



A RAPID SCOPING ASSESSMENT OF

# THE IMPACT OF COVID-19 ON SEX WORKER PROGRAMMES

IN EAST AND SOUTHERN AFRICA

UNFPA East and Southern Africa



# Acknowledgements

This report is dedicated to sex workers from East and Southern Africa who lost their lives during the COVID-19 pandemic. May they rest in peace.

We remember:

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# Acronyms

<b>6MMD</b>	6-month multi-month dispensing	<b>LGBT</b>	Lesbian, gay, bisexual and transgender
<b>ACHPR</b>	African Commission for Human and Peoples' Rights	<b>MMD</b>	Multi-month dispensing
<b>ART</b>	Antiretroviral therapy	<b>NGO</b>	Non-governmental organization
<b>ARV</b>	Antiretroviral	<b>NSWP</b>	Global Network of Sex Work Projects
<b>ASWA</b>	African Sex Worker Alliance	<b>OCHA</b>	United Nations Office for Coordination of Humanitarian Affairs
<b>AU</b>	African Union	<b>OGERA</b>	Organization for Gender Empowerment and Rights Advocacy
<b>CHREAA</b>	Centre for Human Rights Education Advice and Assistance	<b>PEP</b>	Post-exposure prophylaxis
<b>COVID-19</b>	Coronavirus disease of 2019	<b>PITARP</b>	Preventive Interventions Targeting At-Risk Populations
<b>CSO</b>	Civil society organization	<b>PPE</b>	Personal protective equipment
<b>DRC</b>	Democratic Republic of Congo	<b>PrEP</b>	Pre-exposure prophylaxis
<b>EASWA</b>	East African Sex Workers' Alliance	<b>SRH</b>	Sexual and reproductive health
<b>EpiC</b>	Meeting Targets and Maintaining Epidemic Control	<b>SRHR</b>	Sexual and reproductive health and rights
<b>ESA</b>	East and Southern Africa	<b>STD</b>	Sexually transmitted disease
<b>FSW</b>	Female sex worker	<b>STI</b>	Sexually transmitted infection
<b>GBV</b>	Gender-based violence	<b>SWEAT</b>	Sex Workers Education and Advocacy Taskforce
<b>HIV</b>	Human immunodeficiency virus	<b>TB</b>	Tuberculosis
<b>ICESCR</b>	International Covenant on Economic, Social and Cultural Rights	<b>UNAIDS</b>	United Nations Joint Programme on AIDS
<b>ICCPR</b>	International Covenant on Civil and Political Rights	<b>UNDP</b>	United Nations Development Programme
<b>ICT</b>	Information and communication technologies	<b>UNFPA</b>	United Nations Population Fund
<b>IEC</b>	Information, education and communication	<b>VAM</b>	Vulnerability assessment and mapping
<b>ILO</b>	International Labour Organization	<b>WFP</b>	World Food Programme
<b>KESWA</b>	Kenyan Sex Worker Alliance	<b>WHO</b>	World Health Organization
		<b>YAZ</b>	Youth Advocates Zimbabwe

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# Foreword

## Unmasking a triple burden for the sex worker community amid the COVID-19 pandemic

We live in a society of inequality. Humanitarian crises – including pandemics, natural disasters, wars and conflicts – tend to unmask and deepen these inequalities. Those who are already marginalized tend to suffer the most. If the global community is to achieve truly sustainable human development, addressing inequalities is a prerequisite. To this end, players in the development space need to be more proactive to support the populations most left behind.

When COVID-19 hit the shores of East and Southern Africa (ESA) in the first quarter of 2020, many governments took stringent measures to avoid the spread of the disease to save lives. Government interventions included declaring states of emergency, states of disaster and public health emergencies, as well as border closures. In the process, these hard lockdowns had unintended consequences, such as rapid contractions of economies with consequent surges in unemployment, poverty and hunger. They also gave unprecedented powers to the police and security forces and resulted in human rights violations against citizens under the pretext of enforcement of lockdowns. The populations that suffered the most were the already marginalized.

As the pandemic was unfolding in the region, it became apparent that among the hardest hit were sex workers. Prior to the pandemic, sex workers were already facing several challenges that made them a vulnerable and marginalized group. These include a policy and legal environment that criminalized their trade, high levels of violence both in private and public spheres, as well as widespread stigma and discrimination. The challenges, combined with sex workers' occupational health risks, have contributed

to a high burden of HIV, with some countries reporting prevalence rates of between 50 to 70 per cent among sex workers.

The clarion call to help sex workers during the hard lockdowns spurred the UNFPA Regional Office for East and Southern Africa to undertake a rapid assessment of the impact of COVID-19 on sex worker communities and sex worker organizations in the region. The assessment focused on three areas that were frequently reported in the media – namely, livelihood, human rights and health. The assessment observed that well-intentioned government responses were exacerbating already existing inequalities and unmasking the multiple challenges suffered by sex workers.

The study noted massive negative impacts in the three focus areas. Under the livelihood domain, it was reported that 80 per cent of the respondents had lost income, resulting in the loss of food security and housing. Sex workers faced eviction from their homes, either through closure of venues that provided accommodation or because of failure to meet rental obligations. In countries where social protection measures were available, sex workers were excluded for various reasons, including lack of legal recognition of sex work, stigma and discrimination, as well as lack of identity documents or proof of residence.

Regarding human rights, almost 50 per cent of respondents reported having been victims of police violence, including murder, assault, rape, harassment and extortion during lockdowns. There was also a marked increase in stigma and discrimination towards sex workers.

With regards to the impact on their health, the biggest challenge was accessing health facilities for conditions unrelated to COVID-19. Close to 50 per cent of sex workers were unable to access HIV

treatment services, while about 22 per cent could not access HIV and sexual and reproductive health services. Additionally, sex workers were considered transmitters of the virus, and experienced high levels of stigma and discrimination in health facilities.

While the impact on the three domains was negative, the assessment of sex worker programmes showed interesting results. The presence of sex worker organizations helped cushion the impact on all three areas as these organizations found innovative ways to support their members, by facilitating access to HIV treatment and prevention services through decentralized services such as home delivery of treatment and prevention commodities. In some countries, they also facilitated emergency grants and negotiated with landlords to halt evictions. The value of community-based organizations was well noted.

This study confirmed what was suspected, yet even then we had not anticipated the magnitude of the problem. The widespread hardship, disruption to and violation of health and human rights described in this report are attributed less to the pandemic itself than to containment measures imposed on communities. The challenge that remains is to find long-term solutions to avoid a repeat of this experience among sex worker communities.

Let us honour the many sex workers who lost their lives during the hard lockdowns by applying concrete solutions. We need to make radical shifts in our development space to create a healthier environment for sex workers. And we need to address the difficult and complex questions around the decriminalization of sex work.

The tragedy brought about by COVID-19 presents us with an opportunity to correct past mistakes and address the extreme inequalities that exist in our societies. We must reflect on and address some difficult questions: Do we, as nations, fare better while criminalizing one of the oldest trades known to

humankind or is it time to take a different approach in this respect? Regardless of our attitudes towards the sex trade, sex workers must be afforded basic human rights – including the right to life, the right to liberty and security of person, the right to freedom from discrimination, the right to freedom from gender-based violence, the right to social security, the right to an adequate standard of living (including adequate food, clothing and housing), and the right to enjoyment of the highest attainable standard of physical and mental health.

The value of this study is not its findings, but rather that of operationalizing its recommendations. I therefore call upon all stakeholders in the region and beyond to join hands to create an acceptable path for our sisters, brothers and fellow human beings. In addition to providing an enabling legal framework, we should also urgently implement its critical recommendations:

- Include sex workers in social protection and humanitarian relief efforts;
- Provide support for economic empowerment programmes for sex workers;
- Recognize that sex work is work and uphold sex workers' labour rights;
- Strengthen joint action to reduce stigma and discrimination towards sex workers;
- Address violence against sex workers;
- Decentralize and de-medicalize services;
- Harness Internet-based service provision; and
- Strengthen support and funding for community-based and community-led programmes.

Let us demonstrate our commitment to achieving the Sustainable Development Goals by taking concrete actions to uplift one of the most marginalized population groups. This moment in time affords us a significant opportunity to protect this population group from the shockwaves of future humanitarian crises.

# Executive Summary

The COVID-19 pandemic has amplified pre-existing inequalities and vulnerabilities. For sex workers globally, and in East and Southern Africa (ESA) specifically, the impact on livelihoods, human rights and health has been devastating, leaving many struggling to survive. Community-based organizations led by sex workers have responded swiftly and creatively to the plight of sex workers in ESA to protect this vulnerable population during COVID-19 and its various containment measures. In doing so, they have drawn on trusted community systems, strengthened during the HIV response to reach sex workers during their time of crisis, with a specific focus on ensuring that human rights and health services, particularly those for HIV and sexual and reproductive health and rights (SRHR), continue.

This report investigates the impact of COVID-19 on sex worker communities and sex worker organizations in East and Southern Africa. It considers both the successes and the failures in the response and identifies positive practices based on how sex worker organizations have responded. The report also considers lessons learned from this and previous humanitarian crises that have affected sex workers, and provides recommendations to ensure that sex workers are not left behind as the COVID-19 pandemic evolves or in future humanitarian crises.

## Background

Governments in East and Southern Africa instituted a range of emergency measures to prevent and slow the spread of COVID-19, including declaring states of emergency, states of disaster and public health emergencies. These measures have caused rapid contractions of economies, with surges in unemployment, poverty and hunger. They also conferred unprecedented powers on the police and security forces, which resulted in widespread human rights violations against citizens under the guise of enforcement of lockdowns.

Humanitarian crises, including pandemics, natural disasters, wars and conflicts, affect people in different ways. They highlight structural inequalities and disproportionately affect groups that were already excluded, marginalized or discriminated against.<sup>1,2</sup> Humanitarian crises also exacerbate gender inequality and disproportionately impact women.

Despite experiencing common challenges, sex workers are not a homogenous group. Marginalization, discrimination and inequality may be compounded by sex workers being part of other marginalized groups, including people living with HIV, migrants, transgender, gay or lesbian, people with disabilities, or people who use or inject drugs.<sup>3</sup>

There are significant gaps in sex worker-focused research, policy, and programming in the context of humanitarian settings. Much of the existing literature has focused on the occurrence of the sale of sex during humanitarian crises, framing it as a 'negative coping strategy', although there is also an emerging body of work that uses a sex worker rights framework. Very little attention has been paid to the impact of humanitarian crises on people who are already engaged in sex work.

## Findings

Participants described the tremendous impact of COVID-19 on sex workers' livelihoods, human rights and health, throughout East and Southern Africa. The widespread hardship, disruption and violations of human rights were attributed less to the pandemic itself than to the containment measures that governments put in place, including lockdowns, physical distancing measures, curfews and quarantine procedures.

<sup>1</sup> Humanitarian Disarmament (2020). Available at <https://humanitariandisarmament.org/covid-19-2/a-principled-and-inclusive-response-to-covid-19/>

<sup>2</sup> IAWG (2015). Reproductive Health in the Changing Humanitarian Context: Findings from the IAWG on Reproductive Health in Crises' 2012-2014 Global Evaluation. Available at: [https://www.who.int/hac/global\\_health\\_cluster/events/IAWG\\_Global\\_Evaluation.pdf](https://www.who.int/hac/global_health_cluster/events/IAWG_Global_Evaluation.pdf)

<sup>3</sup> Count me In Consortium (2020). COVID-19 and Sex Work (fact sheet). Available at [https://www.mamacash.org/media/cmi\\_/cmi\\_\\_sw\\_covid19\\_final\\_20\\_july.pdf](https://www.mamacash.org/media/cmi_/cmi__sw_covid19_final_20_july.pdf)



## Impact on livelihoods



Predictably, loss of income was identified as the greatest challenge to livelihoods by **78 per cent** of respondents in the online survey.



Almost **54 per cent** linked loss of income to food insecurity for themselves and their dependents.



Loss of housing was cited by **52 per cent**.



Other livelihood impacts included displacement or migration (**4 per cent**).



Exclusion from government social protection schemes and other relief efforts (nearly **12 per cent**).

COVID-19 containment measures, including the closure of entertainment venues, dusk to dawn curfews, stay-at-home orders, the closure of borders, and the shutdown of the hospitality and tourism industry, meant that sex workers could no longer earn a living. This caused a sudden and dramatic loss of income for which sex workers were unprepared. As a result of economic hardship, some were forced to defy lockdown laws, or ignore social distancing guidelines, placing themselves at risk of infection or arrest. Many sex workers faced eviction from their homes, either through the closure of venues where sex workers both work and live or because they were

unable to pay rent. Many migrated to rural and peri-urban areas, either to stay with family or in search of clients in areas where lockdowns were less stringently enforced.

Where social protection measures and/or humanitarian relief were available, sex workers struggled to access it due to stigma and discrimination. Lack of information and no identity documents or proof of address compounded their difficulties. Sex workers were also unable to access formal unemployment insurance due to the illegal nature of their work.



**To maintain access to HIV and SRHR services, sex worker organizations mobilized peer educators to provide decentralized services, including home deliveries of ARV and PrEP refills, condoms and lubricants.**

## Impact on human rights

The study revealed widespread concerns about violations of sex workers' rights that occurred during COVID-related containment measures.



Police violence (including murder, assault, rape, harassment and extortion) was mentioned by **49 per cent** of survey respondents.



Respondents also noted an increase in stigma and discrimination towards sex workers (**42 per cent**).



As well as an increase in arrests, including arbitrary or unlawful arrest (**36 per cent**).

Given that the majority of governments in the region have committed to upholding universal human rights, it is of concern that the following violations were reported: the right to life; the right to liberty and security of person; the right to freedom from discrimination; the right to freedom from gender-based violence; the right to social security; the right to an adequate standard of living, including adequate food, clothing and housing; and, the right to the enjoyment of the highest attainable standard of physical and mental health.

