>offence punishable by a minimum of 10 years.</td>
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<tr>
<td>The Penal Decree Act</td>
<td>Section 134: Procurement of prostitution</td>
<td>This provision criminalises male sex workers and pimps, making it punishable by imprisonment and</td>
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<td>Section 145: Male person living on earnings of prostitution or persistently soliciting.</td>
<td>corporal punishment. The punishment is to the discretion of the courts, which is dangerous.</td>
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<td>Section 141: Male person living on earnings of prostitution or persistently soliciting.</td>
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<td>Section 146 A: Woman living on or aiding prostitution</td>
<td>This provision criminalises female sex workers and mistresses making it an offence to knowingly</td>
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<td>Section 142: Woman living on earnings of prostitution or abetting prostitution</td>
<td>live wholly or in part on the earnings of prostitution. However, it does not expressly cite the</td>
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<td>Section 140: Offence of Prostitution. Provides that any person who for consideration</td>
<td>extent of punishment said offence is liable to.</td>
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<td>offers her or his body for sexual intercourse commits an offence.</td>
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<td>Section 147: Power of search</td>
<td>This provision is dangerous because it makes sex workers vulnerable to searches and raids even</td>
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<td>Section 143: Suspicious premises and power of search.</td>
<td>on private homes of sex workers based on mere suspicion. However it provides that in order for</td>
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<td>said searches to be conducted, law requires a warrant. As such there is no legal basis for</td>
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<td>arbitrary searches and raids as is typical of Sungu Sungu and police officers.</td>
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<tr>
<td>Law/Statute</td>
<td>Prohibitive provisions</td>
<td>Impact</td>
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<tr>
<td>Section 148: Brothels</td>
<td>This provision makes the ownership and management of brothels, which is the place of work for many sex workers, an offence.</td>
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<td>Section 144: Brothels</td>
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<tr>
<td>Section 150: Attempts to procure an abortion</td>
<td>Criminalises health practitioners or anyone that tries to help a woman get a safe (or unsafe) abortion.</td>
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<tr>
<td>Section 146: Attempts to procure an abortion</td>
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<tr>
<td>Section 151: Procuring own miscarriage.</td>
<td>This provision is likely to encourage sex workers that get pregnant to go underground and procure unsafe abortions.</td>
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</tr>
<tr>
<td>Section 147: abortion by woman with child</td>
<td></td>
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</tr>
<tr>
<td>Section 176 (a): Idle and disorderly persons</td>
<td>This is the provision reportedly used by the police and Sungu Sungu to arbitrarily arrest and detain sex workers. It provides against loitering and ‘idleness’ with a penalty of a maximum of three months imprisonment and 500 Tsh fine in mainland Tanzania and a maximum of two years imprisonment in Zanzibar.</td>
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<tr>
<td>Section 181: Idle and disorderly persons</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Section 176 A: Harboring common prostitutes</td>
<td>This criminalises most places of work for sex workers such as bars and hotels thereby making sex workers vulnerable to being forcefully evicted off premises and physically abused on the mere suspicion of their being sex workers.</td>
<td></td>
</tr>
<tr>
<td>Section 177: Rogues and vagabonds</td>
<td>This provides that if arrested on the basis of loitering and idling a second time, then the penalty for every time after the first arrest is liable to imprisonment for one year in mainland Tanzania and a maximum of four years for repeat offences in Zanzibar.</td>
<td></td>
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<tr>
<td>Section 182: Rogues and vagabonds</td>
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</tbody>
</table>
Recommendations

• The recognition of sex workers as part of key populations could be used as an entry point to lobby for the change of laws that criminalise sex work. This is in all likelihood easier said than done as these laws fall under ‘morality clauses’ in the penal codes which although are a colonial legacy are still reflective of Tanzania’s collective perceptions on morals. An effective way to lobby would therefore be through the government agencies such as TACAIDS and ZAC as well as CHRAGG citing hindrance to HIV prevention. The National strategic framework on HIV and AIDS can be utilised for this purpose.

• Sensitization of police and law enforcement officers. A possible entry point to initiating sessions with the police could be gender-based violence. In contexts such as Ethiopia, repeated interaction, cooperation and nurturing of relationships with the police were deemed effective and could work in the context of Tanzania as well.

• The national communication guide 2015 for key populations as well as the HIV and AIDS Act is another useful tool that could be utilised by the ministry of health and social welfare (MOHSW).

