

**Programmatic Mapping and Size Estimation of Female Sex Workers in Kosovo**

**Utrecht University**

**5 January 2015**



*With the financial support of*



**The Global Fund**  
To Fight AIDS, Tuberculosis and Malaria

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## **Abbreviations**

FSW	Female Sex Worker
HIV	Human Immunodeficiency Virus
IBBSS	HIV integrated behavioural and biological surveillance surveys - Kosovo
KOPF	Kosovo Population Foundation
STI	Sexually Transmitted Infection
WHO	World Health Organization
CDF	Community Development Fund

## **1. Background**

In support of wider international efforts to build peace and stability in Kosovo, a NATO-led peacekeeping force (KFOR) was established and the United Nations were tasked to govern the area through its Interim Administration Mission in Kosovo (UNMIK) (Arsovska, Valiñas and Fellegi 2008). The influx of large numbers of internationals and money allegedly created a high demand for commercial sex. The initial growth of the sex industry could take place with relative impunity due to a weak criminal justice system after the war (see also: Amnesty International 2004; Friman and Reich 2007; Mertus and Bertone 2007: 42).

Currently fewer foreign women are able to obtain work visa, as such figures of the Kosovar office of the national coordinator against trafficking in human beings show that increasing numbers of girls and women from Kosovo and neighbouring Albania are now involved in Kosovo's sex industry. The progress reports 'Implementation of Strategy and Action Plan Against Trafficking in Human Beings' (Republic of Kosovo 2009 and 2010) show that women and girls from Kosovo form the largest group of identified victims in 2008, 2009 and 2010, with Albanian women and girls being the second largest group in 2010; an on-going trend in the last years. The Kosovar sex industry has also developed to serve a wider clientele. Local men seem to be making up the greater part of the FSW clients and Kosovar Albanian men from diaspora creating a peak season for FSW, when they are returning in summer and winter holidays (de Wildt 2012).

According to the Community Development Fund (CDF) the female sex worker (FSW) component of the Global Fund grant aiming at the prevention and treatment of HIV/AIDS in Kosovo, however, has struggled and performed poorly throughout the current implementation period. To ensure that the upcoming concept note is based on information from the local context, and that the implementation arrangements and interventions are designed to adequately address the needs of the FSW in Kosovo, CDF commissioned a 'Programmatic Mapping and Size Estimation of FSW in Kosovo' so that its findings can be used for an effective program design.

### **1.1 Objectives**

The team of researchers from Utrecht University has conducted a mapping exercise in Kosovo aiming at the following objectives, identified by CDF:

- To map FSW hotspots (where they look for and/or meet with clients) and generate size estimates;
- To assess type of services available for the FSW; and
- To recommend innovative approaches of reaching FSW with a comprehensive HIV prevention package.

### **1.2 Methodology**

CDF requested a four-day mission, including travels, in order to meet the aforementioned objectives. Between the 5<sup>th</sup> and 9<sup>th</sup> of December 2014 the exercise was conducted by two researchers from Utrecht University. During their stay in Kosovo the researchers:

- Made site visits to two premises where FSW are working in Ferizaj;
- Held in-depth interviews with three FSW and one bar owner;

- Held in-depth interview with experts in the field (e.g. police, two gynaecologists, a medical doctor specialised in HIV/AIDS as well as relevant NGO representatives);
- Gathered available statistical estimates from police;
- Discussed available statistical estimates with all interviewees;
- Analysed relevant publications.

Please refer to Annex 1 for the programme of the mission.

Since one of the involved researchers conducted extensive qualitative research on the Kosovar sex industry since 2011 and onwards, data from previous field visits has occasionally been included in the report. This is primary data but from previous fieldwork.

The time reserved for the mapping exercise did not allow for the making of reliable size estimates in Kosovo. Cities should be visited for more than one day to identify the premises where prostitution is taking place and the number of FSW working there. The same holds for extrapolating such estimates: reliable estimates ask for a more extensive research.

Therefore, as outlined below, estimates have been discussed with FSW and other experts and FSW have been identified who would be able and willing to be involved in a more lengthy exercise.

### **1.3 Outline of the report**

The underlying report reflects the findings of the four-day mapping exercise as outlined above. It is structured according to the identified objectives. Paragraph 2 discusses FSW hotspots and analyses size estimates as they are currently known and perceived by FSW and experts in the field. The types of services available to FSW are outlined in paragraph 3. Paragraph 4 subsequently provides recommendations on innovative approaches of reaching FSW in Kosovo. The report concludes with a short overview of these recommendations.

## **2. FSW hotspots and size estimates**

### **2.1 FSW hotspots<sup>1</sup>**

In 1999, right after the Kosovo war, FSW were mainly found working in coffee bars and nightclubs. On these premises women also provided their clients with sexual services. This is not unique to Kosovo. It is a well-known pattern that the sexual act takes place in coffee bars, nightclubs and comparable establishments anywhere in Europe.

FSW in Kosovo, however, have changed their way of working over the past few years. In order to make it more difficult for the police to locate and control prostitution, FSW increasingly move to hidden locations like private houses or hotels for intercourse, although they generally still meet their clients in the coffee bars and night clubs. These developments are explained as a consequence of the strengthening of police control (see also Surtees 2008: 55) that could easily identify the more visible locations. During the work in the coffee bar FSW can earn money by accompanying guests in the bar, making clients buy them (expensive) drinks or by giving performances such as (pole) dancing and singing. Further money is earned through sexual intercourse with clients, which generally takes place after working hours in a motel or private premise. Usually two to four women are working in the same bar, some during the day and others during the evening.

FSW often circulate between bars in different cities in Kosovo. One FSW interviewed in the framework of the underlying research for instance had been working in seven bars in Ferizaj in the past year. All of these bars were visited by one of the researchers and indeed worked according to the outlined working procedure of meeting in one place and having sexual intercourse in a motel or private premise. The mentioned FSW worked in one bar at the time but occasionally combined day shifts in one bar with an evening shift in another bar that was providing live music. Only in summer she worked in a dancing outside Ferizaj that was visited by Kosovar Albanian men from diaspora, which were visiting Kosovo during the summer. She expected to be able to earn more money from them but only in the 'peak' season in summer (see below). More than half of the FSW spoken with in the framework of this research seemed to circulate between bars in Kosovo like this. Women who are able to obtain the necessary visa also tend to work abroad for some months. They, for instance, spend three months working in Switzerland where they state to earn relatively large sums of money in comparison to Kosovo. Subsequently they work in Kosovo for some months until they are allowed to work in Switzerland again. All women who mentioned to occasionally work abroad sometimes did so in Switzerland, altering between Switzerland and Kosovo approximately every three months. Less than half of the interviewed women remained working in the same bar for at least one year.

The greater regions of Ferizaj and Prizren seem to have large numbers of bars as described above. Given the time-constraints of the mapping exercise no reliable data can be given on other cities in Kosovo.