## Impact on health care

During the COVID-19 pandemic, while public health facilities stayed open, they reoriented their services to gear up for the anticipated rise in COVID-19 infections, reducing all but emergency health services. The study found that numerous challenges relating to health care were experienced by sex workers. Surprisingly, sex workers' risk of contracting COVID-19 was not mentioned by many of the key informants, even though the nature of sex work makes it highly risky for COVID-19 transmission. Although the correlation between HIV and coronavirus is an emerging science, preliminary findings suggest that people living with HIV are at increased risk of mortality from the coronavirus.<sup>4</sup> Given the high HIV prevalence rates among sex workers, it is important that sex workers be supported to protect themselves from contracting COVID-19.

The greatest health impacts experienced by sex workers were in accessing health care for non-COVID conditions.



**49 per cent** of respondents reported that sex workers had challenges accessing health facilities.



Specifically, as they related to HIV treatment services (**52 per cent**).



HIV prevention services (**22 per cent**).



Sexual and reproductive health services (**22 per cent**).



Stigma and discrimination in health services were reported by **12 per cent**.

<sup>4</sup> Bloomberg Law (2020). HIV Boosts Coronavirus Death Risk Threefold, Data Show.

Available at: <https://news.bloomberglaw.com/health-law-and-business/hiv-raises-coronavirus-death-risk-south-african-data-shows>



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Reminiscent of HIV-related stigma and discrimination, sex workers were labelled as vectors of the COVID-19 virus:

*There have been remarks, "Don't bring your corona here," when sex workers have gone to clinics.*

Survey respondent, Sisonke, South Africa

Finally, hunger impacted the ability of HIV-positive sex workers to adhere to antiretroviral therapy.

### **Impact on sex worker programmes**

In response to the crisis, sex worker organizations had the twin challenges of firstly ensuring that their usual health and human rights services continued, and secondly, responding to the new challenges that had arisen due to the pandemic. Several organizations conducted rapid surveys of their members to identify their needs, attempted to access emergency grants from donors, and negotiated with donors to reprogramme. Others appealed for funds and donations of goods from their members, set up crowdfunding campaigns, partnered with humanitarian and charitable organizations, or implemented income-generation schemes.

Interventions to meet the urgent humanitarian needs of sex workers included: assisting sex workers to apply for emergency grants where these existed, partnering with humanitarian relief organizations, distributing food and hygiene hampers, advocating with landlords to prevent evictions, and sourcing emergency accommodation. Despite these efforts, the vast disparity between the need for livelihood support and the resources available emerged as by far the greatest gap in the COVID-19 response.

To maintain access to HIV and SRHR services, sex worker organizations mobilized peer educators to provide decentralized services, including home deliveries of ARV and PrEP refills, condoms and lubricants. Organizations also accelerated the implementation of multi-month dispensing over a three- or six-month period. Sex worker organizations maintained contact with their members and beneficiaries, mainly through WhatsApp. WhatsApp groups, in particular, served as a lifeline for mutual support during the crisis.

## CONCLUSIONS AND LESSONS LEARNED

### Factors that facilitated effective responses to sex workers' needs during COVID-19

Three key attributes emerged as consistently having enabled programmes and organizations to respond rapidly and creatively to sex workers' needs during COVID-19 and its containment measures:

#### *Community-based and community-led organizations responded swiftly and appropriately*

Organizations that were community-based and/or community-led were able to mount a multi-pronged response tailored to the needs articulated by their constituents. The same approaches that civil society organizations (CSOs) deployed to address structural and social barriers to HIV proved equally effective in response to COVID-19: taking services to the community, ensuring participatory processes, protecting human rights, reducing stigma and discrimination, and preventing and responding to violence.

#### *Peer educators and microplanning enabled a person-centred response*

Organizations that employ peer educators – particularly those that use a microplanning approach – were best able to maintain contact with sex workers and ensure continuity of services, even when sex workers had been displaced.

#### *Sex worker organizations leveraged existing partnerships*

Sex workers organizations that leveraged existing partnerships established between and governments, development partners and other civil society organizations as part of the HIV response managed to access services and resources that they could not have provided on their own.

### *Social capital mitigated the impact of COVID-19*

Social capital – defined as “features of social organization such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit”<sup>5</sup> emerged as a critical enabler of an inclusive and equitable public health response<sup>6</sup> and may have mitigated at least some of the impact of COVID-19 on sex workers.

### **Barriers to an effective response**

#### *Criminalization and human rights violations against sex workers increase vulnerability*

The criminalization of sex work and the resultant stigma, discrimination and violence from law enforcement and other perpetrators placed sex workers at greater risk and obstructed an effective, rights-based response.

#### *Critical community-led responses are not adequately supported*

The chronic underfunding of key population programmes was a significant barrier to responding fully to challenges experienced by sex workers during COVID-19.

### **Sex work and humanitarian crises**

The fact that the vulnerabilities of sex workers in the context of the COVID-19 pandemic have been highlighted may be, at least partially, due to the global growth of sex worker rights activism over the past decade, including in East and Southern Africa.<sup>7</sup> Often, this advocacy emerged out of (and was closely tied to) HIV activist movements.<sup>8</sup>

### **Intersecting vulnerabilities**

While sex workers have been the focus of this study, the impact of the pandemic for all populations has been aggravated by a range of structural factors,

<sup>5</sup> Putnam, R. (2000). *Bowling Alone: the collapse and revival of American community*. New York: Simon & Schuster.

<sup>6</sup> Wong, A.S., Kohler, J.C. (2020). Social capital and public health: responding to the COVID-19 pandemic. *Global Health* 16, 88 (2020). <https://doi.org/10.1186/s12992-020-00615-x> <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00615-x>

<sup>7</sup> Mgbako, C. (2020). The Mainstreaming of Sex Workers' Rights as Human Rights, 43 *Harv. J. L. & Gender* 92. Available at: [https://ir.lawnet.fordham.edu/faculty\\_scholarship/1092](https://ir.lawnet.fordham.edu/faculty_scholarship/1092)

<sup>8</sup> Mgbako, C. (2020). *ibid.*



including economic inequality; lack of equal access to food, clean water, housing and health services; and stigma and discrimination based on sex, sexual orientation, gender, gender identity, race, HIV status, disability, and immigration status.

This study has demonstrated that sex workers' vulnerabilities are compounded when they have multiple identities. These are exacerbated for lesbians, gay and bisexual men, transgender people, migrants and sex workers who are homeless.

### **Lessons from the HIV response and an opportunity to 'build back better'**

The crisis precipitated by the COVID-19 pandemic has provided an opportunity for re-visioning social, political and economic systems and has strengthened calls for an inclusive, transformed, people-centred health care system, including a renewed urgency to achieve universal health coverage.

## **RECOMMENDATIONS**

### **Include sex workers in social protection and humanitarian relief effort**

Governments and development partners should recognize sex workers as a vulnerable population and include them in social protection measures and humanitarian relief efforts. There should be greater collaboration between the humanitarian sector, the HIV sector and sex worker organizations.

### **Provide support for economic empowerment programmes**

Governments, UN partners and donors should provide financial and technical resources to support evidence-based, rights-based economic empowerment programmes for sex workers.

### **Recognize that sex work is work and uphold sex workers' labour rights**

States should recognize sex work as work and extend to sex workers all the legal protections and rights to which all workers are entitled. Within the UN, ILO should take the lead in supporting sex workers in advancing a decent sex work agenda and emphasizing that sex work is work. In this, they should be supported by other UN partners, with an alignment of messaging.

### **Decriminalize sex work**

Governments in East and Southern Africa

should move decisively towards decriminalizing adult, consensual sex work. UN partners should unequivocally continue to advocate for decriminalization and respect for human rights and should also support the advocacy of sex worker organizations.

### **Strengthen action to reduce stigma and discrimination towards sex workers**

All stakeholders, including governments, development partners, donors, the private sector, civil society and communities, should work together to reduce stigma and discrimination and ensure access to justice for sex workers.

### **Address violence against sex workers**

Measures to prevent and respond to violence against sex workers are more critical than ever. Proven strategies to address violence against sex workers should be strengthened and scaled up,<sup>9</sup> including community empowerment; documenting human rights violations; fostering police accountability; strategic litigation; legal support; rights literacy training; appealing to National Human Rights Institutions (NHRIs); and leveraging global commitments.

### **Decentralize and de-medicalize services**

Community-based service delivery should continue

<sup>9</sup> ASWA (2019). Every sex worker has a story to tell about violence: Violence against sex workers in Africa.

Available at: <https://www.nswp.org/resource/member-publications/every-sex-worker-has-got-story-tell-about-violence-violence-against-sex>.

to be scaled up, and peer educators must continue to be trained to provide these services while ensuring that adequate supervision and quality control are in place.

### **Harness Internet-based service provision**

Harness Information and Communication Technology (ICT) platforms to enhance community mobilization, capacity-building, advocacy, peer education, dissemination of health and human rights information, adherence monitoring, referrals, and other sex worker programme functions. Sex workers should play a key role in helping to shape new interventions, carefully assessing the risks and dangers as well the benefits.

### **Strengthen support and funding for community-based and community-led programmes**

Community-based and community-led sex worker organizations should be adequately funded and supported by governments, donors, UN partners, and others to provide holistic, integrated, person-centred services to sex workers. Resources are needed urgently in the short term, as sex workers are still experiencing the adverse effects of economic downturns on their livelihoods. It is also critical to strengthen community systems and social capital to protect against future crises.



## 1. Introduction

The COVID-19 pandemic has caused a global health and humanitarian catastrophe. However, experience has shown that marginalized and vulnerable groups tend to be disproportionately affected by humanitarian disasters.<sup>10</sup> Such is the case with sex workers, for whom COVID-19 has had a devastating impact on their livelihoods, human rights and health - leaving many sex workers hungry, homeless and struggling to survive.

Sex workers are a key population for human immunodeficiency virus (HIV), being at increased risk of infection and experiencing significant human rights infringements, which are barriers to accessing health care. However, the HIV response has also resulted in investment in the strengthening of sex worker community systems, particularly the development of community-based organizations that are led by and/or provide services to sex workers throughout East and Southern Africa (ESA). During the COVID-19 pandemic, these organizations have rapidly pivoted to respond to sex workers' needs, especially as sex workers were often excluded from relief efforts and social protection mechanisms.

This report investigates the impact of COVID-19 on sex worker communities and sex worker organizations in East and Southern Africa. It considers both the successes and the failures in the response and identifies positive practices based on how sex worker organizations have responded. The report also considers lessons learned from this and previous humanitarian crises which have affected sex workers and provides recommendations to ensure that sex workers are not left behind - both as the COVID-19 pandemic evolves and in future humanitarian crises.

## 2. background and context

### 2.1 The COVID-19 pandemic in East and Southern Africa

This report is written at a time when the world is still in the grips of an unfolding global COVID-19 pandemic. Since the first coronavirus case was recorded in Egypt in February 2020, the virus has spread to all countries on the African continent. Currently, countries are experiencing highly varying rates of infection and mortality and are at different stages of the COVID-19 epidemic stages and transmission scenarios, ranging from clusters of localized cases through to community transmission to the reduced transmission and recovery stage.

Because COVID-19 is a highly infectious pathogen with no pre-existing human immunity, and a vaccine that has yet to be rolled out to most people in East and Southern Africa, the public health response to date has relied heavily on preventative measures aimed at ensuring social distancing, promoting behaviour change such as hand-washing and the wearing of masks, as well as screening, testing and containment of suspected and actual cases.

To reduce the spread of the disease and give health systems time to prepare and thus to save lives, African governments began implementing emergency measures in early 2020, which frequently included lockdowns and the closing of borders. In East and Southern Africa, these have included:

- Declarations of states of emergency: Angola, Botswana, Democratic Republic of Congo, Eswatini, Ethiopia, Lesotho, Mozambique and Namibia
- Declarations of national states of disaster: Angola (State of Calamity), Malawi, South Africa and Zimbabwe
- Declarations of (public) health emergencies: Botswana, Kenya, Madagascar and Uganda.<sup>11</sup>

<sup>10</sup> UNDP (2020). Lessons from evaluations: UNDP support for social protection.

Available at: [http://web.undp.org/evaluation/documents/reflections/social\\_protection.pdf](http://web.undp.org/evaluation/documents/reflections/social_protection.pdf)

<sup>11</sup> International Center For Not-For-Profit Law <https://www.icnl.org/post/analysis/african-government-response-to-covid-19>. Accessed 1 November 2020.

These measures, while arguably necessary, have caused rapid contractions of economies, with surges in unemployment, poverty and hunger. They also gave unprecedented powers to the police and security forces and resulted in widespread human rights violations against citizens under the guise of enforcement of lockdowns.<sup>12,13</sup>

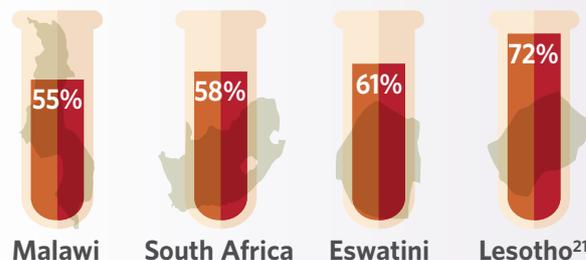
## 2.2 The status of sex workers in East and Southern Africa pre-COVID

Against this backdrop, the impact of COVID-19 on the sex worker community has been particularly devastating. UNAIDS has noted that the pandemic exposes existing inequalities and disproportionately affects people already criminalized, marginalized and living in precarious health and economic situations, often outside social protection mechanisms.<sup>14</sup>

Prior to the COVID-19, sex workers were already a marginalized and vulnerable population. Sex work is criminalized in every country in the ESA region, except for Mozambique.<sup>15</sup> Research shows that for many sex workers throughout ESA, their existence is characterised by pervasive and persistent physical, sexual, psychological and structural violence.<sup>16</sup> Perpetrators of violence are clients, police, criminals, intimate partners, health care workers, the general public, and other sex workers. Violence is excessive,

even where rates of violence, including gender-based violence, are high in the general population.<sup>17</sup> Sex workers also experience widespread stigma and discrimination, including from health-care providers, which act as a barrier to accessing health care.<sup>18,19,20</sup>

These structural drivers, combined with sex workers' occupational health risks, have resulted in very high rates of HIV prevalence in the region, with rates as high as:



Female sex workers are also likely to be at higher risk of maternal morbidity and mortality than women in the general population due to HIV, unintended pregnancies and unsafe abortions, resulting in substantial health disparities.<sup>22</sup> Research indicates that stigma and discrimination in health care settings are not limited to those presenting with HIV and other STIs but also with all other health issues.<sup>23</sup> This has implications for COVID-19, which are discussed further below.