• Sensitization and awareness raising of the media and law makers on the issues faced by sex workers who are part of key populations.

• Use international law mechanisms to enforce and lobby for the implementation of human rights in a national context.

• Mainstream Human Rights NGOs should be lobbied and challenged to work with se organisations and lobby for the rights of SWs e.g. Legal and Human Rights Centre, Tanzania Human Rights Defenders, CHRAGG.
Sex Worker orgranising

Tanzanian sex worker organising is reported as having started in 2007 following a meeting held in Nairobi. When it began, there were two or three organisations operating.

“We were so afraid back then. We were also after money, you couldn’t invite people without mentioning that there was money to be given, and at least now like this meeting no one asked for cash. Networking outside Tanzania has helped too.”
— Executive Director of AMKA Empowerment.

Since then there have been several organisations that have come to existence and undertake advocacy for the rights of sex workers. An increase in this number can be attributed to the number of organisations that advocate for the rights of LGBTI persons that include sex workers in their constituencies due to the overlapping of identities as well as the challenges.

In March 2015, the Tanzania Sex Workers Alliance (TASWA) was formed with the objective of implementing a three-year strategic plan for collective sex worker advocacy. The secretariat comprises of nine organisations namely:

• CHESA
• KBH Sisters
• HEAT
• TACEF
• Warembo Forum
• YWIG
• Positive changes
Following the inclusion of MSM and sex workers under key populations in the National HIV Strategic Framework, the government, through TACAIDS, NACP and the municipalities have attempted to include the sex worker communities as stakeholders. The interviewed members of the community however reported that in the case of the support emanating from the municipalities, it is couched as support with the objective of rehabilitating and reforming sex workers on the premise that sex work, which is perceived as not legitimate work, cannot possibly be a choice.
### Table: Sex worker organising in Tanzania

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Year of formation</th>
<th>Registered?</th>
<th>Physical location and area of operation</th>
<th>Target Constituency</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPSS</td>
<td>2006</td>
<td>2006</td>
<td>Tanzania Mainland</td>
<td>MSW, FSW and Truckers.</td>
</tr>
<tr>
<td>SANA</td>
<td>2008</td>
<td>2011</td>
<td>Tanzania Mainland</td>
<td>MSW, FSW AND TSW</td>
</tr>
<tr>
<td>TSSF/CHESA</td>
<td>2008</td>
<td>2014</td>
<td>Tanzania Mainland</td>
<td>MSW, FSW AND TSW and PWID</td>
</tr>
<tr>
<td>POSITIVE CHANGE</td>
<td>2009</td>
<td>2011</td>
<td>Dar es Salaam</td>
<td>FSW, MSW</td>
</tr>
<tr>
<td>Self Help initiative</td>
<td>2010</td>
<td>In the process</td>
<td>Dar es Salaam</td>
<td>MSW</td>
</tr>
<tr>
<td>KBH Sisters</td>
<td>2010</td>
<td>2013</td>
<td>Dar es Salaam</td>
<td>FSW</td>
</tr>
<tr>
<td>TAWG</td>
<td>2010</td>
<td>2013</td>
<td>Tanga</td>
<td>MSW, FSW AND TSW</td>
</tr>
<tr>
<td>YWIG</td>
<td>2010</td>
<td>2013</td>
<td>Tanzania mainland</td>
<td>LGBT/FSW</td>
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<tr>
<td>Warembo Forum</td>
<td>2011</td>
<td>2013</td>
<td>Tanzania Mainland</td>
<td>FSW</td>
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<tr>
<td>ZAYEA</td>
<td>2011</td>
<td>2013</td>
<td>Zanzibar</td>
<td>LGBT/SW/PWID</td>
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<tr>
<td>AMKA Empowerment</td>
<td>2012</td>
<td>2013</td>
<td>Tanzania Mainland na Zanzibar</td>
<td>MSW, FSW AND TSW</td>
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<tr>
<td>YOSOA</td>
<td>2012</td>
<td>2014</td>
<td>Zanzibar</td>
<td>LGBT/SW</td>
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<tr>
<td>ZAWODE</td>
<td>2013</td>
<td>2014</td>
<td>Dar es Salaam</td>
<td>FSW NA MSW</td>
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<tr>
<td>TACEF</td>
<td>2013</td>
<td>2015</td>
<td>Dar es Salaam</td>
<td>MSW, FSW AND TSW</td>
</tr>
<tr>
<td>TTI</td>
<td>2013</td>
<td>2015</td>
<td>Dar es Salaam</td>
<td>TSW</td>
</tr>
<tr>
<td>*ZABIBU (heard of but relatively unknown)</td>
<td>2013</td>
<td>No</td>
<td>Morogoro</td>
<td>MSW, FSW AND TSW</td>
</tr>
<tr>
<td>MAUA (heard of but relatively unknown)</td>
<td>2013</td>
<td>Unknown registration status</td>
<td>Tanga</td>
<td>MSW, FSW AND TSW</td>
</tr>
<tr>
<td>LGBT Voice</td>
<td>2013</td>
<td>2013</td>
<td>Dar es Salaam</td>
<td>MSW, FSW AND TSW</td>
</tr>
<tr>
<td>Organisation</td>
<td>Year of formation</td>
<td>Registered?</td>
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<tr>
<td>WASO</td>
<td>2014</td>
<td>2015</td>
<td>Dar es Salaam</td>
<td>MSW, FSW AND TSW</td>
</tr>
<tr>
<td>TAT</td>
<td>2014</td>
<td>In the process</td>
<td>Dar es Salaam</td>
<td>TMSW</td>
</tr>
<tr>
<td>Dar Es Salaam Sisters</td>
<td>2014</td>
<td>In the process of registration</td>
<td>Dar es Salaam</td>
<td>FSW</td>
</tr>
<tr>
<td>AGAPE</td>
<td>2014</td>
<td>In the process</td>
<td>Iringa only</td>
<td>LGBT/SW</td>
</tr>
<tr>
<td>HEAT</td>
<td>2015</td>
<td>Not yet registered</td>
<td>Tanzania mainland</td>
<td>LGBTQ/SW</td>
</tr>
<tr>
<td>YMC</td>
<td>2015</td>
<td>Not yet registered</td>
<td>Zanzibar</td>
<td>LGBT/SW</td>
</tr>
<tr>
<td>TASEFO</td>
<td>2015</td>
<td>In the process</td>
<td>Works in the lakezone</td>
<td>LGBT/SW</td>
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Challenges in building a movement