Nowadays police and prosecutors also largely observe cases where FSW do not leave the private house or hotel to meet clients. This could mean the sex industry is evolving towards a situation in which FSW remain in private houses or hotels and have their customers brought to them. This tendency is been reported in 2009 (Republic of Kosovo, Ministry of Internal

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<sup>1</sup> This paragraph is largely based on the 2012 report 'Preliminary study on sex trafficking and prostitution market dynamics in Kosovo' drafted by one of involved researchers of Utrecht University.

Affairs, Office of the National Coordinator against Trafficking in Human Beings 2009) but still considered a widespread practice. Middlemen such as pimps, taxi drivers and 'loverboys' arrange meetings with customers. The term 'loverboy' came into use in the Netherlands in the nineties and is increasingly being used internationally in order to describe a working method aimed at the commercial sexual exploitation of victims. Characteristic of the technique of a loverboy is the way of recruitment and use of 'grooming'. Men and boys establish contact, seduce and charm a victim through (the promise of) a loving relationship, which in reality is aimed at her exploitation in the prostitution business or another industry (Bovenkerk 2006; Verwijs, Main, Goderie, Harreveld & Jansma 2011). Although the practice encountered by some men in Kosovo seems to closely relate this loverboy-practice, the term 'loverboy' is not used widely in Kosovo. FSW do refer to boyfriends or friends who seem to be involved in their work in the sex industry. Usually these boyfriends or friends are Kosovar men who are already married and established a family. FSW are usually aware of the married status of their boyfriend or friend but accept this and other shortcomings because as one FSW outlined "*I just need someone to love*".<sup>2</sup> Of course there are also cases women are simply exploited by a middleman and there is no seeming love affair at all.

Furthermore FSW find clients through street prostitution (very limited in Kosovo; just one or two FSW mentioned ever picking up clients on the street), by approaching men in bars and clubs and through distributing their mobile phone number amongst potential clients. In the latter case this is a specific telephone number used for contacts with clients, aside from their personal telephone number.

Shortly after the end of the war foreign women, from countries such as Moldova, Ukraine, Romania and Bulgaria, entered Kosovo and engaged in the Kosovar sex industry. Difficult socio-economic positions were given as principal reasons for engaging in the sex industry abroad. FSW opt for Kosovo after an invitation by a friend or relative (e.g. sister or mother), who is already working there, or after meeting a Kosovar man in their native country. The owner of the premise where the FSW will be working usually arranges the necessary letter of invitation, airplane ticket and working documents for her.

Nowadays it has become problematic for foreign women to enter and work in Kosovo. Bar owners experience more difficulties with obtaining legal documentation for the FSW they envision to work for them. As a Moldovan FSW explained in 2011: "*These days it is difficult to get proper Kosovar papers but when I arrived four years ago I just needed to do a health test and go to the Ministry with my boss. It was no problem and all arranged in three days.*"<sup>3</sup> Women who are not able to show valid working documents are increasingly sent back to their countries of origin. During visits to bars in 2013 and 2014 the result of this was clearly visible: while foreign women largely populated bars in the past, now only two Moldovan FSW were encountered. One of these women returned to Moldova in the summer of 2013. A motel with FSW from Ukraine was closed in 2012.

This results in a growing numbers of FSW from Kosovo and neighbouring Albania. The difficult economic situation and limited economic possibilities as well as decreasing social control in Kosovar society and in cases a drug addiction are considered to lure local girls and women into the sex industry either by choice or by force. By choice or by force since in

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<sup>2</sup> Interview by one of the researchers, 2013.

<sup>3</sup> Interview by one of the researchers, 30 November 2011.

Kosovo women along the whole continuum from voluntary sex workers to forced victims of human trafficking for sexual exploitation<sup>4</sup>, as well as all possible forms in between these extremes, are believed to be involved in the sex industry (de Wildt 2012).

Violence and sexually transmitted infections are the main risks associated with sex work. More than half of the FSW interviewed as part of the underlying and earlier research have experienced violence at one point, primarily by clients. Clients, for instance, get aggressive when they want to have more or a different kind of sex, want a woman to have sex with a friend or do not want to use a condom. Women feel they run the biggest risk of encountering such violence if they have not met with a client before. Women tend to avoid going to the police after they have encountered violence, the main reason being that they are afraid the police will arrest them. None of the interviewed women who had experienced violence reported this to the police.

Furthermore the risk of infection with a sexually transmitted infection or HIV/AIDS is evident. As shown by a study on health risks for commercial sex workers in Kosovo in 2010, most women know condom use can protect them from diseases, but only 25% uses a condom on a regular basis (KOPF 2010). The IBBSS (2014) report shows this figure has not significantly improved with 33.3% of FSW reporting to have used a condom with every client in the last months. Reasons for not using a condom which were mentioned by FSW interviewed by the researcher(s) in Kosovo are manifold: clients pay more if the sexual act can be performed without using a condom, a middleman might force women to have unprotected sex or a woman does not want to spend money on condoms which makes her dependent on the whims of the client. At the same time FSW regularly mentioned concerns with regard to unprotected sex and physical and mental hardship of working as a FSW in general: *“It’s very hard mentally and physically. For your (and she taps with her hand on her lower belly RdW). And it’s dangerous for your health (...) I never kiss them. I’m afraid of spit. (...) I always do it with condom. Sometimes a client says I pay 1.000 euro more for no condom. Then I say. I work like this. You don’t know with who I was. And then they look at me like I am crazy.”*<sup>5</sup>

The clientele of the Kosovar sex industry consists of primarily local and some Albanian men. Internationals working in Kosovo are among the clients but more influential are Kosovar Albanian men from the diaspora, who are returning to Kosovo in summer and winter holidays, causing a ‘peak’ season for FSW. Some FSW, from primarily Albania, interviewed by the researcher(s) in Kosovo mentioned only working in Kosovo during these peak seasons.

## 2.2 Size estimates

### FSW population

The time reserved for the mapping exercise did not allow for the making of reliable size estimates in Kosovo. Cities should be visited for more than one day to identify the premises where prostitution is taking place and the number of FSW working there. The same holds for extrapolating such estimates: reliable estimates ask for a more extensive research. The

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<sup>4</sup> Victims of trafficking are defined in the ‘UN Optional Protocol to Suppress and Punish Trafficking in Persons, Especially Women and Children’. The Trafficking Protocol entered into force on 25 December 2003 and supplements the United Nations Convention against Transnational Organized Crime.