<sup>12</sup> Amnesty International and others (2020). Open letter to the Southern African Development Community (SADC), SADC: Restrictive COVID-19 regulations presenting concerning ramifications for enjoyment of human rights, including livelihoods, 22 May 2020. Available at: <https://www.amnesty.org/en/documents/afr03/2392/2020/en/>

<sup>13</sup> Dersso, S. (2020). The impact of COVID-19 on human and peoples' rights in Africa, 9 September 2020.

Available at: <https://www.accord.org.za/analysis/the-impact-of-covid-19-on-human-and-peoples-rights-in-africa/>

<sup>14</sup> UNAIDS (2020). Available at: [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200408\\_sex-workers-covid-19](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200408_sex-workers-covid-19)

<sup>15</sup> UNAIDS (2020). Seizing the moment: Global AIDS Update 2020. Available at: <https://www.unaids.org/en/resources/documents/2020/global-aids-report>

<sup>16</sup> ASWA (2019). Every sex worker has a story to tell about violence: Violence against sex workers in Africa.

Available at: <https://www.nswp.org/resource/member-publications/every-sex-worker-has-got-story-tell-about-violence-violence-against-sex>

<sup>17</sup> ASWA (2019). *ibid*.

<sup>18</sup> Nyblade, L., Reddy A., Mbote, D., Kraemer, J., Stockton, M., Kemunto, C., Krotki, K., Morla, J., Njuguna, S., Dutta, A. & Barker, C. (2017). The relationship between health worker stigma and uptake of HIV counselling and testing and utilization of non-HIV health services: the experience of male and female sex workers in Kenya, *AIDS Care*, 29:11, 1364-1372, DOI: 10.1080/09540121.2017.1307922

<sup>19</sup> Hargreaves, J., Busza, J., Mushati, P., Fearon, E. & Cowan, F. (2013). Overlapping HIV and sex-work stigma among female sex workers recruited to respondent-driven sampling surveys across Zimbabwe, 2013, *AIDS Care*, 29: 6.

<sup>20</sup> Duby Z, Nkosi B, Scheibe A, Brown B, Bekker L-G. (2018). 'Scared of going to the clinic': Contextualising healthcare access for men who have sex with men, female sex workers and people who use drugs in two South African cities. *S Afr J HIV Med*, 19(1), a701.

<https://doi.org/10.4102/sajhivmed.v19i1.701>

<sup>21</sup> <https://kpatlas.unaids.org/dashboard>

<sup>22</sup> Willis, B., Welch, K. & Onda, S. (2016). Health of female sex workers and their children: a call to action, *The Lancet*, VOLUME 4, ISSUE 7, E438-E439, JULY 01, 2016, DOI: [https://doi.org/10.1016/S2214-109X\(16\)30071-7](https://doi.org/10.1016/S2214-109X(16)30071-7).

<sup>23</sup> OSISA (2018). Baseline assessment on sex workers' access to comprehensive health care in 5 SADC countries, unpublished.

## 2.3 The need for an ‘intersectional’ and ‘inclusion’ lens

Despite experiencing common challenges, sex workers are not a homogenous group. Marginalization, discrimination and inequality may be compounded by sex workers’ being part of other marginalized groups. For example, sex workers, being mostly women, are also affected by gender inequalities. They may also be people living with HIV, migrants, transgender, gay or lesbian, people with disabilities, or people who use or inject drugs.<sup>24</sup>

Humanitarian crises, including pandemics, natural disasters, wars and conflicts, affect different groups of people in different ways, highlighting structural inequalities and typically disproportionately affecting groups who were already excluded, marginalized or discriminated against.<sup>25,26</sup> Humanitarian crises also exacerbate gender inequality and disproportionately impact women in multiple ways, including an increase in sexual and gender-based violence and unwanted pregnancies; disruptions in sexual and reproductive health and rights (SRHR) services; an increased burden of care for dependents; and because women experience greater economic vulnerability in general.<sup>27,28</sup>

It is therefore imperative that responses to humanitarian crises be implemented with an intersectional and inclusion lens, appropriate to the social, cultural, and economic realities of marginalized subpopulations. Therefore, strategies

to respond to the COVID-19 pandemic should be based not only on evidence-based epidemic control measures but also on an intersectional social inclusion analysis, which honours the Sustainable Development Goals obligations.<sup>29</sup>

## 2.4 Sex work and humanitarian crises

There are significant gaps in sex worker-focused research, policy, and programming in the context of humanitarian and/or conflict-affected settings.<sup>30</sup> Researchers have pointed out that the literature on the gender dimensions of humanitarian crises has sometimes used terms such as “transactional sex”, “survival sex,” and “sexual exploitation” in humanitarian settings interchangeably, without clear definitions of the terms and the distinctions between them, and sometimes grouping them all together as forms of gender-based violence.<sup>31</sup> All forms of exchange of sexual services for money, goods or services undertaken during humanitarian emergencies tend to be viewed as “negative coping strategies”.

Other researchers have advocated for a shift in policy and practice around sex work in humanitarian settings to ensure “rights-based, evidence-informed and non-discriminatory service provision” for refugees and support for inclusion and community empowerment in approaches to sex work.<sup>32</sup> This shift would bring humanitarian policy and practice in line with that recommended by UN bodies, including the World Health Organization, UNFPA, UNAIDS

<sup>24</sup> Count me In Consortium (2020). COVID-19 and Sex Work (fact sheet).

Available at [https://www.mamacash.org/media/cmi/cmi\\_sw\\_covid19\\_final\\_20\\_july.pdf](https://www.mamacash.org/media/cmi/cmi_sw_covid19_final_20_july.pdf)

<sup>25</sup> Humanitarian Disarmament (2020). Available at <https://humanitariandisarmament.org/covid-19-2/a-principled-and-inclusive-response-to-covid-19/>

<sup>26</sup> IAWG (2015). Reproductive Health in the Changing Humanitarian Context: Findings from the IAWG on Reproductive Health in Crises’ 2012-2014 Global Evaluation. Available at: <https://iawg.net/resources/global-evaluation-2014>

<sup>27</sup> <https://www.weforum.org/agenda/2018/12/why-do-humanitarian-crises-disproportionately-affect-women/>

<sup>28</sup> [https://www.unaids.org/en/resources/presscentre/featurestories/2015/december/20151207\\_UNFPA\\_SOWP](https://www.unaids.org/en/resources/presscentre/featurestories/2015/december/20151207_UNFPA_SOWP)

<sup>29</sup> Equal International (2020). Operational toolkit for social inclusion in Health Preparedness Plans.

<sup>30</sup> Ferguson, A. Shannon, K., Butler, J. *et al.* (2017). A comprehensive review of HIV/STI prevention and sexual and reproductive health services among sex Workers in Conflict-Affected Settings: call for an evidence- and rights-based approach in the humanitarian response. *Confl Health* 11, 25. <https://doi.org/10.1186/s13031-017-0124-y>

<sup>31</sup> Engvall, M. (2019). Sex Work and Humanitarianism: Understanding Predominant Framings of Sex Work in Humanitarian Response. Independent thesis, University of Uppsala, available at: <https://www.diva-portal.org/smash/record.jsf?pid=diva2%3A1343555&dsid=2676>

<sup>32</sup> Rosenberg, JS., Bakomeza, D. (2017). Let’s talk about sex work in humanitarian settings: piloting a rights-based approach to working with refugee women selling sex in Kampala. *Reprod Health Matters*. 2017 Nov;25(51):95-102. doi: 10.1080/O9688080.2017.1405674. PMID: 29231800 women selling sex in Kampala. *Reprod Health Matters*. 2017 Nov;25(51):95-102. doi: 10.1080/O9688080.2017.1405674. PMID: 29231800.

and UNDP.<sup>33,34,35</sup> It is worth noting that UNAIDS has asserted that people sell sex for a range of complex reasons. While some of those factors may be deplorable (including humanitarian emergencies, poverty, indebtedness, gender inequality and drug abuse), they do not necessarily involve coercion or deception.<sup>36</sup>

In line with a rights-based approach, some humanitarian agencies working with refugees have turned their attention to strengthening the protection of and meeting the health needs of refugees engaged in sex work, adapting existing evidence-based and rights-based interventions with sex workers to this previously overlooked group.<sup>37,38</sup>

Very little has been written on the impact of previous crises, including health emergencies, on people who are already engaged in sex work. Only two articles could be found: a report by Dupas and Robinson on the precipitous drop in sex workers' income following the economic crisis in the wake of political turmoil in Kenya in 2007,<sup>39</sup> and a report from the Democratic Republic of the Congo (DRC) highlighting how sex workers in the east of the country were excluded from relief and health services during the 10th Ebola outbreak (2018-2020) despite being at increased risk. Both reports foreshadow the experiences of the sex worker community during the COVID-19 crisis.<sup>40</sup>

### 3. Purpose and Objectives

The purpose of this study is to document the impact of COVID-19 on sex workers' programmes in East and Southern Africa with a particular focus on livelihoods, human rights and health. The study aims to assess the impact of COVID-19 on sex worker programmes, considering both the successes and failures in the response. Lessons learned from countries in the region were harvested, including what has been learned from gaps or delays in the response, and where experience can be used to enable a more robust, risk-informed, rights-based and effective response in future.

Specifically, the study addresses the following objectives:

- I. Assess the impact of COVID-19 on sex worker programmes in East and Southern Africa with regard to livelihood, human rights and health (especially HIV and sexual and reproductive health (SRH));
- II. Assess the extent to which organizations led by or providing HIV and SRH services to sex workers have been able to continue to do so;
- III. Identify strategies used by sex worker support organizations to sustain livelihoods, ensure continuity of services and uphold human rights in the context of COVID-19 containment measures;

<sup>33</sup> UNAIDS (2012). UNAIDS guidance note on HIV and sex work. Geneva: UNAIDS.

<sup>34</sup> World Health Organization (2012). Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: Recommendations for a public health approach. Geneva, World Health Organization.

<sup>35</sup> World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank (2013). Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions. Geneva, World Health Organization.

<sup>36</sup> UNAIDS (2012). *ibid.*

<sup>37</sup> Women's Refugee Commission (2016). Working with Refugees engaged in sex work: a guidance note for humanitarians.

<sup>38</sup> UNHCR (2010). HIV and sex work in refugee situations: a practical guide to launching interventions: an issue affecting women, men, girls, boys and communities. Available at: <https://www.unhcr.org/4c7f94cd9.pdf>

<sup>39</sup> Dupas, P. & Robinson, J. (2012). The (hidden) costs of political instability: Evidence from Kenya's 2007 election crisis. *Journal of Development Economics* 99 (2012) 314-329.

<sup>40</sup> NSWP (2019). Available at: <https://www.nswp.org/news/drc-sex-workers-call-greater-protection-during-ebola-outbreak>

- IV. Explore opportunities to use the skills of sex workers (and their organizations) gained in the HIV response to address COVID-19 and other public health challenges;
- V. Document examples of good practices to mitigate the impact of COVID-19 within the sex worker communities;
- VI. Identify lessons learned in the COVID-19 environment that could be applied to improve sex worker programmes in 'the new normal';
- VII. Propose recommendations to guide sex worker programming in humanitarian settings or other adverse environments to ensure resilience.

## 4. Methodology

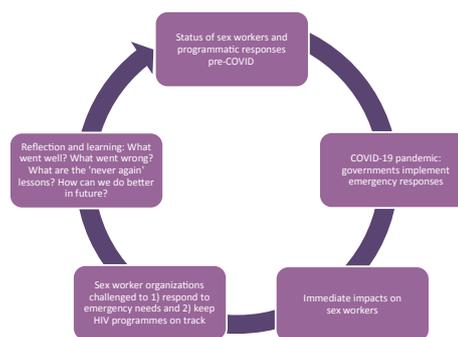
### 4.1 Approach and conceptual framework

This study examines the impact of the COVID-19 pandemic on three domains of sex workers' lives (livelihoods, human rights and health), as well as the

effect on the functioning and responsiveness of the organizations which provide services to sex workers (which may or may not be sex worker-led).

For the purpose of the study, the pre-condition is the status of sex workers' livelihoods, human rights and health, as well as the status of sex worker programming in the region prior to the onset of the COVID-19 pandemic.

Figure 1: Conceptual framework: Rapid Scoping Assessment of Impact of COVID-19 on Sex Workers



The three domains are as follows:

#### Livelihoods

While the enquiry was open-ended to allow for unanticipated responses, it was assumed that responses would be clustered in the following areas:

- Working conditions: The extent to which there have been changes in sex workers' ability to work; changes in work venues; and the impact on the number of clients and amounts paid by clients.
- Living conditions: Impact on housing; food security; sex workers' ability to care for their dependents; migration and mobility.
- Access to relief and social protections: Ability to access government relief efforts; ability to access official social protections (e.g. unemployment insurance, social grants).