- **Lack of cohesion.** There were mixed responses from the organisations and individuals interviewed regarding the level of working together in the movement. Several of the organisations’ representatives interviewed, reported a lack of cohesion and partnership with other organisations. This includes a reluctance to share information on available funding and other capacity building opportunities. Work done is seldom done in the context of a collective. As a result there is a certain level of distrust between the organisations and activists in the movement.

- **Unhealthy competition for resources.** The organisations engaged with in the course of this study reported that oftentimes there is a lot of ‘mudslinging’. In particular, there appears to be competition between the bigger organisations and the smaller ‘newer’ organisations.

> “Sometimes when we go to meetings some of us say bad things about other organisations. We need to help each other. We need to have exchanges and start sharing work. We don’t love each other.”
> — Nisi, Sex worker from Dar es Salaam

> “There are several activists that are malicious and will let personal issues affect professional relationships and make it their objective to affect the work of others in the movement.”
> — Director of YOSOA in Zanzibar
• **Lack of capacity.** It was reported that most of the mushrooming organisations are set up without the knowledge of how to manage or set up said organisations. As a result this affects their ability to access funding opportunities and for those that do, it manifests in a lack of accountability and an inability to implement their programmes. This is also made evident in the different forums in which said sex workers are unable to articulate the issues faced by the community which consequently affects the impact of advocacy in the country. It was also reported that there are several activists that do not share their built capacity with the rest of the community. As such the community growth remains stunted.

• **Agenda oftentimes driven by outsiders.** Those interviewed reported that there is a general lack of confidence when it comes to advocacy on the rights and articulating the challenges faced by sex workers. This also affects the community because of a lack of self confidence in leadership ability making the organisations/activists in the movement vulnerable to other people dictating the agenda and taking the lead on a movement they may not necessarily be part of for example in the wider feminist movement in which the language used is oftentimes selective and does not highlight the plight of female sex workers in the context of work.

• **Challenges in accessing funding.** It was reported that owing to the various challenges donors may face in working with organisations in Tanzania such as language barriers (compared to the other East African countries) and a purported preference to work with specific known organisations, many organisations within the sex worker movement feel overlooked. The capacity of the movement in Tanzania is unlikely to grow if the opportunities to grow are inaccessible.