<sup>5</sup> Interview by one of the researchers, 4 January 2014.



given time did allow discussing existing statistics (i.e. of the police and the IBBSS survey (2014)) with FSW and other experts. Furthermore FSW have been identified who would be able and willing to be involved in a more lengthy exercise. Please refer to Annex 1 for the programme of the mission

The police had the following cases related to FSW in Kosovo in 2013 (please refer to annex three and four for a definition of the offenses according to the articles):

<b>Cases/criminal proceedings submitted to Prosecutions Office according to the offense</b>		<b>2013</b>
Trafficking in persons – article 171 (see annex four)		38
Facilitating or compelling prostitution – article 241 (see annex four)		18
Engaging in prostitution – article 7 (minor offense; see annex three)		15
Slavery – article 169 (see annex four)		0
Other offenses <sup>6</sup>		17
<b>Total</b>		<b>88</b>
<b>Identified victims – origin</b>		<b>2013</b>
Kosovar Albanian		44
Moldovan		0
Albanian		7
Bulgarian		0
Serbian		1
Romanian		0
Other		0
<b>Total</b>		<b>52</b>

<b>Arrest conducted for criminal offenses</b>	<b>2013</b>
Trafficking in persons	91
Facilitating or compelling prostitution	35
Engaging in prostitution	26
Hiding the documents of victims of Human Trafficking	
Slavery	
Other criminal offenses	30
<b>Total of arrests</b>	<b>182</b>

<b>Identified victims divided by age groups</b>								
<b>Age-group</b>	<b>14--17</b>	<b>18--22</b>	<b>23--25</b>	<b>26--30</b>	<b>31--35</b>	<b>36--40</b>	<b>41-50</b>	<b>Total</b>
<b>Year 2013</b>	24	13	5	6	2	1	1	52

The police statistics provide some insights in the Kosovar sex industry. They, for instance, confirm that momentarily the largest portion of the women involved in the Kosovar sex industry is from Kosovo and not from abroad as in previous years. Furthermore such official

<sup>6</sup> Other offenses consist of all offenses registered by the anti-trafficking department of the police that do not fall under the specific work of this department, such as illegal possession of weapons, or drugs etc.

crime statistics make no reliable basis for an estimation of the amount of FSW in Kosovo because of the gap between reported and unreported crimes. As with the study of other 'hidden populations', there is always a dark number of non-registered populations and activities that remain out of sight.

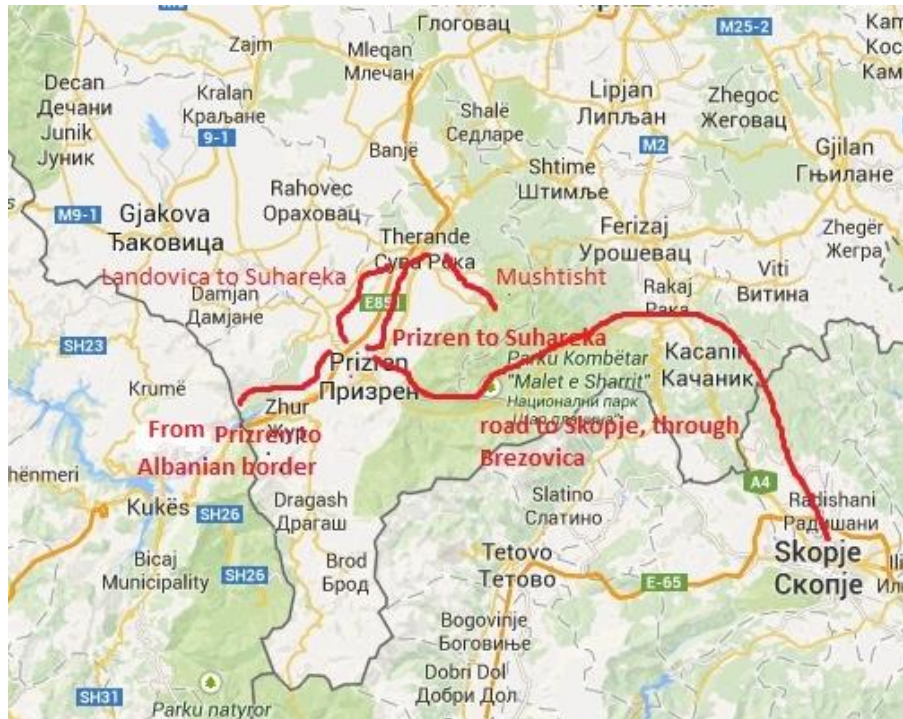
An estimation on the amount of FSW in Kosovo, which is not based on official crime statistics, is given in the IBBSS survey (2014). In the framework of the IBBSS survey experts working on HIV prevention among FSW were asked to provide a population size estimation. The IBBSS survey concluded that the mean percentage of FSW in Kosovo is 0.9% of the total adult female population resulting in a total estimate of 6,342 FSW in Kosovo. The IBBSS survey specified this estimate for the main cities in Kosovo as outlined in Annex 2. Although the statistics provided by IBBSS (2014) had key limitations, which will not be outlined further in this report, the IBBSS numbers are considered more reliable than the earlier mentioned crime statistics when aiming at an estimation of the total FSW population in Kosovo.

Based on discussions of these numbers with experts (e.g. KOPF, a gynaecologist) and FSW in Ferizaj these estimates are, however, considered rather high. As outlined, the short-term exercise cannot be expected to provide reliable alternative estimations. A handful of discussion with experts and FSW cannot be seen as a reliable base for estimations. These discussions give the impression that half of the estimation above is more realistic. While emphasizing that no general conclusions can be drawn on this short-term exercise; a short summary of some of the discussions is provided in order to show why experts and FSW assumed the FSW population is smaller than outlined in the IBBSS survey and closer to half the mentioned amount.

In the city of *Ferizaj* one of the researchers visited fourteen unique bars. The bars had approximately three or four women working there. According to two FSW and a bar owner in Ferizaj, the city hosts double that amount of bars on average; on average since some bars close down and others open. This estimation would lead to 28 bars in which approximately three and a half FSW are working thus around 98 FSW in total. These 98 FSW are women working in rather visible places and do not include FSW working from private apartments or hotels. Therefore the total number of FSW should be altered. FSW and bar owner spoken with did not have information about the amount of FSW working in this less visible sector. It was, however, considered unlikely that 350 FSW (the number necessary to come to the total amount of 450 FSW in Ferizaj as estimated by the IBBSS survey) would be working in this invisible sector. It is more likely that the number should be doubled (i.e. leading to an estimation of 200 FSW) but more research is requested in order to come to a reliable estimation. It should be noted that this estimation considers the city of Ferizaj and not the larger Ferizaj region.

For the *larger region around Prizren* (i.e. thus covering most of the South of Kosovo including Prizren and all surrounding cities) a medical doctor estimated a population of approximately 1.020 FSW. An estimation which should be considered a maximum amount since other experts (e.g. KOPF) considers it relatively high). This estimation is notably higher than the IBBSS estimates because it covers the complete South part of Kosovo and not just the city of Prizren. According to the medical doctor these FSW are spread over the larger Prizren region as follows (e.g. the map below highlights these various regions in red):

- A maximum of 220 FSW around the road from Landovica to Suhareka;
- A maximum of 300 FSW in the area between Lubishta and Suhareka, including the village of Mushtisht in which four bars are known to be located;
- Between 300 and 500 FSW in the border region from Albania to Skopje, Macedonia, through Brezovica.



In this mission, an attempt was made to map FSW per region, using some of the concrete tools for reliable data collection in cooperation with FSW as mentioned by the WHO report (2013: 47) 'Implementing Comprehensive HIV/STI Programmes with Sex Workers'. The first step was to find out which detailed knowledge of locations where FSW are working could be provided by FSW. Furthermore other experts with extensive local knowledge were asked to provide their estimations and insights (e.g. local gynaecologists).