#### Human Rights

As above, while the enquiry was open-ended, it anticipated that the focus would be on previously documented human rights abuses against sex workers:<sup>41,42</sup>

- The right to life
- The right to liberty and security of person

<sup>41</sup> Open Society Foundation (2011). Common Human Rights Violations Experienced by Sex Workers, Public Health Fact Sheet. Available at: <https://www.opensocietyfoundations.org/uploads/b86967d8-48c9-48b2-a076-0b0208d1235b/common-human-rights-violations-experienced-by-sex-workers-english-20110831.pdf>

<sup>42</sup> Mgbako, C. (2020). The Mainstreaming of Sex Workers' Rights as Human Rights, 43 Harv. J. L. & Gender 92. Available at: [https://ir.lawnet.fordham.edu/faculty\\_scholarship/1092](https://ir.lawnet.fordham.edu/faculty_scholarship/1092)

- The right to freedom from discrimination
- The right to freedom from gender-based violence
- The right to social security
- The right to an adequate standard of living, including adequate food, clothing and housing
- The right to the enjoyment of the highest attainable standard of physical and mental health

## Health

Health enquiries focused on two areas:

- Whether sex workers have experienced increased vulnerability to COVID-19
- The impact of the pandemic on the sexual and reproductive health and rights of sex workers, with particular reference to the immediate and long-term impact on HIV.

## Organizations

The focus was on the following areas:

- How has COVID-19 affected the functioning of sex worker organizations?
- To what extent did experience gained in HIV programming prepare sex worker organizations for responding to COVID?
- To what extent have sex worker organizations adapted to respond to sex workers' emergency needs under COVID?
- To what extent, and how, have organizations been able to ensure that services for HIV, SRH and other non-COVID conditions are maintained?
- To what extent, and how, have organizations been able to ensure that any other services provided to sex workers are maintained, e.g. human rights defence, stigma and discrimination reduction, access to justice, economic empowerment etc.?
- How have sex worker organizations and donors engaged to ensure that funding is made available to meet sex workers' emergency needs while at the same time ensuring that normal services are maintained?

The study also critically reflected on the response, asking the following questions:

- How timely was the response?
- How appropriate was the response?
- Was the scale of the response sufficient?
- Was the response effective?
- If there were barriers to responding quickly, what were these barriers (e.g. organizational; programmatic; funding; legal/regulatory)?

The study then considered lessons learned in the following areas:

- For immediate implementation to mitigate the continuing impact of COVID-19
- To prepare better throughout the stages of future health emergencies (anticipation; early detection; containment; recovery).



## 4.2 Data collection

Data collection involved the following steps:

- a) **Desk review:** The desk review involved an Internet search, as well as requests for literature via networks of sex worker and key population health and human rights organizations. The Internet search used combinations of key words, including 'sex work/sex workers', 'COVID-19', 'Ebola', 'humanitarian', and 'social protection'. Due to the recency of the COVID-19 pandemic, much of the literature is classified as grey – that is news reports, advocacy reports, results of rapid surveys, webinar recordings etc.
- b) **Key informant interviews:** A total of 17 interviews were conducted, in which 21 respondents participated. Key informants were drawn from the 23 countries in the ESA region, with the exception of one interview which was conducted with a respondent based in UNFPA Asia Pacific. This was done to identify lessons learned and good practices from outside of ESA which have the potential to be applied in the region. In sampling, an attempt was made to ensure that key informants represented as many countries in the region as possible and were inclusive of countries where the region's three major languages are spoken (English, French, Portuguese).

Key informants represented sex worker-led organizations and networks, organizations providing services to sex workers, development partners, researchers, regional or global advocacy organizations, and donors. Attempts to get responses from government representatives were unsuccessful.

Key informants were selected based on their knowledge, expertise, experience and interest in the subject of sex workers' health, rights and livelihoods, and how these have been affected by COVID-19. The literature review also guided the selection of key informants by highlighting

organizations that have already engaged with the media, conducted research or launched advocacy campaigns on the topic. Finally, some key informants were identified or suggested during the presentation and discussion on the inception report. Priority was given to key informants who had direct experience of providing services to sex workers during the COVID-19 pandemic.

Finally, it was important that the study include the perspectives of sub-groups of sex workers who experience intersecting vulnerabilities, such as migrants; transgender; lesbian, bisexual or gay; people who use or inject drugs; and young sex workers (ages 18-24). Organizations that work with these groups were therefore included in the study.

Interviews took place virtually according to a semi-structured interview schedule. Interviews were conducted either in English or Swahili. When interviews were conducted in Swahili, interview notes were then translated into English.

- c) **Online survey:** An online survey (via [surveymonkey.com](https://www.surveymonkey.com)) was conducted to gather a broader number of responses from a greater diversity of stakeholders than could be reached through key informant interviews, thereby strengthening the reliability and generalisability of the findings. The online survey included the same question areas as the key informant interview schedule, slightly modified to enable written responses.

The survey was circulated to a range of stakeholder groups, including member organizations of the African Sex Worker Alliance, organizations providing services to sex workers, researchers, advocacy organizations, UN partners, and government representatives from all countries in the East and Southern Africa region. The researchers have a history of working in the field of sex workers' health and human rights in East and Southern Africa; therefore,

the survey was circulated via their professional networks and via email listservs concerned with sex workers' health and human rights. Respondents were also invited to forward the survey to their networks to maximize its reach.

Sixty-nine respondents from a range of ESA countries replied, including – in descending order of frequency – Kenya, South Africa, Zimbabwe, Malawi, Uganda, Tanzania, Burundi, Eswatini, Lesotho, Eritrea, Seychelles, and Botswana.

Respondents included board members, executive directors, programme and project managers, site coordinators, paralegals, outreach workers, peer educators and members of sex worker networks.

### 4.3 Data analysis

Data from the key informant interviews and online survey were reviewed and organized in response to the study's conceptual framework. The interview and survey responses were then subjected to qualitative content analysis. During this process, interview and survey responses were coded/categorized separately. For the three domains which were the focus of the study (livelihoods, health and human rights), the frequency of the different categories of responses to the survey questions was then quantified.

Thereafter data from the key informant interviews and online survey were reviewed to identify the most common themes. Less common themes were also included in the analysis, where they provided alternative viewpoints or modifications of the main themes. Once the preliminary findings were generated, these were triangulated with sources from the literature, which enabled further interpretation, contextualisation and analysis of the findings. This was an iterative process over several rounds of analysis.

### 4.4 Limitations

The study experienced some limitations. Firstly, the key informant interviews were conducted in English

or Swahili, and the online survey was conducted only in English. Thus, respondents from Francophone and Lusophone countries were only able to participate if they spoke English. Francophone and Lusophone countries are therefore under-represented among respondents. There was only one survey respondent from the Indian Ocean Islands (Seychelles).

A second limitation is that some identified key informants did not respond to requests for interviews, while others responded after the deadline for conducting interviews had passed. This is a common challenge with such studies, and the researchers mitigated this risk by inviting more than the minimum number of key informants (12) planned during the inception phase. Twenty-four interviews were requested, of which 17 were conducted with 21 key informants, which is considered an adequate sample to permit the results to be triangulated with the desk-top review and the responses to the online survey. Additionally, two of the invited respondents completed the online survey instead of participating in interviews, thus still contributed to the study.

Lastly, the study was not able to obtain interviews with any government representatives. Government representatives with relevant knowledge and experience were identified but did not respond to requests for interviews. There were also no government representatives among the respondents to the online survey.

## 5. Findings

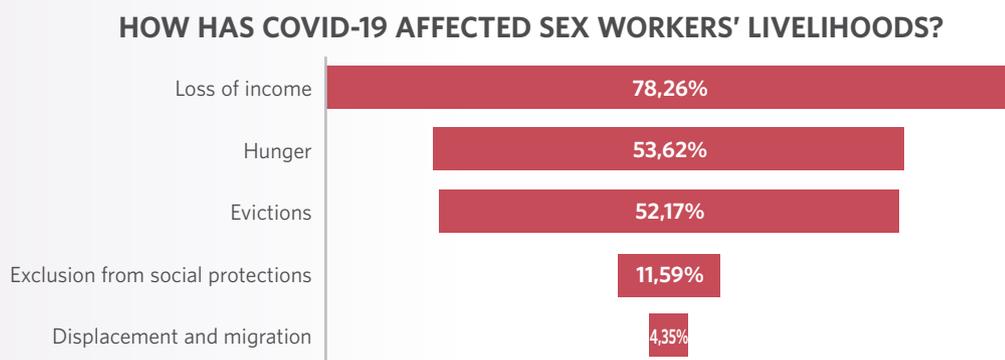
Participants throughout East and Southern Africa described the tremendous impact of COVID-19 on sex workers' livelihoods, human rights and health. Predominantly, the widespread hardship, disruption and violations of human rights were attributed not to the pandemic itself but rather to the various official containment measures, including lockdowns, social distancing measures, curfews and quarantine restrictions.

## 5.1 Impact on livelihoods

COVID-19 containment measures, in particular the widespread use of often protracted lockdowns, has had a devastating impact on the world's economies, with the World Health Organization (WHO) estimating that lockdowns may lead to a doubling of world poverty and child malnutrition.<sup>43</sup> For poor people, especially those in the informal economy, poverty contributes to COVID-19 risk by presenting impossible trade-offs between preventing disease by adhering to lockdown and social distancing measures and sustaining access to income, food and medicine.<sup>44</sup>

In this study, 78 per cent of respondents in the online survey (n=54) identified loss of income as the greatest challenge to livelihoods, as shown in Figure 2 below. Loss of income was linked to both food insecurity for sex workers and their dependents, mentioned by 53 per cent (n=37) and loss of housing, mentioned by 52.17 per cent (n=36). Other livelihood impacts included displacement or migration (4.35 per cent or n=3) and exclusion from social protection schemes and other relief efforts (11.59 per cent or n=8). These impacts are explored in more detail below.

Figure 2: Impact of COVID-19 on sex workers' livelihoods: frequency of responses



### 5.1.1 Impact on sex workers' working conditions

COVID-19 containment measures meant that sex workers could no longer operate normally and earn a living. Overnight, the entertainment venues where many sex workers met their clients – brothels, hotels, guest houses, bars and clubs – closed down. Dusk to dawn curfews in most countries meant that sex workers could not be seen on the streets in their

usual hotspots. Stay-at-home orders, the closure of borders, and restrictions on travel and movement of all except essential workers meant that not only could sex workers not travel to work but the number of their clients also reduced dramatically.

The inability to work and the consequent sudden and dramatic loss of income caused a crisis for which sex workers were unprepared.

### Key informant, KESWA, Kenya

*"COVID-19 hit Kenya as a surprise, and particularly for the sex workers who live on daily wages, once the country was out on lockdown and dusk-to-dawn curfew was imposed, leading to loss of income."*

<sup>43</sup> News.com.au (2020). Available at: <https://www.news.com.au/world/coronavirus/global/coronavirus-who-backflips-on-virus-stance-by-condemning-lockdowns/news-story/f2188f2aebff1b7b291b297731c3da74>

<sup>44</sup> Aristide, C., Okello, S., Bwana, M., Sledner, M. & Peck, R. (2020). Learning from People with HIV: Their Insights are Critical to Our Response to the Intersecting COVID-19 and HIV Pandemics in Africa, *AIDS and Behavior*, published online 30 June 2020. Available at: <https://doi.org/10.1007/s10461-020-02955-6>

## Key informant, Voice of our Voices, Eswatini

*“COVID-19 came as a surprise to everyone, but mostly for sex workers, as a majority live on daily wages.”*

## Survey respondent, Organization for Gender Empowerment and Rights Advocacy (OGERA), Uganda

*“COVID-19 has greatly affected sex workers, especially due to the fact that sex work as a job is at a standstill. It should be noted that most of our members depend heavily on sex work, a job that the pandemic has made impossible at the moment, and we can't predict when the business will resume as our clients have also been extremely impoverished and therefore can't choose pleasure over survival. Sex workers are left helpless with no income.”*

## Survey respondent, Centre for Human Rights Education Advice and Assistance (CHREAA), Malawi

*“Clients are few nowadays because they are afraid to go outside or they stay home, and another reason the measures that have been put in place like closing bars early, this has led to low and less income.”*

Even before COVID-19, sex workers were an economically vulnerable population, mostly working informally, living from day to day, often without savings or assets, and without the means to weather economic shocks.<sup>45</sup> A key informant from KESWA, Kenya, reported that the organization conducted a survey among their members, which found that 95 per cent of sex workers depend on sex work for a living and thus were left without any alternative source of income.

People working in the informal economy are especially vulnerable to impoverishment, hunger and disease, as they usually lack the necessary social protection coverage and support mechanisms if they lose their livelihoods. One survey respondent argued that sex workers are not unique in that the economic impact for most people in the region has been profound. Indeed, some 86 per cent of people in Africa work in the informal sector.<sup>46</sup> However, what is unique about sex workers is that while the International Labour Organization (ILO)

recognizes sex work as work,<sup>47</sup> this is not the case in the majority of countries where it is framed as a criminal activity. Criminalization made sex workers less likely to be included in any social protection measures and also exacerbated some of the negative effects on human rights and health, which are explored below.

In most countries, cities experienced a higher prevalence of COVID compared to semi-urban or rural areas, and therefore it was in the cities that lockdown measures were more heavily enforced and where the loss of income was felt most keenly. In response, many sex workers moved from urban areas back to their family villages in rural areas. Others sought work in rural or semi-urban areas where lockdowns and curfews were less stringently enforced. For example, according to a key informant from Médecins Sans Frontières, many sex workers from Tete, Mozambique, migrated to places where artisanal miners operate or sought clients among farm workers.

<sup>45</sup> NSWP (2015). Economic Empowerment Programmes for Sex Workers: Regional Report: Africa.