• **Registration.** One of the aforementioned overlapping challenges is that of registration. It was reported that sex worker organisations find the process of registration difficult because in order to do so they are forced to censor the objectives contained in their constitutions and use the broader health based terminology of key populations as an entry point. Any explicit mention of advocacy for the rights of sex workers is challenged as ‘promotion’ the consequences of which are denial of registration. Therefore most organisations comply because without a registered status it is even more difficult to open bank accounts.
“Most those who go to register are known in the government offices so you have to bribe them so they can allow you to register. Others will want to know where the organisations are because they want to discriminate against us.”

— Coordinator of TACEF

- **Exploitation of children.** The exploitation of children for sex is problematic to advocacy for the legitimisation of sex work because of the lack of distinction in society between consensual adult choice to engage in sex work and the exploitation of children for sex. However, in the course of this study, patriarchal environment compounded by the legally recognised child marriages, polygamy, wife inheritance, the economic inequality in the country and lack of access to education were all cited as possible reasons for the involvement of children in sex work.

It was also reported that the traditional practice of early sex education structured to train young girls on how to sexually satisfy a man and then later paraded in the villages so as to be identified as sexually mature, makes them easy targets which sometimes results in early pregnancies further perpetuating the vicious cycle. This is problematic because a lot of these children cannot negotiate for the use of condoms, which makes them vulnerable to HIV and STIs, nor can they effectively negotiate their fees.

Consequently, the society has a misperception that sex work is an immoral practice that is financially motivated, lures young children into ‘the practice’ and cannot possibly be a voluntary choice of work.

“They believe that if they drink water before sex and urinate after sex then they dispel any AIDS that their clients may have had”

— Director of Warembo Forum
Allies of the movement

The organisations reported as approachable by the SW organisations for support as well as for incidences of human rights violations include:

- **Women Fund Tanzania** – Financial and capacity support female sex workers and include them in the feminist movement.
- **THRD** – They attempt to assist every now and again however their support is not consistent and is selective. They are reported as assisting MSM and Trans address cases of human rights violations.
- **PSI** – There were mixed reports as most of those interviewed felt that PSI only assists because they get funding to work with Key populations. As such it was reported that they exploit the key population for purposes of accessing funding.

> “I called them personally asking about access to lubricants. They denied having lubricants despite my offering to pay for their shipment. They only give them out when they are almost expiring”
> — Director of ZAYEA

- **PASADA** – Health with a particular focus on STIs and HIV/AIDS.
- **UNWomen** – Capacity and financial support to female sex workers. They give financial supports through Women Fund Tanzania.
- **Oxfam** – financial and Capacity support.
- **UNFPA** – support the community through TACAIDS and ZAC.
- **John Hopkins** – They engage in research on key populations.
- **TGNP** – They used to. It was reported after the last director left, they have not supported the movement.
- **JHPIEGO-USAID** – funding directed towards MSM, FSW and young vulnerable women.
- **UHAI** – Financial and capacity support.
- **FAHAMU** – Capacity building and financial support.

The movement also works with government institutions such as TACAIDS and ZAC.
Recommendations

- There should be an advisory committee that helps TASWA to keep the collective movement accountable.
- Community system strengthening and empowerment to enable the community gain confidence in articulating its own issues and addressing its own needs.
- Cohesion within the movement to setting common agendas. This will strengthen the movement.
- There are donor organisations including UHAI that focus on specific organisations and play favourites. This is a problem particularly for the organisations that are young and coming up and will never grow if not given the opportunities the same as the others.
- Donor partners need to broaden their language portfolio to make their support more accessible. Kiswahili is often times overlooked.
- There needs to be more cohesion within the movement in order to collectively address the other challenges faced. It begins with the movement, which needs to unify in its agenda and action.
Lived realities

The lived realities of members of the LGBT communities are intrinsically linked to those of the sex worker community because most respondents that identified as part of the LGBT community also identify as sex workers.