Secondly maps identifying sex work locations (e.g. bars, private houses, motels) were made.

Thirdly information was acquired about other premises where FSW are working that might not have been 'in sight yet'.

This exercise however should be considered as having gathered preliminary data and key informants. A more lengthy exercise of at least one month is required during which further data can be acquired. The authors could provide the contact details of key informants (e.g. FSW) in some of the regions if such an exercise is to be conducted.

## HIV/AIDS prevalence

The epidemiological data presented in this section are official data from the National Institute of Public Health (see: APM Global Health 2014). The total amount of people diagnosed with HIV/AIDS in Kosovo since 1986 is 97. In 2014, seven new cases were registered. None of the diagnosed cases are FSW.

Relevant institutions and medical doctors are not in contact with all people diagnosed with HIV/AIDS. It is known that 14 diagnosed people are currently undergoing therapy while 40 people have passed away. The fact that 97 people are diagnosed with HIV/AIDS in Kosovo does not mean that this reflects the total amount of people living with HIV/AIDS in Kosovo, as some people might not have been diagnosed.<sup>7</sup>

The relatively low amount of diagnosed cases of HIV/AIDS in Kosovo and absence of known cases among FSW in our opinion doesn't play down the importance of HIV/AIDS prevention and treatment activities in Kosovo. As shown by the spread of Hepatitis in Kosovo the behaviour within some of the vulnerable groups (e.g. injecting drug users, FSW having intercourse without condoms) infections could spread easily once they have 'entered' such groups (IBBSS: 2014). Furthermore various STIs are prevalent urging for the need of gynaecological care amongst FSW.<sup>8</sup>

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<sup>7</sup> Data from interviews held in the framework of the underlying 'Programmatic Mapping and Size Estimation', December 2014.

<sup>8</sup> Data from interviews held in the framework of the underlying 'Programmatic Mapping and Size Estimation', December 2014.

### **3. Type of services available for FSW**

This section outlines the services available to FSW in Kosovo. As outlined in more detail below no specific services exist outside services provided through Global Fund.

Currently the only services available for FSW in Kosovo in specific are the medical services provided by the medical doctors of Aorta Clinic in Ferizaj. Aorta Clinic is contracted by KOPF as a sub-recipient to the Global Fund programme. The doctors of Aorta Clinic provide free gynaecological check-ups, including testing on STIs and HIV/AIDS if FSW are interested in this. The clinic provides these services to approximately 200 to 250 FSW per year. These FSW are clients known to the Aorta Clinic in Ferizaj. Momentarily no possible new clients are approached which, however, is desirable (also according to the medical doctors involved in this project) in order to reach more FSW. Furthermore, when the services were discussed with FSW in Ferizaj, not all FSW were aware of the possibility to receive free services at the clinic. These FSW mention using public hospitals or private clinics in the cities where they work, against payment as requested from any client. It therefore seems imperative to conduct outreaching activities aimed at contacting a larger clientele. Suggestions for such activities are given in section four.

Until spring 2014 similar services were provided in Prizren. These services, also provided through a gynaecologist contracted by KOPF as a sub-recipient to the Global Fund programme, not only reached FSW working in Prizren but also FSW working in the greater area around Prizren. Based on a visit to Prizren and discussions with people involved in implementation of this programme it is concluded that service provision in Prizren came to a halt because of difficulties in the relation with law enforcement, which will be discussed in more detail in section four as well, but primarily because of time-consuming administrative demands from the donor. The service provider was asked to submit specific invoices for all services provided to clients. According to service providers, as a consequence, artificial invoices needed to be made since services were provided free of charge. A process considered too demanding since one invoice with an oversight of services provided was already given. On the other hand CDF indicates that services were interrupted due to refusal of the service provider to comply with the GF requirements and in-country law requirements; stating requirements were in compliance with the regulation of the Kosovo Tax Administration. The researchers recommend discussing this administrative issue in order to see if service provision in the greater region of Prizren could again be initiated.

If the work in Prizren is again continued than FSW working in the following area of Kosovo are provided with medical care in the framework of the Global Fund project:



It should, however, be noted that outreaching activities in the covered region is of key importance since a limited amount of FSW in this area is aware of the service provision and therefore do not get medical care or only receive it after payment at public hospitals or private clinics. Furthermore initiatives in order to provide services to FSW outside the above mentioned area should be undertaken.

There are no services provided to FSW in specific outside the Global Fund project aimed at FSW. Some female injecting drug users are also involved in commercial sex in order to finance their addiction. One of the researchers spoke with five female injecting drug users in Prishtina and Gjiłan over the past years (see also de Wildt 2012). All these women provided commercial sex at one point in their lives. Since these women are primarily injecting drug users instead of FSW these women are reached as injecting drug users by Global Fund's project Labyrinth.

Given that in Kosovo there are hardly any specialize medical services available for FSW, it would be fruitful to integrate general gynaecological services into the broader set of HIV prevention, treatment and care. In Ferizaj testing and treatment of various sexually transmitted infections is also covered by the project. This is much welcomed by FSW. One could also think of including gynaecological interventions and surgery such as long-term treatment of a variety of gynaecological disorders, temporary hospitalization etc.; a request of some of the FSW with whom was spoken in the framework of the underlying 'Programmatic Mapping and Size Estimation'.

## **4. Innovative approaches of reaching FSW**

### **4.1 Involving FSW in delivering health services**

In the past cooperation between FSW and civil society has taken place in order to deliver health services to FSW in Kosovo. In the 2013 report of the World Health Organization (WHO) 'Implementing Comprehensive HIV/STI Programmes with Sex Workers' this approach is defined as 'community-led services'. Community-led services ensure that FSW have a leading role in the design and implementation of service provision, which offers them the possibility to provide feedback to enhance the quality of services. This likely results into strong initiatives that address structural barriers and risk to the programme as well as needs of FSW (WHO 2013: 44). Moreover a larger number of FSW could be reached through community-led services since FSW are more likely to engage with FSW in their network than outsiders.

FSW-led services can take various forms including sex worker-led outreach and drop-in centres. Due to the nature in which prostitution is organised in Kosovo (i.e. in bars and private houses instead of street prostitution) and the severe stigmatisation of FSW who could be identified if entering a drop-in centre specifically aimed at this group, the most suitable model in Kosovo seems to be FSW-led outreach. FSW-led outreach consists of FSW conducting outreach work under the coordination of an organisation (e.g. KOPF). The FSW-outreachers can generally understand the needs of other FSW following their first-hand knowledge of the daily experiences of FSW. The FSW-outreachers can build a relationship with other FSW through regular meetings in which they link them to high-quality services and provide them with commodities (e.g. condoms and lubricants). Through the direct contact with FSW the FSW-outreachers also can provide data to CDF / the Global Fund program (WHO 2013: 45).

In Kosovo a NGO could coordinate the activities of the FSW outreach workers as well as medical doctors involved in the project. KOPF seems the most obvious NGO here given their profound network and experience. Subsequently approximately two FSW outreach workers (depending of the amount of FSW to be reached) could be identified in all the main cities in Kosovo. If this approach is chosen the authors of this report could provide the NGO responsible for the provision of health services to FSW with the contact details of some FSW who would be willing, and in the authors' opinion suitable, to be FSW outreach workers. Furthermore these FSW could assist with identifying further FSW outreach workers in other areas of Kosovo due to their large networks amongst FSW.