Available at: <https://www.nswp.org/sites/nswp.org/files/SUSO%20Report%20Africa.%20final%20EN.pdf>

<sup>46</sup> International Labour Organization (2018). Women and men in the informal economy: A statistical picture. Third edition.

Available at: [https://www.ilo.org/global/publications/books/WCMS\\_626831/lang--en/index.htm](https://www.ilo.org/global/publications/books/WCMS_626831/lang--en/index.htm)

<sup>47</sup> International Labour Organization (2010). Fifth item on the agenda: HIV/AIDS and the world of work - Report of the Committee on HIV/AIDS.

Available at: [https://www.ilo.org/ilc/ILCSessions/previous-sessions/99thSession/pr/WCMS\\_141773/lang--en/index.htm](https://www.ilo.org/ilc/ILCSessions/previous-sessions/99thSession/pr/WCMS_141773/lang--en/index.htm)

### Survey respondent, FHI360, Eswatini

*"COVID has negatively impacted female sex workers (FSWs) in my country because they can no longer do their work as usual due to fear of COVID. These FSWs have now relocated to rural areas because of lack of source of income in the urban areas because they don't have clients. FSW's clientele has also reduced because clients are also scared of contracting the coronavirus."*

### Survey respondent, FHI360, Malawi

*"In the cities, the income has reduced because this is where the pandemic hit harder than in the rural or semiurban areas, where life continued as normal because the rates of COVID were very low."*

### Survey respondent, Zimbabwe Rainbow Community, Zimbabwe

*"Sex workers were not able to work and this was their greatest challenge ever as they were trying and struggling to fend for their families, also they were unable to pay for rentals and it led them to be evicted by their landlords, and they had no option but to go back to their families or guardians where they were not accepted at all because of their profession."*

As a result of this economic hardship, some sex workers are forced to defy lockdown laws, or ignore social distancing guidelines, placing themselves at risk of infection from COVID-19, and arrest if caught.

Furthermore, economic hardship and precariousness compromised sex workers' ability to be selective about their clients, negotiate rates, or avoid risky sexual behaviour.

### Survey respondent, Centre for Positive Care, South Africa

*"It affected them in a very bad way, they were not getting income which led some of them to just accept anything that the client can offer, as little as R10 (0.61 US\$) per round."*

### Survey respondent, FHI360, Eswatini

*"Some try to continue with their work in odd hours, but are also being arrested by police who don't want to see FSWs along the streets, especially during this period."*

### Survey respondent, FHI360, Eswatini

*"Female sex workers have not been able to negotiate terms for sex because they are afraid of losing clients, but have engaged in sex without condoms just to have money."*

### Survey respondent, National Youth Information Centre, Tanzania

*"COVID-19 has affected the livelihoods of sex workers because some of their work stations (hotels, bars and recreational centres) were closed. Also the majority of customers could not reach them due to limited travels. As a result their earnings dropped dramatically to the extent that accessing food was not easy. For the few customers available, they paid less and demanded that sex workers must take all COVID precautions e.g. wearing a mask."*

### 5.1.2 Impact on sex workers' living conditions

The collapse of sex workers' incomes threatened their food and housing security. Many were unable to afford to feed themselves and their families. Since

many sex workers support dependents (for example, sex workers in South Africa support an average of four children or adult dependents<sup>48</sup>), not being able to provide food for their children was extremely stressful.

#### Survey respondent, Sisonke, South Africa

*"Sex workers struggled to have food and their kids could not afford to get basic resources for daily bodily needs."*

#### Survey respondent, East African Sex Worker Alliance, East Africa

*"Some of them live with their kids and other relatives in their tiny houses. Basically, most of them [are too poor to] afford daily balanced meals. Whether they live alone, in groups or with family members, they cannot afford safe and clean water, paying for operational bills as well as purchasing COVID-19 prevention kits such as N95 masks, gloves, sanitizer."*

Many sex workers faced eviction from their homes. Since many brothel-based sex workers also live at their workplaces, when these were closed by law enforcement, sex workers were forcibly evicted. In

many sex work venues, sex workers pay daily fees to brothel owners and, during the pandemic, with the drop in the number of clients, were unable to pay for their accommodation.

#### Survey respondent, OGERA, Uganda

*"Most of them have been thrown out of brothels since they can't afford the daily lodge/housing fees."*

In South Africa, the State of Disaster regulations forbade evictions, but some sex workers were evicted anyway. Sex Workers' Education and Advocacy Taskforce (SWEAT) reports that an evicted sex worker died of pneumonia after living on the streets

in winter. For those who were driven to the streets by homelessness, lack of support meant little safety or means to follow government COVID-19 guidelines and safety regulations.

#### Survey respondent, KESWA, Kenya

*"Since COVID-19 was announced here in Kenya in March [2020], many rules were tightened by government including the closure of bars, where all our hotspots were locked; this has made us have not enough food, our houses locked, and making many sex workers struggle to pay rents, whereby many have been thrown out with their children, making them sleep in the cold. And this has caused several rape cases."*

#### Survey respondent, Nkoko iju Africa, Kenya

*"Violence was high since most of the sex workers were desperate to get food, shelter, and people were taking advantage of [their] vulnerability...police arrested most of them, and forced them into quarantine."*

<sup>48</sup> Richter, M., Chersich M.F., Temmerman M., Luchters S., (2013). Characteristics, sexual behaviour and risk factors of female, male and transgender sex workers in South Africa, South African Medical Journal 103(4):246-251.

In Cape Town, South Africa, there is a sizeable population of homeless transgender sex workers, many of whom also use substances. All homeless people were encouraged by authorities to move to a large, overcrowded tented facility set up by the city officials on the outskirts of town. Outreach staff from key population organizations reported that they were not allowed into the facility, but that they received reports from their service-users that health and harm-reduction services were not provided in the camp.<sup>49</sup> The camp was later ordered to be shut down following an investigation by the South African Human Rights Commission, which stated that, "...the site is in gross violation of national and international human rights and must be closed down with immediate effect."<sup>50</sup>

A key informant from the Triangle Project, an LGBT community organization that provided services to transgender sex workers who opted to stay on the streets, reported that two women, who were already living with HIV and TB, developed severe diarrhoea as a result of the deteriorating conditions. The first woman died on the way to hospital. The second was refused admission at a public hospital in the city and had to travel to another town to be admitted, where she died sometime later.

### 5.1.3 Access to social protection

To mitigate the impact of the closure of business entities, several governments, charities and development partners provided some form of social protection in the form of grants, vouchers, food parcels and other relief to the most vulnerable communities. However, sex workers, who remain marginalized and criminalized in almost all countries in the region, often had challenges accessing this support. Challenges included lack of information, stigma and discrimination, and lack of identity documents or proof of address. Where unemployment insurance funds exist, sex workers could not access these as their work is illegal and not recognized.

Several key informants and survey respondents highlighted that migrant sex workers were particularly severely affected by the loss of income. With the closure of borders, they were unable to return home, and social protection and relief efforts were often only eligible to citizens. In South Africa, the government instituted a temporary basic income grant: initially, this was only available for South Africans; however, after advocacy by non-governmental organizations (NGOs), the government eventually extended the grant to migrants.<sup>51</sup>

#### Survey respondent, Pow Wow, Zimbabwe

*"A lot of stigma and discrimination has been directed to sex workers as they are being excluded in national schemes that are offering relief, and in community engagements sex workers are left out as they are seen as people who are not able to make decisions within the community."*

#### Survey respondent, Nkoku iju Africa, Kenya

*"In the county, job stigma (against sex workers) was high because they never accepted to give them food rations because they were sex workers."*

#### Key informant, KESWA, Kenya

*"A sex worker in Kayole (Kenya) was attacked by an angry mob of women while waiting in line for food distribution at the chief's camp. The women outed (publicly identified) her as a sex worker and she was beaten, and [they] broke her arm. She did not receive the relief food."*

<sup>49</sup> Key informant, Triangle Project; Key informant, NACOSA.

<sup>50</sup> South African Human Rights Commission (2020). Independent Assessment of COVID-19 Saturday 11th April 2020 Shelter for Street-based People, Strandfontein, 11 April, 2020.

<sup>51</sup> Key informant, Frontline AIDS.

**Survey respondent, Sisonke, South Africa**

"Government relief efforts initially ignored sex workers entirely, being focused on formal and legal employment. When the universal grant for unemployed people was introduced, it helped a small number, but for most, their applications were never successful."

**Survey respondent, FHI360, Botswana**

"Foreign sex workers (and some locals) complained about social welfare programmes not reaching them, such as food baskets. Also, government programmes are not easily accessible for marginalized populations, who need documentation (valid ID, proof of citizenship) to access them."

**MESSAGE TO SEX WORKERS TO PROTECT THEMSELVES AGAINST CORONA VIRUS**

*If one of your clients shows the following signs:*

- ♥ He has a high fever;
- ♥ He has a strong flu;

*Or if you need reliable information call these numbers*

**CALL THESE NUMBERS**  
101, 109 ao 110

*For those living in East of DRC*  
**CALL +243891939999**

**WASH HANDS REGULARLY WITH SOAP**

**DON'T SALUTE LIKE THAT ANYMORE**

**COUGH INTO THE CREASE OF YOUR ELBOW OR UNDER A DISPOSABLE HANDKERCHIEF**

**STAY AWAY FROM PEOPLE OR WEAR A MASK**

**NO MORE HUGGING OUR CUSTOMERS**

**DIFFERENT WAYS OF GREETING PEOPLE TO AVOID COVID-19**

**HAVE SEX LIKE THIS**

**SPREADSHEET**

*This poster is made by HODSAS, UMANDE with the advice of ACODHU-TS for sensitization of Sex Workers in this period of COVID-19 around DRCongo. @March2020*

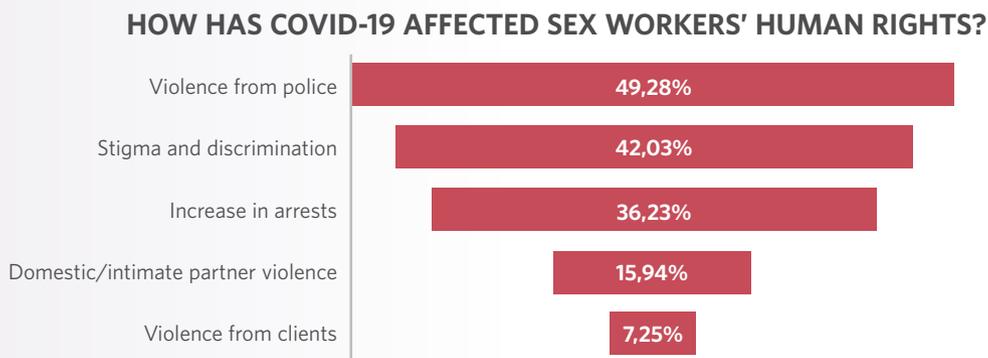
Finally, unsurprisingly, sex workers reported that ballooning unemployment and poverty has led to an increase of new entrants into the sex industry.<sup>52</sup> This finding is supported by research showing that, historically, economic crises have increased entry into sex work.<sup>53</sup>

## 5.2 Impact on human rights

The study revealed widespread concerns about violations of sex workers' rights which occurred during, and as a result of, COVID-related containment measures. In response to the open-ended question, "How has COVID-19 affected sex workers' human

rights?", the most prevalent concern was violence from police (including murder, assault, rape, harassment and extortion), mentioned by 49 per cent of survey respondents (n=34). Respondents also cited an increase in stigma and discrimination towards sex workers (42 per cent or n=29), as well as an increase in arrests (including arbitrary or unlawful arrest) (36 per cent, n=25). Other human rights violations included a rise in gender-based violence (including domestic or intimate partner violence); and physical, sexual or economic violence from clients. Violations of socio-economic and health rights were also documented.

Figure 3: Impact of COVID-19 on sex workers' human rights: frequency of responses



From a human rights perspective, the fact that states promulgated States of Emergency or States of Disaster to mitigate the impact of COVID-19 can be argued to be in line with their commitments in international human rights treaties to protect the right to health of their citizens. For example, most ESA countries are state parties to the International Covenant on Economic, Social and Cultural Rights (ICESR), which in Article 12 obliges states to take steps for the "prevention, treatment and control of epidemic ... and other diseases".

However, the International Covenant on Civil and Political Rights stresses that:

"In time of public emergency which threatens the life of the nation and the existence of which is officially

proclaimed, the state parties to the present Covenant may take measures derogating from their obligations under the present Covenant to the extent strictly required by the exigencies of the situation, provided that such measures are not inconsistent with their other obligations under international law and do not involve discrimination solely on the ground of race, colour, sex, language, religion or social origin".

In the context of the COVID-19 pandemic, the United Nations has stressed that states should ensure that "any emergency measures — including states of emergency — are legal, proportionate, necessary and non-discriminatory, have a specific focus and duration, and take the least intrusive approach possible to protect public health."<sup>54</sup>

<sup>52</sup> Key informant, Women with Dignity, Tanzania.

<sup>53</sup> Dupas, P. & Robinson, J. (2012). The (hidden) costs of political instability: Evidence from Kenya's 2007 election crisis. *Journal of Development Economics* 99 (2012) 314–329.

<sup>54</sup> United Nations (2020). Available at: <https://www.un.org/en/un-coronavirus-communications-team/we-are-all-together-human-rights-and-covid-19-response-and>

In contrast to these obligations, this study found that emergency measures allowed unacceptable human rights violations to be perpetrated against sex workers and that these measures were disproportionate, discriminatory and intrusive. The specific human rights for which violations were documented included:

- The right to life
- The right to liberty and security of person
- The right to freedom from discrimination
- The right to freedom from gender-based violence
- The right to social security
- The right to an adequate standard of living, including adequate food, clothing and housing
- The right to the enjoyment of the highest attainable standard of physical and mental health

These rights violations will be discussed below.