“I cannot imagine that there is any one who does changu doa by choice. There are different categories of sex workers... Grades one to three. Grade three go to the villages. Often times they will take whatever work they can get which sometimes means having sex in the bush in which there could be cats, dogs, snakes. If Sungu Sungu come, they will beat us, they will rape us, and you just have bear the conditions. Whatever money you may make, the Sungu Sungu are likely to take it. Sometimes if get a client that pays me Tsh. 5000 he might go and inform the Sungu Sungu so I would rather take the clients that offer Tsh. 2000. I hide the money in my ass or bras so that they don’t take it. When they find you, they tell you to show your vagina, if they like what they see they rape you, if they don’t, they beat you up and take you to the police. No one likes this. Hakuna raha.”

— Khadija, Zanzibari female sex worker

Although the stories of how they began sex work varied for those interviewed during this study, what was unanimous is that sex workers in Tanzania face a lot of stigma and discrimination. Sex work in Tanzania is frowned upon by society and considered to be a taboo. For male sex workers, their work bears a double stigma because of the criminalisation of both sex work and being men that have sex with men. A derogatory term often used in the context of sex work is ‘changu doa’ which is often translated to refer to a person who is not acceptable in society, by government or desirable in starting a family. Sex workers in Tanzania are viewed through this lens by the general society.
As a result of the stigma and criminalisation, sex workers constantly face harassment, verbal, sexual and physical abuse as well as public shaming.

**Family and Friends**

There is a lot of stigmatisation of sex workers within families because sex work is perceived as shameful and a sin. Most interviewed sex workers reported that for those whose families knew of their profession, they were ostracised or given ultimatums with threats of excommunication and no longer being part of the family. Some of the interviewed sex workers reported being married, because it is what is expected of women of a certain age, but reported that in some cases their spouses did not know whilst in others their spouses knew of and support their profession because of the income it generates.

“This is my work. I do it as I please. I don’t see any difference between what I do and any other work out there. I am proud of my work. It gives me all I need in life. My family and neighbours don’t know what I do, but my friends at work and within the organisation know.”

— Sosi, Dar es Salaam based female sex worker

Whereas it was unanimously agreed that sex work in the context in which it is discussed in this study refers to the consensual, purposeful exchange of sex for gain between adults, it was reported that sexual exploitation of children is a problem that plagues sex work advocacy in Tanzania. Some of the individuals interviewed cited family and culture as the primary contributor to young girls engaging in sex work. In this regard the factors named include early marriages and early pregnancies, which have led many young girls to seek financial stability through sex work often times without an awareness on sexual safety nor how to bargain with clients.

The family members of sex workers also tend to be subjected to stigma and discrimination for example children in schools are bullied and taunted.
**Culture**

It was reported that Tanzania has a culture of patriarchy and silence on sexuality. As such professions like sex work are looked down upon and not recognised as legitimate. Male sex workers are perceived as not being ‘real men’ whereas female sex workers are perceived to be lacking in morals. This is compounded by the practice of child marriages (legally children as young as 14 years can marry) and polygamy have an influence on economic stability. Particularly in the context in which the husband in said polygamous set up is unable to provide for the family and some women therefore enter into sex work to support their families only to be ostracized by said family upon discovery. Another aspect of culture is derived from the saying “kizuri chajiuza, kibaya chaji tembeza” which is derived from societal gender norms that believe that good women do not ‘sell’ themselves.

**Negative societal attitude**

There is the presumption that sex workers are not educated or stupid which gives the wrong impression of sex work as not really a choice made by those that are able to make different choices.

**Places of work**

Most sex workers reported meeting their clients in conferences, bars, clubs, on the streets, ‘vijiwe special’ (camps), internet and social media, brothels, hotels, in markets, buses, anywhere a lot of people. It is usually dependent on the given area of operation and also on the type of client. There are different categories of sex workers with different earnings. It depends with where you are operating. Some clients of male sex workers ask for the sex workers to take on a feminine appearance, which is often difficult for security reasons.

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31 Survey conducted by Warembo Forum on why sex work exits in Tanzania.
Eviction from houses

Most sex workers reported being evicted from their houses by landlords who fear losing their licences to lease out their houses owing to the existence of the legislative provisions on brothels.

Many landlords are also reluctant to rent to sex workers because they argue that they will be a negative influence on their children. Religious fundamentalist groups like Simba wa Mungu who are staunch Muslims police neighbourhoods particularly in Zanzibar. When they discover that a sex worker lives in a certain house they visit the house and threaten both the house owner and the sex worker.

Security

It was reported that security is a key challenge for sex workers given the circumstances and locations in which they work. There have been several incidents of client’s refusal to pay or sex workers being assaulted by their clients. As mentioned earlier, SWs are also subjected to violence and theft from Sungu Sungu and the police. As a result of the legal environment access to justice is not a viable option.