Following recruitment and training by KOPF the FSW outreach workers in Kosovo could conduct the following activities (which are based on the key functions identified by the WHO 2013: 46)

- Monthly meet on a one-to-one basis with FSW in their assigned area. Since premises where FSW are working in the Kosovo usually are relatively close to each other; a ratio of one FSW outreach worker to around 60 FSW seems feasible.
- Assess the gynaecological needs of each FSW and develop a plan to address these needs in the framework of the project.
- Assess how many condoms the sex worker requires based on their usual sexual activities, and distribute the required number to cover the period until the next contact with the sex worker. Nota bene a specific assessment of the amount of condoms

necessary at the moment was requested. The number of condoms could be specified based on the results. Given FSW report approximately three paying clients per week (IBBSS, 2014: 19) and IBBSS estimates the total population of FSW in Kosovo is 6.342 this would lead to an assessment of 19.026 condoms needed per week. The researchers estimate this number as too high since the IBBSS estimation of the number of FSW is considered too large (please refer to section two). Moreover the project implementers in Kosovo do not reach all FSW. The number does leave out intercourse of FSW with regular non-paying partners; which half of the FSWs mention having (IBBSS 2014: 20). Although the researchers believe the necessary number of condoms should be very much lower than 19.026 per week some extra condoms could be reserved in order to provide the approximately 3.000 FSW with regular non-paying clients with condoms for intercourse with their non-paying regular clients.

- Provide information on sexual and reproductive health.
- Encourage FSW to visit identified clinics for sexually transmitted infections and HIV check-ups, which are part of the project, by explaining the services and accompanying FSW to clinics if requested to do so.
- If HIV-positive FSW are identified than accompany them to treatment centres if requested, and track and encourage their adherence to antiretroviral therapy. This could be the responsibility of KOPF.
- Make recommendations to improve clinic/staff relations, outreach, and community mobilization activities, and provide feedback from the field on ways to improve the programme.

This approach could rapidly be implemented in Ferizaj. This would be fruitful since FSW in Ferizaj who were contacted in the framework of the underlying exercise were not always aware of the gynaecological care provided in Ferizaj at the moment. Moreover the respective medical doctor in Ferizaj outlined that they are not reaching any new clients aside from the 200 to 250 mentioned existing clients. Therefore it is important to contact more FSW through FSW-led outreach.

This approach could possibly be implemented in Prizren on the short term as well but only if current disagreements around paperwork are being solved.

If this approach would be implemented in the Ferizaj and Prizren region FSW working in the part of Kosovo indicated in the map in paragraph 3 would be targeted. KOPF could try to identify gynaecologist willing to work according to the identified model in other regions as well. Alternatively a mobile clinic could be established which would cater the needs in the other regions of Kosovo by offering tests from an ambulance. Samples of blood, body fluid and/or urine could be taken to laboratories with which relationships have been established in the framework of the project.

In order to assess if the FSW-led outreach is indeed reaching FSW adequately, the FSW-outreacher could fill in an 'opportunity gap analysis' and discuss this with the NGO coordinating the programme. The following figure shows an example of such an analysis:



OPPORTUNITY GAP ANALYSIS				
Zone: _____		Supervisor: _____		
Site: _____		Community outreach worker: _____		
Hotspot: _____		Date: _____		
	Actual number	Target	Gap	Reasons
Estimation	137	140	—	—
Registration	137	100% 140	—	—
Regular contact	125	80% 120	(+5)	—
Clinic visit	40	35% (monthly) 42	2	—
Syphilis	8	50% of target for clinic visits 20	12	[Community outreach worker and supervisor discuss and list reasons and action plan here.]
Integrated Counselling and Testing Centre (ICTC)	0	50% of target for clinic visits 20	12	[Community outreach worker and supervisor discuss and list reasons and action plan here.]

In such a form, the FSW-outreacher could assess her activities per month by listing the number of FSW who are enrolled, the number she regularly contacts, the number who have visited a clinic and the number who were tested for HIV and STIs. The FSW-outreacher and programme coordinator from the NGO (e.g. KOPF) can then analyse which FSW have not been reached by services and the reasons for this. Subsequently a plan can be developed to address these gaps and tailor the outreach services to the specific situation (WHO 2013: 52).

Furthermore discrimination leading to isolation of FSW should be countered by raising public awareness about the realities of FSW. The San Francisco campaign “Someone you know is a sex worker” is a good example of this. In this campaign amongst others emphasis was given to the fact that FSW are everyday people and equal members of society with human rights. FSW were interviewed and photographed and their stories displayed on advertisements in public space (WHO 2013: 28). FSW could similarly, albeit anonymously given the severe stigmatisation in Kosovo, be portrayed in Kosovo through public display of posters with their stories or a documentary, which can be broadcasted on television. Given the social and cultural environment in Kosovo the FSW portrayed in such a documentary should be completely anonymous.

#### **4.2 Advocacy activities on addressing the legal position of those delivering health services to FSW**

As outlined in the ‘Review of the HIV Programme in Kosovo’ of October 2014 (2014: 20), it has been challenging to deliver services designed to adequately address the needs of FSW in Kosovo due to the difficult political climate. This difficult political climate refers to the criminalisation of prostitution in the penal code of Kosovo. Facilitation of prostitution (Kosovo Penal Code, Article 241) and trafficking in human beings (Kosovo Penal Code, Article 171) is a crime in Kosovo while prostitution is a minor offense (Official Gazette published in 2009, Law Nr. 03/L-142, Article 7). One should inform the police if one is aware that any such acts are being conducted. This reality makes the position of NGO representatives and doctors who aim at delivering health service to FSW vulnerable. These parties have concerns about guaranteeing confidentiality to their clients if they are in direct contact with FSW as well as

bar owners or other facilitators. In order to warrant the success of work with FSW, first of all, these concerns should be addressed. The necessity of this is confirmed in the GAP Report (UNAIDS 2014: 3) that states that: “stigma and discrimination, violence and punitive legal and social environments are key deterrents of (...) increased HIV vulnerability. Punitive environments have been shown to limit the availability, access and uptake of HIV prevention, treatment, care and support for sex workers and their clients”.

The following long-, mid- and short-term possibilities regarding the vulnerable position of those involved in delivering health services to FSW in Kosovo have been discussed in the framework of the underlying exercise. The researchers are aware of the fact that the social and cultural context of Kosovo will hinder swift implementation of both the long- and mid-term solutions mentioned. It is, however, valuable to keep these solutions in mind and create ground for them where possible.

#### Long-term approach: policy options to regulate prostitution

Parties involved in delivering health services to FSW in Kosovo who have been contacted in the framework of the underlying exercise therefore call for legalization of prostitution in Kosovo. The policy model of legalisation maintains that prostitution is a legitimate form of work (Outshoorn 2004). The, by the interviewed parties, preferred option of legalisation of prostitution would allow doctors and NGO representatives to contact FSW in their working environments and deliver services designed to adequately address the needs. Given the social and cultural context it is, however, unlikely that prostitution will be legalised in Kosovo within a short period of time.