### 5.2.1 The right to life

Article 6 of the ICCPR states that “Every human being has the inherent right to life. This right shall be protected by law. No one shall be arbitrarily deprived of his life”. All countries in East and Southern Africa, with the exception of South Sudan, are state parties to the ICCPR.

In the course of this study, key informants and survey respondents spoke of sex workers who had died during COVID-19. Nineteen sex workers who were specifically mentioned as having died since the start of the pandemic are recognized in the acknowledgements at the beginning of this report. As far as possible, details of the causes and circumstances of sex workers’ death were sought, although these could not always be obtained. While some of the deaths were due to natural causes, unlinked to COVID-19 containment measures, many were due to COVID-19 containment measures. At least one sex worker died while in police custody

or allegedly due to police action. In South Africa, transgender sex work activist, Robyn Montsumi, died in police cells on 12 April 2020, three days after being arrested for drug possession. Her death is being investigated by the Independent Police Investigative Directorate (IPID) and the South African Human Rights Commission.<sup>55</sup>

Also in South Africa, as noted above, a sex worker died of pneumonia after being illegally evicted from her home during winter.<sup>56</sup> At least three sex workers died from HIV<sup>57</sup> (discussed in more detail in Section 5.3.2. below). Another two sex workers were allegedly murdered by clients, one in Mozambique and one in Kenya. Also in Kenya, two sex workers were allegedly killed by their partners. The first, who moved in with her boyfriend during lockdown, was found mutilated and her daughter beheaded. The other, from Webuye, Western Kenya, also moved in with her boyfriend, who did not know she was a sex worker. When he found out, he allegedly beat her so severely that she bled to death on her way to hospital.<sup>58</sup>

### 5.2.2 The right to liberty and security of person

Article 9 of the ICCPR states that “Everyone has the right to liberty and security of person. No one shall be subjected to arbitrary arrest or detention. No one shall be deprived of his liberty except on such grounds and in accordance with such procedure as are established by law”. ‘Security of person’ is a concept which concerns “freedom from injury to the body and the mind, or bodily and mental integrity”.<sup>59</sup>

Two of the top three human rights violations mentioned in the online survey were ‘police violence’ and ‘increases in arrests’. Throughout the region, sex workers experienced an increase in violence from police and the military, including assault, torture, rape, harassment, extortion and requests for bribes. Human rights violations against sex workers in ESA

<sup>55</sup> <https://therustintimes.com/2020/06/11/in-south-africa-elma-montsumi-a-queer-sex-worker-dies-in-police-custody-activists-demand-investigations/>

<sup>56</sup> Survey respondent, SWEAT, South Africa.

<sup>57</sup> Key informants from CHERA, Malawi; Women with Dignity, Tanzania, Médecins Sans Frontières, Mozambique.

<sup>58</sup> Key informant, KESWA, Kenya.

<sup>59</sup> United Nations, Human Rights Committee (2014). *General Comment No. 35: Article 9 (Liberty and security of person)*. 16 December. CCPR/C/GC/35.

by police are nothing new.<sup>60</sup> However, participants described how emergency regulations, and the increase in police and military presence, caused an increase in these violations. In a survey conducted by the African Sex Worker Alliance (ASWA) among its network members, in response to a question as to how often they heard about cases of violence against sex workers during the COVID-19 pandemic, 63 per cent replied 'every day', and 22 per cent replied 'a few

times per week'.<sup>61</sup> Alarming, a key informant from Care for Basotho, Lesotho, reported that it was not only sex workers but also peer educators attempting to deliver services who were beaten by police. In Kenya, KESWA recorded 800 cases of sex workers being arrested over a two-month period from March to May 2020, with about 400 placed in quarantine centres, accused of violating social distancing restrictions.<sup>62</sup>

The quotes below give a sense of the range of experiences:

#### Survey respondent, UNFPA, Lesotho

*"There was increased presence of the military that tortured them and even had forced sex with them."*

#### Survey respondent, Zimbabwe Rainbow Community, Zimbabwe

*"The harassment from the police...is worse. They could just harass someone simply because of what they are wearing, and they took advantage of the lockdown to violate human rights in so many ways and making people pay or [be] arrested."*

#### Survey respondent, SWEAT, South Africa

*"The lockdown gave the police and army wide-ranging powers to police the curfew and other issues like social distancing etc... they used this to full effect and at times seemed to consider themselves beyond any oversight. We had multiple cases of police harassments, unlawful arrest and of course the tragic death of Robyn Montsumi in the Mowbray police station."*

#### Survey respondent, Centre for Positive Care, South Africa

*"Police harassment...was high due to the fact that most police know these sex workers and where they stay. They were followed to their places and police will demand either money or sex."*

#### Survey respondent, Kiambu Sex Workers Association, Kenya

*"Police arrests, assaults, rape, sex with no pay, lodges broken into by police while sex workers are selling sex, and in some cases sex workers have been killed."*

#### Survey respondent, Transgender Equality Uganda, Uganda

*"Some members were arrested by police and they accused them of staying together, yet they would not afford renting independent houses."*

<sup>60</sup> ASWA (2019). Every sex worker has a story to tell about violence: Violence against sex workers in Africa.

Available at: <https://www.nswp.org/resource/member-publications/every-sex-worker-has-got-story-tell-about-violence-violence-against-sex>

<sup>61</sup> ASWA (2020). COVID-19 survey, unpublished.

<sup>62</sup> Bhalla, N. (2020). 'Hunger or murder': Lockdown poverty exposes African sex workers to more violence, Reuters, 4 June 2020. Available at: <https://www.reuters.com/article/us-health-coronavirus-women-sexworkers/hunger-or-murder-lockdown-poverty-exposes-african-sex-workers-to-more-violence-idUSKBN23BOCS>

In addition to violence from police, sex workers also experienced a rise in physical, sexual and economic violence from their clients, who took advantage of their precarious economic and legal position.

#### Key informant, ZIMSWA, Zimbabwe

*"A notable predicament that sex workers faced during COVID was that clients manipulated them for free services as they knew that business had gone, and some even stole from them knowing that they will not be able to report anyway because of the lockdowns."*

#### Key informant, FHI360, Eswatini

*"Violence has increased for female sex workers because they can no longer determine the price for clients; sometimes the clients abuse them just to have money for essentials."*

#### Survey respondent, Centre for Positive Care, South Africa

*"Clients...took advantage of the situation to utilize their services and refuse to pay. Some sex workers go to them hungry with no place to stay."*

### 5.2.3 The right to freedom from discrimination

The right to freedom from discrimination is contained in Article 26 of the ICCPR, which states that "the law shall prohibit any discrimination and guarantee to all persons equal and effective protection against discrimination on any ground such as race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status".

Sex workers' rights advocates have long argued that the principles and legal protections enshrined in international human rights treaties and instruments apply to sex workers, including the right to freedom from discrimination.<sup>63</sup>

Unfortunately, reminiscent of the scapegoating which sex workers experienced during the HIV epidemic, they were once again accused of being the vectors of disease, in this case, COVID-19. For example, numerous key informants and survey respondents from sex worker-led organizations asserted that sex workers were blamed on social media, in their communities, and even by some political leaders for

being responsible for the spread of COVID-19 (see quotes below). These reports of elevated stigma have been confirmed by Kimani et al (2020), who assert that:

*"This prior history of HIV stigma has made sex workers in the time of COVID-19 the ready-made scapegoats for the spread of the virus, with accusations of blame as drivers of the epidemic being hurled at them by their neighbours in the crowded contexts of informal settlements. In this way, COVID-19 reinforces and deepens pre-existing stigmas that sex workers already suffer, while also undermining the effectiveness of current HIV anti-stigma campaigns that are crucial for improving and maintaining access to sexual health services."<sup>64</sup>*

Respondents reported that stigma and discrimination towards sex workers were compounded when sex workers also belonged to other marginalized groups, including gays and lesbians, transgender people, and foreign migrants, a trend which has also been observed elsewhere in the world.<sup>65</sup> Some examples cited by respondents in the study include:

<sup>63</sup> Mgbako, C. (2020). The Mainstreaming of Sex Workers' Rights as Human Rights, 43 Harv. J. L. & Gender 92.

Available at: [https://ir.lawnet.fordham.edu/faculty\\_scholarship/1092](https://ir.lawnet.fordham.edu/faculty_scholarship/1092)

<sup>64</sup> Kimani, J., Adhiambo, J., Kasiba, R., Mwangi, P., Were, V. et al (2020). The effects of COVID-19 on the health and socio-economic security of sex workers in Nairobi, Kenya: Emerging intersections with HIV, *Global Public Health*,15:7, 1073-1082, DOI: 10.1080/17441692.2020.1770831.

<sup>65</sup> Logie CH.(2020). Lessons learned from HIV can inform our approach to COVID-19 stigma. *J Int AIDS Soc*;23:e25504.

**Key informant, East African Sex Worker Alliance (EASWA), East Africa**

*"Most of the people are ignorant on COVID-19 therefore leading them to say that sex workers are responsible for the rise of the disease. As a result, violence has been happening in public as well as health care centres, especially when those people attending to them know that they are sex workers."*

**Survey respondent, Centre for Human Rights and Rehabilitation, Malawi**

*"There has been an increase in stigma and discrimination as [sex workers] are seen to be agents of COVID-19."*

**Survey respondent, National Youth Information Centre, Tanzania**

*"There has been a great challenge of high stigmatization especially to the LGBT community who are sex workers as well."*

**Survey respondent, Tororo Forum for People Living with HIV Network, Uganda**

*"They were stigmatized, including the president calling them 'idiots'."*

**Survey respondent, Zimbabwe Rainbow Community, Zimbabwe**

*"During the beginning of the pandemic, the government ministers discriminated sex workers as most at risk of spreading the disease."*

**Survey respondent, Smart Ladies Women Group, Kenya**

*"There was a high level of stigma from the community and family due to relocation back home."*

**Survey respondent, EASWA, East Africa**

*"Bad enough that the level of stigma and discrimination around our East African countries is high, [but] it increases day by day. The hatred [is] everywhere especially [on] social media [where it is claimed] that sex workers are the reason why the globe is going through this disease. This makes many of us to not get supported by our communities."*



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As one of the survey respondents above highlighted, stigma and discrimination were also experienced while seeking health care. This is discussed in more detail in Section 5.3. below.

#### 5.2.4 The right to freedom from gender-based violence

All countries in East and Southern Africa are state parties to the Convention on the Elimination of All Forms of Discrimination against Women (the CEDAW Convention). The Committee on the Elimination of Discrimination against Women (the CEDAW Committee) has emphasized that states parties to the CEDAW Convention have an obligation to protect women from gender-based violence, including domestic violence.<sup>66,67</sup>

For many sex workers, having to move in with their families, or being locked down with their intimate partners, brought challenges. The surge in intimate partner violence during COVID-19 has been widely reported as a global phenomenon.<sup>68</sup> Under normal circumstances, sex workers in East and Southern Africa experience high rates of intimate partner violence,<sup>69,70,71</sup> and in the pressure-cooker context of lockdowns, with all the associated frustrations that stem from a lack of income, this was exacerbated. Two cases of Kenyan sex workers who were allegedly murdered by their intimate partners have already been described above. Other examples were described by participants:

#### Key informant, Zimbabwe Rainbow Community, Zimbabwe

*"COVID-19 has made things worse as some people were forced to stay with their abusers. The rate of violence escalated. Violence was not mainly coming from clients, but from partners, parents, guardians, the community. We have recorded cases of violence be it sexual and physical violence."*

#### Key informant, Zimbabwe Rainbow Community, Zimbabwe

*"There were increases in intimate partner violence among male sex workers and their partners due to the prolonged time people spent together. Suicidal cases increased."*

#### Key informant, Centre for Positive Care, South Africa

*"Gender-based violence rate was very high especially from their partners who demanded that they must go and work even when movement was restricted. If they refused, they were beaten."*

#### 5.2.5 The right to social security

Article 9 of the International Covenant on Economic, Social and Cultural Rights (ICESR) states that "State Parties to the present Covenant recognize the right of everyone to social security, including social insurance".<sup>72</sup> All countries in East and Southern Africa are state parties to the ICESR, with the exceptions of Botswana, Mozambique and South Sudan.

<sup>66</sup> Committee on the Elimination of Discrimination against Women (1993). *General Recommendation 19, Violence against women* (Eleventh session, 1992), U.N. Doc. A/47/38 at 1. Available at: [https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1\\_Global/INT\\_CEDAW\\_GEC\\_3731\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/INT_CEDAW_GEC_3731_E.pdf)

<sup>67</sup> Committee on the Elimination of Discrimination against Women (2017). *General Recommendation 35 on gender-based violence against women*. Available at: <https://www.ohchr.org/en/hrbodies/cedaw/pages/gr35.aspx>

<sup>68</sup> UNDP (2020). *UNDP brief: Gender-based violence and COVID-19*. Available at: <https://www.undp.org/content/undp/en/home/librarypage/womens-empowerment/gender-based-violence-and-covid-19.html>

<sup>69</sup> Coetzee, J., Gray, G. E., & Jewkes, R. (2017). Prevalence and patterns of victimization and polyvictimization among female sex workers in Soweto, a South African township: a cross-sectional, respondent-driven sampling study. *Global health action*, 10(1), 1403815. <https://doi.org/10.1080/16549716.2017.1403815>

<sup>70</sup> Luchters, S., Richter, M. L., Bosire, W., Nelson, G., Kingola, N., Zhang, X., Temmerman, M. & Chersich, M. F. (2013). The Contribution of Emotional Partners to Sexual Risk Taking and Violence among Female Sex Workers in Mombasa, Kenya: A Cohort Study. *PLoS ONE*, 8(8), e68855. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0068855>

<sup>71</sup> Berger, B. O., Grosso, A., Adams, D., Ketende, S., Sithole, B., Mabuza, X., Mavimbela, M. & Baral, S. (2018). The Prevalence and Correlates of Physical and Sexual Violence Affecting Female Sex Workers in Swaziland. *Journal of Interpersonal Violence*, 33(17), 2745–2766. <https://doi.org/10.1177/0886260516629385>

<sup>72</sup> United Nations. *International Covenant on Economic, Social and Cultural Rights*. Available at: <https://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>

While all countries in the region may be constrained by resources to meeting the full realization of socio-economic rights, the concept of progressive realization means that they have an immediate obligation to take appropriate steps towards the realization of these rights to the maximum of their available resources. Furthermore, there should be no discrimination with regards to socio-economic rights. In Section 5.1.3. above, we discussed how sex workers were excluded from government social security and social protection provisions implemented to relieve the economic burden of COVID-19.