“In March 2015, two of our members got a client who refused to pay them for their service and proceeded to physically assault them. When they went to the police at Minazima police post in Mwana Nyamala, they were insulted and the police refused to investigate.”

— Director of KBH Sisters
Public discourse

In Tanzania there is ‘unofficial recognition’ of sex workers. Public officials know they exist particularly given that sex workers are officially recognised as one of the communities that fall under key populations. Despite this, in public discourse when the community lobbies for validation then it becomes problematic. The unofficial acceptance is offered so long as the community keeps a ‘low profile’. Any attempts at visibility provoke backlash and hostility from the society and government stakeholders.

The overall perception in Tanzania regarding the sex worker community is negative owing to the moralism and religious fundamentalism that is applied in society and by leaders. As a result there is limited analysis on or objective discourse that distinguishes between the human rights violations and crimes perpetrated against sex workers and societal media inspired bias.

Media

The media typically presents sex workers in a negative light even in cases in which a sex worker is sexually or physically abused. Oftentimes pictures are taken of sex workers e.g. in the brothels and on the street, without their permission which pictures are printed in newspapers and magazines.

“Media is the enemy of queer/trans sex workers. If you go to an event or club, and you’re trans, the media can take pictures, then they appear in the front page of newspapers. They use it to promote their newspapers. They write ‘shoga’. The paper sells more than even stories of albinism. They take pictures of us and write completely wrong stories.”

— Toni, Trans identifying sex worker
Social media was also cited as a tool for the creation of stigma. Tabloid magazines such as Kiu newspaper and Ijumaa weekend were reported to use information and images extracted from the Facebook pages of sex workers for use in their magazines.

“Someone that I do not even know posted my full name and phone number and outing me on Facebook which led to my being harassed.”
— Emmanuel, gay identifying and male sex worker.

Politicians use the community. Therefore during campaigns they seldom take a hard position against sex workers because they want to get elected and as such will remain vague in their statements and promise to ‘raise it later’ which time never comes. Further more there is a lot of hypocrisy among politicians. As they also tend to be beneficiaries they may not take a stand for fear of being seen as supportive however will still access services on the sly.

It is mostly religious leaders that are the primary antagonists. Anyone that might appear to be supportive in one-on-one discourse is seldom consistent. In public discourse on the most part is couched as negative even when the opposite was said at different forums. An example is the TACEF organised meeting with religious leaders who expressed empathy at the meetings but stated that they would be reluctant to openly show support in public.
Overall recommendations

- **Continued Health based advocacy.** The inclusion of sex workers as part of key populations provides an entry point to lobby for the removal of some of the obstacles such as the requirement to come with a partner as well as the requirement for a PF3 form in order to access health services.

- **Networking.** The sex worker movement would benefit from including and taking part in networks that include mainstream human rights, feminist organisations and government agencies. So far, a considerable amount of progress has been made through networking with government institutions such as TACAIDS and ZAC. However, a continued cultivation of these relationships to facilitate increased advocacy for the removal of criminalising laws is necessary.

- **Legal based advocacy.** It has become increasingly apparent that whereas using access to health services was and continues to be a strong entry point for advocacy, there are undeniable linkages between the legal environment and said access. Considering the current status of illegality of sex work, the reluctance to further enhance the visibility of sex workers is understandable. There are avenues that could serve as entry points such as fostering a relationship with law enforcement agencies and relevant ministries to combine efforts in combatting child exploitation and human trafficking. The Constitution is a useful piece of legislation that could be utilised to lobby and advocate for the recognition of the human rights of the communities.

- **Sex education for the sex worker community.** Several sex workers are ignorant about infection and the spread of STIs and HIV as well as the dangers of using lubricants that are not water based. Sex education would benefit the community and raise awareness and capacity to enforce their right to access health services.

- **Awareness Raising and capacity building of sex workers** to be able to articulate their human rights. The police and other law enforcement agents take advantage of the ignorance of sex workers regarding the legality of their actions to abuse the rights of sex workers.

- **Lobbying for inclusion of female sex workers in accessing gender desks** set up in law enforcement agencies. Currently, several female sex workers reported being excluded from services purported to be available through gender desks. This may facilitate easier access to PF3 forms as well as access to justice.