Some initiatives could pave the way towards discussions on which model is most appropriate in Kosovo. A lobby could for instance be directed at embassies and other parties who could include lines about the vulnerability of FSW in Kosovo due to their inaccessibility in the Kosovo Progress Report drafted by the European Commission. “Each year the Commission adopts its ‘Enlargement package’ - a set of documents explaining its policy on EU enlargement and reporting on progress achieved in each country. Most importantly, this package includes the annual Enlargement Strategy Paper, which sets out the way forward for the coming year and takes stock of the progress made over the last twelve months by each candidate country and potential candidate. In addition to this strategy paper, the package contains the so-called Progress Reports in which the Commission services present their assessment of what each candidate and potential candidate has achieved over the last year<sup>9</sup>”. The Kosovo Progress Report of 2014 (37) includes the following line: “The reported prevalence of HIV/AIDS remains a concern, due to the lack of reliable data”. A lobby could be directed towards Embassies and other institutions that are able to influence the content of the Kosovo Progress Report of 2015. This lobby should aim at specifying that addressing HIV/AIDS remains a concern since vulnerable groups such as FSW are difficult to reach due to the penalisation of (facilitation of) prostitution. Inclusion of such a sentence in the Kosovo Progress Report would likely allow for discussions on other models of regulating prostitution or measures aimed at facilitating the work of NGO representatives and medical doctors.

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<sup>9</sup> See: [http://ec.europa.eu/enlargement/countries/strategy-and-progress-report/index\\_en.htm](http://ec.europa.eu/enlargement/countries/strategy-and-progress-report/index_en.htm)

### Mid-term approach: cooperation between law enforcement and involved NGO representatives / medical doctors

Since legalisation of prostitution would be a long-term solution, some more rapid implementable measures could be taken in order to create a constructive working climate for all stakeholders involved in directly providing services to FSW. Further cooperation between law enforcement and NGO representatives as well as medical doctors could help with effectively providing health services to FSW in Kosovo. This cooperation would ideally take the form of a formalised cooperation agreement.

Formalised cooperation agreements such as a Memorandum of Understanding (MoU) between law enforcement and the NGOs responsible to deliver services designed to adequately address the needs of FSW in Kosovo could bridge current cooperation gaps and build trust. The MoU could clearly define the respective objectives, competencies, responsibilities and roles of law enforcement agencies on the one hand and the responsible NGO on the other hand, in order to enable all parties to do their job and effectively work together where possible. The agreement could also take the form of a letter of support, which could be carried by NGO representatives and medical doctors.

Law enforcement considers it challenging to exempt certain NGOs or medical doctors from their civil obligation to report crimes or minor offenses such as (the facilitation of) prostitution to the police in order to allow them to deliver health services to FSW. Nevertheless, keeping the public health of the population in Kosovo in mind, continuous discussions with long enforcement on this issue should take place in order to try to work towards common ground on which a MoU could be based. In the end not only FSW will benefit from the health services but their clients and potential other partners (e.g. spouses, girlfriends) as well.

Ideally the formalised cooperation agreement would not only focus on the obligation to report crimes and minor offenses but on possibilities for fruitful cooperation between law enforcement and civil society as well. Budget could be allocated to the police so that a representative of the National Anti-Trafficking Unit in Prishtina could for instance provide regional trainings to police on the difference between human trafficking and prostitution or a basic introduction to HIV and the value of HIV programming. This would ensure the commitment of local police officers to the provided health services. The exact content of the trainings should be further discussed. Engagement of law enforcement could further strengthen cooperation and trust.

### Short-term approach: continue current activities with assistance of FSW-led outreach

Activities as implemented by the gynaecologists in Ferizaj and, if administrative disagreements are resolved, Prizren could continue as in the present. The reach of both project could be widened if cooperation with approximately two FSW in both cities would be established who could function as FSW-led outreach workers. After training by KOPF these FSW-led outreach workers could visit premises where FSW are working and continuously inform and remain in contact with them about the available services. Such service delivery ideally would be organised as outlined in the beginning of this section (see chapter 4.1).

If gynaecologists in other regions are willing to be involved in the project under current circumstances, should be discussed with gynaecologists on a one-to-one basis. KOPF could

have such discussions with gynaecologists in other regions in Kosovo in order to see if the scope of the programme could be widened.

Furthermore a mobile clinic could be considered in order to reach more FSW in current and other regions in Kosovo. A mobile clinic aiming at FSWs does not currently exist in Kosovo. KOPF would be willing to discuss the establishment of a mobile clinic. The mobile clinic could take the form of an ambulance, which would be driving to premises where FSW are working; therewith making services accessible. STI and blood tests could be provided in the mobile clinic. Samples would subsequently be sent to contracted laboratories in the regions. A mobile clinic might be challenging without clear agreements with law enforcement since medical doctors working in the mobile clinic would possibly be in more direct contact with bar owners, identified as facilitators of prostitution, which is a crime.

## 5. Overview of recommendations

- For a thorough estimation of the amount of FSW in Kosovo we recommend to map FSW per region in cooperation with carefully selected FSW. If CDF / Global Fund is interested in conducting such an exercise we are able to provide the organisation in charge of making the estimation (e.g. KOPF) with the contact details of FSW in some regions who could cooperate in making this estimation.
- The relatively low amount of diagnosed cases of HIV/AIDS in Kosovo and absence of known cases among FSW in our opinion doesn't play down the importance of HIV/AIDS prevention and treatment activities in Kosovo. It would be fruitful to integrate general gynaecological services into the broader set of HIV prevention, treatment and care. One could think of including testing and treatment of various sexually transmitted infections (as is currently being done in Ferizaj) as well as gynaecological interventions and surgery such as long-term treatment of a variety of gynaecological disorders, temporary hospitalization etc.
- Discrimination leading to isolation of FSW should be countered by raising public awareness about the realities of FSW. This, for instance, could be done by developing and broadcasting a documentary with stories of FSW. Portrayed women should be anonymous.

Regarding the reaching of more FSW:

- We recommend establishing FSW-led outreach under the coordination of an organisation (e.g. KOPF). FSW-outreachers would link FSW with the service providers, provide them with commodities (e.g. condoms and lubricants) and gather data on the situation of FSW. If this approach is chosen the authors of this report could provide the NGO responsible for the provision of health services to FSW with the contact details of some FSW who would be willing, and in the authors' opinion suitable, to be FSW outreach workers. Furthermore these FSW could assist with identifying further FSW outreach workers in other areas of Kosovo due to their large networks amongst FSW.
- The FSW-outreacher could fill in an 'opportunity gap analysis' in which her monthly activities are listed. The analysis can be discussed with the NGO coordinating the programme in order to assess if the FSW-led outreach is indeed reaching FSW adequately and to constantly tailor the outreach to the specific circumstances.
- This approach could rapidly be implemented in Ferizaj. Outreaching activities in the region of Ferizaj are of key importance since a limited amount of FSW in this area is aware of the service provision by Aorta Clinic and currently no new clients are being reached.
- This approach could possibly be implemented in Prizren on the short term as well, but only if current disagreements around paperwork are being solved. We recommend discussing this administrative issue in order to see if service provision in the greater region of Prizren could again be initiated.
- KOPF could try to identify gynaecologist willing to work according to the identified model in other regions as well. Alternatively a mobile clinic could be established.