### **5.2.6 The right to an adequate standard of living, including adequate food, clothing and housing**

The ICESR also states, under Article 11, that “States Parties to the present Covenant recognize the right of everyone to an adequate standard of living for himself and his family, including adequate food, clothing and housing”. As discussed above, states failed to uphold sex workers’ rights to an ‘adequate standard of living’ during the COVID-19 pandemic, with many sex workers and their children unable to afford food and other basic necessities and many being deprived of their accommodation.

### **5.2.7 The right to the enjoyment of the highest attainable standard of physical and mental health**

Article 12 of the ICESR guarantees the right to “the enjoyment of the highest attainable standard of physical and mental health”.<sup>73</sup> This includes, as mentioned above, the right to “the prevention, treatment and control of epidemic, endemic, occupational and other diseases”. Unfortunately, it would seem that measures to control one epidemic - COVID-19 - have been at the expense of other epidemics, including HIV and TB. The ICESR also states that the right to health includes “the creation of conditions which would assure to all medical service

and medical attention in the event of sickness”. Again, COVID-19 containment measures resulted in sex workers being denied medical services and attention when they sought them. Challenges relating to sex workers’ health are discussed below.

## **5.3 Impact on health care**

During the COVID-19 pandemic, while public health facilities stayed open in many countries, they reoriented their services to gear up for the anticipated rise in COVID-19 infections, reducing all but emergency health services. The study found that numerous challenges relating to access to health care were experienced by sex workers. Surprisingly, sex workers’ risk of contracting COVID-19 was not mentioned by many of the key informants, even though the nature of sex work makes it highly risky for COVID-19 transmission. Although the correlation between HIV and coronavirus is an emerging science, preliminary (not yet peer-reviewed) findings suggest that people living with HIV are at increased risk of mortality from coronavirus.<sup>74</sup> Given the high HIV prevalence rates among sex workers, it is important that sex workers be supported to protect themselves from contracting COVID-19. As one of the survey respondents said:

#### **Survey respondent, FHI360, Malawi**

*“Most of the sex workers have underlying conditions (i.e. HIV positive). Although health services remained accessible throughout the partial lockdown, sex workers were at a heightened risk of acquiring COVID-19 than the general population.”*

Some survey respondents mentioned that sex workers were unable to afford the preventative measures to protect them from COVID-19, including face masks and hand sanitizer, while many lacked access to running water.

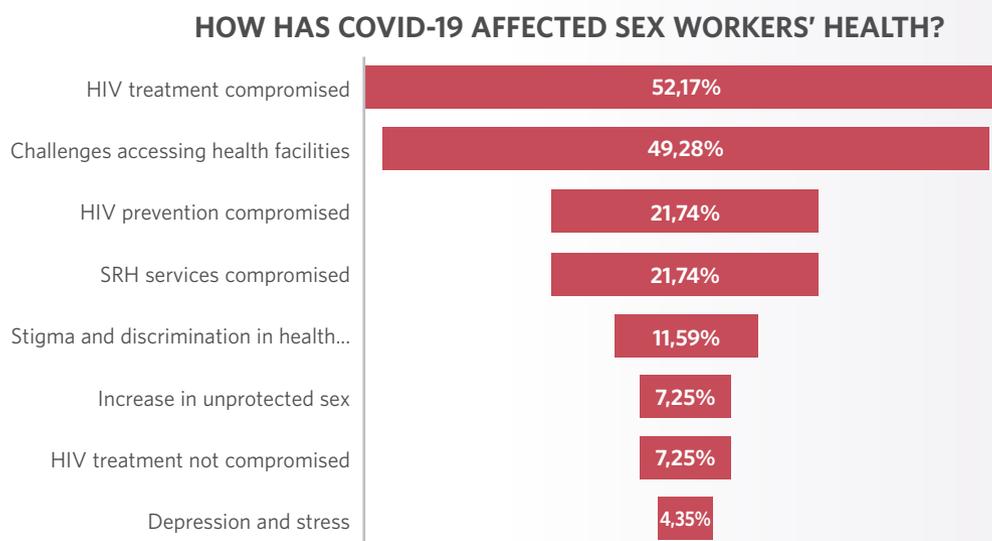
<sup>73</sup> Ibid.

<sup>74</sup> ABloomberg Law (2020). HIV Boosts Coronavirus Death Risk Threefold, Data Show.

Available at: <https://news.bloomberglaw.com/health-law-and-business/hiv-raises-coronavirus-death-risk-south-african-data-shows>

As will be seen in the next section, many sex worker programmes disseminated information to sex workers about COVID-19 and how they could protect themselves and their clients. However, for participants in this study, COVID-19 itself was not the greatest impact of the pandemic, but rather how COVID-19 containment measures affected access to health care for other health issues, primarily HIV and sexual and reproductive health.

Figure 4: Impact of COVID-19 on sex workers' health: frequency of responses



### 5.3.1 Challenges accessing health care

Participants described the challenges that sex workers faced in accessing health care for acute or chronic non-COVID-19 health conditions due to COVID-19 containment measures. Some 49 per cent of survey respondents spoke of difficulties in accessing health facilities, while 12 per cent referred to stigma and discrimination in health care facilities, with fatal consequences in some cases:

#### Survey respondent, SWEAT, South Africa

*"There were several...deaths from non-COVID-related issues seemingly related to access to care, the lockdown and general breakdown in support structures."*

Some of the difficulties in accessing health care related to operational barriers at the facilities themselves, including the fact that they ceased to offer their usual range of services, or were short-staffed, or else staff lacked adequate PPE.

#### Key informant, UNFPA, Zimbabwe

*"Initially, staff didn't have PPE, so they couldn't operate while [the] procurement [process] was taking place. [As a result] health centres are still operating below normal capacity."*

Other challenges related to sex workers being denied access to health facilities for various reasons, including not being able to afford user fees, or sex workers not being able to afford to buy masks, or lacking identity documents or being non-citizens, as the following examples demonstrate:

#### Peer Educator, Médecins Sans Frontières, Malawi

*"They are not able to access medical health services because to enter the gate for the hospital they need ID [identity document] that many sex workers don't have. For instance, what happened here in our workplace - a sex worker was pregnant and the time to deliver came. When she went to the hospital gate, they chased her*

**Peer Educator, Médecins Sans Frontières, Malawi *contd.***

*away [and said] she must enter with ID, or she is not a Malawian. She went back and met us at our office, where suddenly the time to deliver came, and she delivered a baby in our office."*

**Survey respondent, Pow Wow, Zimbabwe**

*"Some have not at all been able to access services due to the high user fees at local and government clinics."*

**Survey respondent, EMACK, Kenya**

*"There was a time we couldn't even go to the health facilities because you needed to have a mask and some of us can't even afford one. Sometimes nowadays we go to the health facilities and they are saying no ARVs. We are just surviving by God's grace."*

Other challenges in accessing health facilities included restrictions on movement or inability to afford transport due to a combination of declining income and rising transport costs.

**Key informant, ZIMSWA, Zimbabwe**

*"Most defaulted because of being turned away by law enforcement agents because one had no exemption letter to pass."*

**Key informant, Voice of our Voices, Eswatini**

*"Sex workers on care could not afford transport to go to the health care facilities to refill their drugs, the transport industry was affected; this led to hiked prices that sex worker could not afford because they were not earning that daily income."*

**Survey respondent, KESWA, Kenya**

*"Since there have been difficulties in terms of finances a sex worker would feel it hard to go for her medication because modes of transport became a bit expensive by double price."*

Finally, sex workers themselves were sometimes reluctant to leave their homes and go to health facilities for fear of being exposed to COVID-19:

**Survey respondent, Transgender Equality Uganda, Uganda**

*"Concerns about potential exposure to COVID-19 in health facilities is also leading to interruptions in treatment and other essential services for trans women members."*

**Survey respondent, National Youth Information Centre, Tanzania**

*"It affected them because they feared going to health facilities fearing that they may contract COVID-19. Some of them stopped collecting their ARVs in fear of COVID-19."*

Stigma and discrimination towards sex workers in health facilities are not new. Previous research has found that actual and anticipated stigma deters sex workers in East and Southern Africa from attending health services.<sup>75,76,77</sup> During the pandemic, sex workers continued to experience stigma and discrimination at health facilities, including being stigmatized as vectors of COVID-19:

**Survey respondent, Sisonke, South Africa**

*"There have been remarks, 'Don't bring your corona here' when sex workers have gone to clinics."*

**Survey respondent, Transgender Equality Uganda, Uganda**

*"Stigma and discrimination experienced by trans women in health care settings limit access to and uptake of HIV services and is also affecting their access to COVID-19-related services."*

**5.3.2 Findings on access to HIV and SRH services**

Sexual and reproductive health issues are major occupational health risks for sex workers, many of whom are at increased risk for HIV, STIs and cervical

<sup>75</sup> DUBY Z, NKOSI B, SCHEIBE A, BROWN B, BEKKER L-G. (2018). 'Scared of going to the clinic': Contextualising healthcare access for men who have sex with men, female sex workers and people who use drugs in two South African cities. *S Afr J HIV Med.* 2018;19(1), a701. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5843994/>

<sup>76</sup> NYBLADE, L., REDDY A., MBOTE D., KRAEMER J., STOCKTON M., KEMUNTO C., KROTKI K., MORLA J., NJUGUNA S., DUTTA A. & BARKER C. (2017). The relationship between health worker stigma and uptake of HIV counseling and testing and utilization of non-HIV health services: the experience of male and female sex workers in Kenya, *AIDS Care*, 29:11, 1364-1372, DOI: 10.1080/09540121.2017.1307922.

<sup>77</sup> OSISA (2018). Baseline assessment on sex workers' access to comprehensive health care in 5 SADC countries, unpublished.

cancer.<sup>78,79</sup> Against the backdrop of reduced access to health care services in general, this study found that COVID-19 has caused significant interruptions in HIV and SRH services, including those provided by sex worker programmes. Interruptions have included: the halting of community-based HIV prevention services, the closure of ARV clinics, medication stockouts, halting of HIV, STI and cervical cancer screening and testing services, shortages in condoms and lubricants, and interruptions in family planning and termination of pregnancy services.

With the onset of the COVID-19 pandemic, challenges were experienced along the whole continuum of HIV services. Starting with HIV prevention, participants reported an increase in unprotected sex caused by a combination of factors, including the halting of HIV prevention programmes, condom shortages, and sex workers being prepared to accede to clients' requests for sex without condoms out of financial desperation. This is a significant concern since consistent condom use is a core HIV prevention strategy among sex workers as well as preventing STIs and unwanted pregnancies.

#### Survey respondent, Smart Ladies Women's Group, Kenya

*"There was high uptake of PEP due to [having been forced to have] unprotected sex for economic reasons."*

#### Survey respondent, Médecins Sans Frontières, Zimbabwe

*"There was a national condom shortage."*

In most countries, HIV prevention services were more likely to be halted than HIV treatment services. Community-based HIV prevention services to sex workers – which mainly consist of peer educator-driven services such as outreach, condom and lubricant distribution, HIV testing and referrals, STI screening and referrals, and drop-in centres or safe spaces – experienced interruptions due to social

distancing regulations, delays in procuring PPE, travel restrictions, and the need for permits to be recognized as essential workers:

#### Key informant, Care for Basotho, Lesotho

*"When lockdown was implemented in Lesotho, most of our activities were suspended. Peer education was restricted. At first we didn't have masks or sanitisers for our peer educators, because of funding. When we started outreach activities, we were trying to go where sex workers are living. But the police came and beat up the peer educators."*

#### Survey respondent, OGERA, Uganda

*"Due to the current directives of limited gatherings, sex workers no longer engage in outreach programmes, which was an important platform for us to get health-related services such as HIV testing, access to condoms and other health-related consumables."*

Although HIV is the focus of community-based HIV prevention programmes, support is often offered in an integrated, holistic, person-centred way. This addresses the many intersecting challenges that sex workers face – including human rights violations, violence, mental health and social issues – all of which ultimately impact sex workers' ability to protect themselves from HIV or remain healthy if they are HIV-positive. Thus, interruptions in these services caused knock-on effects on sex workers' wellbeing:

#### Key informant, Frontline AIDS, East and Southern Africa

*"All support mechanisms that surround HIV programmes – offering food, a place to wash hands or even have a shower, the psychosocial support – all stopped. People offering HIV services didn't recognize how those additional things are not extras, sex workers see them as an essential part of the service. Social support stopped – those are really integral; they need to be seen as essential, especially for people with multiple identities, and difficult circumstances."*

<sup>78</sup> Soohoo, M., Blas, M., Byraiah, G., Carcamo, C., & Brown, B. (2013). Cervical HPV Infection in Female Sex Workers: A Global Perspective. *The open AIDS journal*, 7, 58–66. <https://doi.org/10.2174/1874613601307010058>

<sup>79</sup> Ross MW, Crisp BR, Månsson SA, Hawkes S. (2012). Occupational health and safety among commercial sex workers. *Scandinavian Journal of Work, Environment & Health*. Mar;38(2):105-19. doi: 10.5271/sjweh.3184.