Regarding the legal position of those delivering health services to FSW:

- The, by the interviewed parties, preferred option of legalisation of prostitution would allow doctors and NGO representatives to deliver services designed to adequately address the needs.
- A lobby, aimed at specifying in the Kosovo Progress Report that addressing HIV/AIDS remains a concern since vulnerable groups such as FSW are difficult to reach due to the penalisation of (facilitation of) prostitution, would likely allow for discussions on other models of regulating prostitution or measures aimed at facilitating the work of NGO representatives and medical doctors.
- A less sustainable but more rapid measure would be to establish a formalised cooperation agreement, such as a Memorandum of Understanding, between law enforcement and stakeholders involved in directly providing services to FSW. Ideally the formalised cooperation agreement would not only focus on the obligation to report crimes and minor offenses but on possibilities for fruitful cooperation between law enforcement and civil society as well. Budget could be allocated to the police so that a representative of the National Anti-Trafficking Unit in Prishtina could for instance provide regional trainings to police on the difference between human trafficking and prostitution or a basic introduction to HIV and the value of HIV programming to ensure the commitment of local police officers to the provided health services.

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## Annex 1. Programme of the mission

Date and time	Activity
Friday 5 December	
07.10	Departure Amsterdam Airport
12.00	Arrival Prishtina airport Taxi Nevzat to Hotel City Central
13.45	Meeting with a representative of the anti-trafficking unit of the police
15.30	Meeting with Edona Deva HIV Program Manager Community Development Fund

Date and time	Activity
Saturday 6 December	
9.30	Departure to Prizren
11.00	Meeting with gynaecologist in Prizren
13.30	Travel from Prizren to Ferizaj
15.00	Meeting with gynaecologists in Ferizaj
17.30	Visit to a bar in Ferizaj. Meeting with one FSW
19.00 – 20.00	Travel from Ferizaj to Prishtina

Date and time	Activity
Sunday 7 December	
12.00	Departure to Ferizaj
13.15	Visit to a bar in Ferizaj. Meeting with one FSW and bar owner
15.30 – 16.30	Travel from Ferizaj to Prishtina

Date and time	Activity
Monday 8 December	
9.30 – 12.00	Meeting with Kopf
13.00	Meeting with a representative of the National Institute of Public Health

Date and time	Activity
Tuesday 9 December	
12.45	Departure Prishtina airport
19.15	Arrival Amsterdam airport

Since CDF requested a four-day mission not more than four days per researcher were claimed for above-mentioned activities.

## Annex 2. IBBSS estimates of FSW population in Kosovo

	Highest	Lowest	Middle	Adult female population size <sup>iv</sup>	Percentage of adult females selling sex
Ferizaj 1	500	400	450	72,900	<b>0.6</b>
Prizren	600	400	500	69,800	<b>0.7</b>
Pristina	900	600	750	78,100	1.0
Pristina <sup>v</sup>	1500	500	1000		1.3
Mean percentage for Pristina					<b>1.2</b>
Mitrovica	300	200	250	31,380	<b>0.8</b>
Peja	250	400	300		<b>1.1</b>
Gjakova	400	250	325	37,100	<b>0.9</b>
Mean percentage					0.9

v Representative from Police.

### **Annex 3. Legal definitions: minor offense of engaging in prostitution**

**Law No. 03/L-142**

#### **ON PUBLIC PEACE AND ORDER**

**Assembly of Republic of Kosovo,**

In support of Article 65 (1), of the Constitution of Republic of Kosovo,

With the purpose of establishing legal rules for preservation of public peace and order.

Adopts

#### **LAW ON PUBLIC PEACE AND ORDER**

##### **CHAPTER I**

##### **GENERAL PROVISIONS**

###### **Article 1**

###### **Purpose**

The purpose of this law is to regulate personal conduct in order to preserve public peace and order.

###### **Article 2**

###### **Scope**

The scope of this Law is to preserve public peace and order by defining minor offences against public peace and order, and providing penalties for committing the minor offences.

###### **Article 3**

###### **Definitions**

1. Terms used in this law have the following meaning:

1.1. "Public Peace and Order" means the public adherence to the legal system and public institutions and the protection of the legal interests and freedoms of individuals.

1.2. "Public place" means any indoor or outdoor area, whether privately or publicly owned, to which the public has access by right or by invitation, expressed or implied, whether by payment of money or not, but not a place used exclusively by one or more individuals for a private gathering or other personal use.

1.3. "Private space" means property with access by the permission of the owner, possessor, or other authorized person.

1.4. "Fight" means a physical confrontation between two or more individuals in an attempt to harm one another.

1.5. "Prostitution" means performing sexual acts for material benefit, in money or other equivalent value.

1.6. "Official person" means person elected or appointed to a public entity or an authorized person in a business organization or other legal person, who by law or by other provision issued in accordance with the law, exercises public authority, and who within this authority exercises specific duties or a person who exercises duties, based on authorization provided for by law.

1.7. "Noise" means excessive and undesirable sound.

1.8. "Competent Body" means Ministry of Internal Affairs.

## **CHAPTER II**

### **MINOR OFFENCES AGAINST PUBLIC PEACE AND ORDER**

#### **Article 7**

##### **Engaging in Prostitution**

1. Whoever engages in the sexual act of prostitution shall be punished for minor offence.

2. The offender of the minor offence foreseen in paragraph 1 of this Article shall be liable for the penalty with a fine from one hundred (100) € to nine hundred (900) € or imprisonment up to sixty (60) days.

## **Annex 4. Legal definitions: relevant articles from the criminal code of the republic of Kosovo**

### **CRIMINAL CODE OF THE REPUBLIC OF KOSOVO**

#### **Assembly of Republic of Kosovo,**

Based on Article 65 (1) of the Constitution of the Republic of Kosovo;

Approves

### **CRIMINAL CODE OF THE REPUBLIC OF KOSOVO**

#### **GENERAL PART**

#### **CHAPTER I**

#### **GENERAL PROVISIONS**

##### **Article 1**

##### **Basis and limits of criminal sanctions**

1. Criminal offenses and criminal sanctions are foreseen only for those actions that infringe and violate the freedoms, human rights and other rights and social values guaranteed and protected by the Constitution of the Republic of Kosovo and international law to the extent that is not possible to protect these values without criminal sanctions.

2. The criminal offenses and the types of measures and the severity of the criminal sanctions for the perpetrators of criminal offenses are based on the necessity of criminal justice enforcement and the proportionality of the level and nature of the danger for human rights and freedoms and social values.

##### **Article 2**

##### **Principle of legality**

1. Criminal offenses, criminal sanctions and measures of mandatory treatment are defined only by law.

2. No criminal sanction or measure of mandatory treatment may be imposed on a person for an act, if prior to the commission of the act, the law did not define the act as a criminal offense and did not provide a criminal sanction or measure of mandatory treatment for the act.

3. The definition of a criminal offense shall be strictly construed and interpretation by analogy shall not be permitted. In case of ambiguity, the definition of a criminal offense shall be interpreted in favor of the person against whom the criminal proceedings are ongoing.

##### **Article 3**

##### **Application of the most favorable law**

1. The law in effect at the time a criminal offense was committed shall be applied to the perpetrator.
2. In the event of a change in the law applicable to a given case prior to a final decision, the law most favorable to the perpetrator shall apply.
3. When a new law no longer criminalizes an act but a perpetrator has been convicted by a final decision in accordance with the prior law, the enforcement of the criminal sanction shall not commence or, if it has commenced, shall cease.
4. A law, which was expressly in force only for a determined time, shall be applicable to criminal offenses committed while it was in force, even if it is no longer in force, unless the law itself expressly provides otherwise.

#### **Article 4**

##### **Criminal sanctions and measures of mandatory treatment**

1. The criminal sanctions are:
  - 1.1. principal punishments;
  - 1.2. alternative punishments;
  - 1.3. accessory punishments; and
  - 1.4. judicial admonition.
2. The measures of mandatory treatments that may be imposed on a perpetrator who is not criminally liable or is addicted to drugs or alcohol are:
  - 2.1. mandatory psychiatric treatment and custody in a health care institution;
  - 2.2. mandatory psychiatric treatment at liberty; and
  - 2.3. mandatory rehabilitation treatment of persons addicted to drugs or alcohol.

#### **Article 5**

##### **Limitations on the execution of criminal sanctions and measures of mandatory treatment**

In the execution of a criminal sanction or a measure of mandatory treatment, certain rights of the perpetrator may be denied or restricted only to the extent that is commensurate with the nature or the content of the sanction or measure and only in a manner that provides for the respect of his or her human dignity, and is in compliance with international law.

#### **Article 6**

##### **Application of the general part of this Code**

The provisions of the General Part of this Code apply to all criminal offenses defined in the Laws of the Republic of Kosovo.

## **CHAPTER III**

### **PUNISHMENTS**

#### **Article 169**

##### **Slavery, slavery-like conditions and forced labour**

1. Whoever, in violation of international law including the European Convention of Human Rights, holds, maintains, places, purchases, or sells another person in slavery, slavery-like conditions, servitude or forced or compulsory labour, which includes, but is not limited to, holding a person in ownership, denying a person the fruits of his or her labour, coercing a person to provide their labour or denying a person the freedom to change his or her status or work conditions, shall be punished by fine and imprisonment of two (2) to ten (10) years.

2. Whoever, in violation of international law including the European Convention of Human Rights, for the purpose of committing the offenses provided for in paragraph 1 of this Article incites another person to renounce his or her freedom or brokers in the buying or selling of another person, shall be punished as provided for in paragraph 1. of this Article.

3. When the offense provided for in paragraph 1 or 2 of this Article is committed against a person with whom the perpetrator has a domestic relationship, the perpetrator shall be punished by imprisonment of three (3) to ten (10) years.

4. When the offense provided for in paragraph 1 or 2 of this Article is committed against a child, the perpetrator shall be punished by imprisonment of three (3) to fifteen (15) years.

5. When the offense provided for in this Article is committed by an official person abusing his or her position or authorizations, the perpetrator shall be punished by imprisonment of five (5) to twelve (12) years in the case of the offense provided for in paragraphs 1-3; or by imprisonment of five (5) to twenty years (20) in the case of the offense provided for in paragraph 4 of this Article.

#### **Article 171**

##### **Trafficking in persons**

1. Whoever engages in trafficking in persons shall be punished by a fine and imprisonment of five (5) to twelve (12) years.

2. When the offense provided for in paragraph 1 of this Article is committed within a 350 meter radius of a school or other locality which is used by children or when the offense is committed against a person under the age of eighteen (18) years, the perpetrator shall be punished by a fine and imprisonment of three (3) to fifteen (15) years.

3. Whoever organizes a group of persons to commit the offense in paragraph 1. of this Article shall be punished by a fine of up to five hundred thousand (500,000) EUR and by imprisonment of seven (7) to twenty (20) years.

4. When the offense provided for in this Article is committed by an official person abusing his or her position or authorizations, the perpetrator shall be punished by:

4.1. a fine and imprisonment of five (5) to fifteen (15) years in the case of the offense provided for in paragraph 1 or 2 of this Article;

4.2. a fine and imprisonment of not less than ten (10) years in the case of the offense provided for in paragraph 3 of this Article;

5. If the offense from paragraph 1-4 of this Article results in death of one or more persons, the perpetrator shall be punished by imprisonment of not less than ten (10) years or life long imprisonment.

6. For the purposes of this Article and Article 172 of this Code expressions below shall have the following meaning:

6.1. **Trafficking in persons** - the recruitment, transportation, transfer, harbouring or receipt of persons, by threat or the use of force or other forms of coercion, abduction, fraud, deception, the abuse of power or the abuse of a position of vulnerability or the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation.

6.2. **Exploitation** - as used in sub-paragraph 6.1 of this paragraph shall include, but not be limited to, prostitution of others, pornography or other forms of sexual exploitation, begging, forced or compulsory labour or services, slavery or practices similar to slavery, servitude or the removal of organs or tissue.

6.3. The consent of a victim of trafficking in persons to the intended exploitation shall be irrelevant where any of the means set forth in sub-paragraph 6.1. of this paragraph have been used against such victim.

6.4. The recruitment, transportation, transfer, harboring or receipt of a child for the purpose of exploitation shall be considered "trafficking in persons" even if this does not involve any of the means set forth in subparagraph 6.1. of this paragraph.

## **Article 241**

### **Facilitating or compelling prostitution**

1. Whoever recruits, organizes, assists or controls another person for the purpose of prostitution shall be punished by a fine and imprisonment of up to three (3) years.

2. When the offense provided for in paragraph 1 of this Article is committed within a three hundred and fifty (350) meter radius of a school or other locality which is used by children, the perpetrator shall be punished by a fine and imprisonment of six (6) months to five (5) years.

3. Whoever, by force or serious threat, or by holding another person in a situation of personal or economic dependency compels such person to engage in prostitution shall be punished by a fine and imprisonment from one (1) to eight (8) years.

4. When the offense provided for in paragraph 1, 2 or 3 of this Article is committed against a person between the ages of sixteen (16) and eighteen (18) years, the perpetrator shall be punished by a fine and imprisonment of one (1) to ten (10) years.



5. When the offense provided for in paragraph 1, 2 or 3 of this Article is committed against a person under the age of sixteen (16) years, the perpetrator shall be punished by a fine and imprisonment of five (5) to twenty (20) years.

6. When the offense provided for in paragraph 1, 2 or 3 of this Article is committed against a person under the age of fourteen (14) years, the perpetrator shall be punished by a fine and imprisonment of at least ten (10) years.