Despite efforts by many government and non-governmental health services to prevent interruptions in HIV treatment, these were unfortunately common among sex workers. Compromised ART was most frequently cited by survey respondents as the major impact of COVID-19 on sex workers' health (by 52 per cent, n=36). During the key informant interviews, three cases of sex workers who had died as a result of HIV were described: two had defaulted on their medication because they were unable to get to clinics to obtain their medication,<sup>80</sup> while one Zimbabwean migrant sex worker was allegedly denied admission to hospital in Mozambique because she was a foreigner.<sup>81</sup>

Interruptions in HIV and STI treatment were linked to the barriers to accessing health services which have been described above. In addition, some survey respondents mentioned that clinics experienced stockouts of ARVs and STI medication.

#### Survey respondent, OGERA, Uganda

*"We have noticed drug stockouts in different health facilities especially STD/STI drugs which heightens the vulnerability of sex workers."*

#### Survey respondent, Zimbabwe Rainbow Community, Zimbabwe

*"Most sex workers defaulted on ART. There was no movement for a long time and the information that was circulating on social media wasn't clear. That left a lot of people afraid of moving or even going to the clinic. Most sex workers became each other's doctor. One would just call the other and ask for drugs be it for STI or anything. Other sex workers resorted to using African herbs to treat different illnesses or going online to look for home remedies. This has left a lot of sex workers exposed to infections."*

#### Survey respondent, Zimbabwe Rainbow Community, Zimbabwe

*"Lockdown restrictions resulted in some male sex workers living with HIV failing to access treatment."*

*Cases of STIs were on the increase due to lack of protective barriers. The first days saw closure of health facilities to general population to focus only on COVID-19. This was done without plans not to interrupt uptake of health services."*

The displacement of many sex workers to rural areas also meant that links to HIV services were lost, with sex workers reluctant to attend clinics in rural areas or communities where their families live, fearful of stigma, discrimination or exposure.

#### Tororo Forum People Living with HIV Network, Uganda

*"Since there was lockdown and all transport shutdown, those with opportunistic infections like STIs could not go to hospitals for treatment. Others who live far away from where they get their ARV refills could access them easily and yet could not easily open up to some health workers in new health facilities for support."*

#### Survey respondent, Hoymas, Kenya

*"We have sex workers who are on treatment and they're locked down in the village. We have been sending drugs [by] parcel, and it's too expensive."*

A key informant from Care for Basotho, Lesotho, also reported several sex workers in their programme regularly travel between South Africa and Lesotho, going to South Africa to work, and returning to Lesotho for their check-ups and to refill their ARVs. These sex workers were stuck in South Africa when the borders closed for around six months, unable to obtain their medication.

Finally, hunger also interfered with adherence since some ARVs cannot be taken on an empty stomach:

#### Survey respondent, SWEAT, South Africa

*"Particularly we noticed that HIV and TB patients were starting to default on drug use, either because they struggled to access drugs or because they had no food and believed that they could not take their medicine without food."*

<sup>80</sup> Key informants: CHERA, Malawi, and Women with Dignity, Tanzania.

<sup>81</sup> Key informant: Médecins Sans Frontières, Mozambique.

### Survey respondent, OGERA, Uganda

*"Most of the HIV positive sex workers have decided to not adhere to their treatment due to poor nutrition as triggered by the poverty they are facing currently."*

Some alternative views were, however, expressed. One survey respondent provided context by noting that the impact of COVID-19 on HIV programmes for the general population has been very serious but that key populations may have been less severely affected:

### Key informant, Ezintsha, South Africa

*"We have seen catastrophic impacts on HIV programmes; unsure if worse for sex workers, but possibly not, as drug [is] supply often through PEPFAR-supported key population programmes, so I hope less affected."*

Some survey respondents and key informants argued that they had put measures in place to ensure that HIV treatment for sex workers' was not interrupted. These are described in more detail in the next section. It is possible that these measures mitigated the impact of COVID-19 on HIV and SRH on sex workers relative to the general population.

## 5.4 How have sex worker organizations been impacted by and responded to COVID-19?

### 5.4.1 Findings on how COVID-19 affected the functioning of sex worker organizations

In response to the crisis, organizations had the twin challenges of ensuring that their health and human rights services continued as usual while also responding to the new challenges presented by the pandemic. To do so required rapid planning, identification of priorities, preparation and

procurement, as well as reprogramming of existing grants, and applying for emergency grants. With many staff having to suddenly work from home, organizations also had to deal with a lack of computer equipment, high data costs and gaps in digital literacy.<sup>82</sup>

The African Sex Worker Alliance conducted a rapid survey on the impact of COVID-19 among its network members. In response to the question, "How easy or difficult is it for you to work effectively during the COVID pandemic, 59 per cent responded that it was 'very difficult, while 30 per cent said that it was 'somewhat difficult'.<sup>83</sup>

Many organizations rapidly prepared to respond to the COVID-19 emergency by reducing face-to-face service delivery as far as possible, suspending all group activities, and moving what services they could online while developing creative solutions to ensure continuity of direct services. Those organizations offering direct services had to apply for permits from the authorities and procure PPE for their staff.

Thus, while capacity-building, advocacy, sensitization training, and community mobilization took a back seat, new challenges emerged that called for rapid response and the reprogramming of funds, which in turn required liaising with funders. For example, ASWA used this survey's results to advocate for the reprogramming of grants from its donors, allowing them to provide sub-grants to 20 member organizations.

### Survey respondent, ASWA

*"Reprogramming of funding has enabled us to address emergencies that emerged during COVID crisis; however this has left other programmatic needs unmet."*

<sup>82</sup> Key informant, ASWA.

<sup>83</sup> ASWA (2020). COVID-19 survey, unpublished.

Many donors who traditionally support health, HIV and human rights set up emergency COVID-19 relief funds. For example, Frontline AIDS expanded its Rapid Response Fund, focusing on speeding up service delivery to communities where funds are urgently needed: they have simplified the application process, reduced turnaround times and introduced more flexibility when it comes to assessing organizations' eligibility. It has also been important for grant managers to tune in to what community organizations articulate as their most critical needs. The most common requests have been for personal protective equipment (PPE), food parcels, communication costs, and transport for either staff or beneficiaries.<sup>84,85</sup>

Generally, however, participants in this study reported that the larger HIV donors were perceived to be too slow and inflexible in their responses and organizations already funded by major donors found them unwilling to renegotiate targets.<sup>86</sup> On the other hand, small, community-based organizations often did not meet the stringent eligibility requirements for COVID-19 response grants. Finally, funds were often not available for the most pressing need of all: livelihood support.

### Key informant, HODSAS, DRC

*"COVID-19 has brought many challenges to sex workers and has greatly affected our programming. We need support, not just financial support but also technical support to enable us to stay connected with our peers and partners."*

Several community-based sex worker organizations, including KESWA in Kenya, and SWEAT in South Africa, responded to the need for urgent funds by launching fund-raising and crowd-funding campaigns to provide relief to sex workers (see case study: Fundraising with Backabuddy: SWEAT and Sisonke).

Other community organizations started income generation schemes. For example, in Malawi, sex workers who were part of a programme implemented by Médecins Sans Frontières applied for a small grant with which they bought sewing machines to make masks to distribute to their members and to sell to generate income. In Eswatini, sex workers who were members of savings clubs cashed in their savings and were supported by sex worker-led organization, Voice of our Voices, to start micro-enterprises selling goods or supporting small-scale agriculture.

## Case study: Fundraising with Backabuddy: SWEAT and Sisonke

In March 2020, in South Africa, Sisonke (the national movement of sex workers) and the Sex Workers Education and Advocacy Taskforce (SWEAT) launched a Backabuddy fundraising campaign to help support the immediate needs of sex workers. The organizations anticipated that as soon as the first lockdown was announced in late March, there would be a rush on their emergency relief fund but could not have predicted just how desperate the situation would become. Sex workers across the country experienced a sudden and complete loss of income, and they, and the families they support, faced starvation. This situation was compounded by the fact that none of the initial relief funds announced by the government covered sex

workers. Migrant sex workers and those who lacked formal identity documents were particularly hard hit as they were excluded from many relief schemes.

The Backabuddy campaign had an initial target of R20,000 (approximately US\$1,200). As of the end of November 2020, the campaign has received over R215,000 (approximately US\$15,000) in donations. These have included substantial contributions from partner organizations and friends of SWEAT and Sisonke's work internationally and smaller donations from individuals who dug deep into their pockets to support sex workers, despite their own difficulties. Other supporters made direct donations of food to the organizations.

<sup>84</sup> Key informant, Frontline, UHAI

<sup>85</sup> Key informant, Frontline AIDS.

<sup>86</sup> Key informant, Care for Basotho.

All of the funds (100 per cent) were used to support emergency relief for sex workers and their families. Sisonke and SWEAT used the funds to send grocery vouchers to sex workers' phones, ultimately helping more than 700 adults and 900 dependent children. In addition, the organizations supported sex workers to access government food

parcel schemes, supported their application for social grants, provided advice and referrals around pressing issues including GBV, eviction and human rights violations by police and security forces.

Source: <https://www.sweat.org.za/2020/06/15/sweat-and-sisonke-says-thank-you/>

#### 5.4.2 Findings on how sex worker organizations responded to COVID-19

Several organizations, including ASWA, Karabole Women's Support Initiative in Uganda and HODSAS, UMANDE and ACODHU-TS in DRC, developed information, education and communication (IEC) materials (including in local languages) aimed at educating sex workers on how to prevent COVID-19. In addition to the usual advice given to the general public, these IEC materials acknowledged that many sex workers had no choice but to continue working, even though it was risky, and thus included advice on how to minimize the risk.

Besides IEC materials, many organizations kept in touch with their service users via SMS or messaging applications such as WhatsApp. For example, NACOSA, a Global Fund principal recipient in South Africa, shared how peer educators working for their sub-recipients created WhatsApp groups for the cohort of sex workers for whom they were responsible. Broadcast messages on COVID-19 were shared via these WhatsApp groups, as well as updates on service delivery. The groups also served as virtual support platforms where sex workers could ask questions and share the challenges created by lockdown.

#### 5.4.3 Findings on how sex worker organizations adapted to sex workers' emergency needs under COVID-19

In this study, we have described how COVID containment measures caused a devastating impact on sex workers' livelihoods and led to a surge in human rights violations. We have also described

how sex workers were often excluded from social protection measures and humanitarian relief efforts. To address sex workers' emergency livelihood needs, sex worker organizations used a variety of tactics. Some started with rapid assessments to determine what sex workers' greatest challenges were. Others, like KESWA in Kenya, CHREAA in Malawi and SWEAT in South Africa, used hotlines that sex workers could use to reach out for assistance, while others were in regular contact with service users via WhatsApp. SWEAT encouraged sex workers to send them WhatsApp voice notes describing what they were going through and posted these (with permission) on their website to raise awareness of how sex workers were suffering.<sup>87</sup>

Interventions included: assisting sex workers to apply for emergency grants where these existed, partnering with humanitarian relief organizations, distributing food and hygiene hampers, negotiating with landlords to prevent evictions, and sourcing emergency accommodation.

#### Survey respondent, Centre for Positive Care, South Africa

*"CPC created a strong relationship with stakeholders, and they were able to accommodate sex workers even though they were behind with rent. The Department of Social Development and other stakeholders assisted with food parcels."*

#### Survey respondent, OGERA, Uganda

*"We have supported 389 sex workers with temporary accommodation and nutritional support using the support we acquired from various donors."*

<sup>87</sup> SWEAT (2020). Available at: <https://www.sweat.org.za/2020/06/04/sex-worker-voices-during-covid19/>

### Survey respondent, SAfAIDS, Zimbabwe

*"The leaders of the sex worker groups would keep in touch with the community, communicating with the server's users. In addition, there was a rapid assessment that was done, and sex workers were supported with three months' supply of food hampers."*

### Survey respondent, Smart Ladies Women's Group, Kenya

*"Through the programme and our mother organization, KESWA, we were able to distribute food, face masks, soap and Jik (bleach) to some of the sex workers."*

The quote above refers to an initiative by the Kenyan Sex Worker Alliance (KESWA), a network of Kenyan sex worker-led organizations, who approached the International Red Cross, making them aware of the humanitarian crisis facing sex workers. Through the partnership, the Red Cross assisted KESWA to distribute care hampers to over 8,000 sex workers across Kenya's 47 counties.<sup>88</sup>

Despite these efforts, the vast disparity between the need for livelihood support and the resources available emerged as by far the greatest gap in the COVID-19 response. Participants repeatedly described how helpless they felt that funding was insufficient for them to respond to the desperation they encountered.

It is noteworthy that the majority of responses to address emergency livelihood needs were initiated by either sex worker-led organizations or NGOs with close connections to sex worker communities. However, as one key informant from Frontline AIDS pointed out, "sex worker organizations were never

primed to take care of livelihoods," and "traditionally, economic empowerment programmes for sex workers have not been adequately supported". Furthermore, as UNAIDS points out, "the self-organization of individuals and groups must not be considered a substitute for urgently needed government support."<sup>89</sup>

While humanitarian and development organizations mounted a massive global response, introducing feeding schemes and cash and voucher assistance, as described above, sex workers were more often than not excluded from these schemes. For example, the World Food Programme (WFP), prior to any intervention, undertakes food security analysis, commonly known as Vulnerability Analysis and Mapping (VAM), to identify the most vulnerable groups and inform vulnerability-based prioritization decisions, in line with the principle of 'reaching the furthest behind first.'<sup>90</sup> However, WFP does not at present consider sex work as an indicator of vulnerability in its assessments. In conducting a VAM, WFP partners with governments and organizations to provide data on which groups are the most vulnerable; however, the marginalization and stigmatization of sex workers may prevent them from being identified as a vulnerable population.

#### **5.4.4 Findings on how sex worker organizations ensured uninterrupted service delivery for health and other services**

Targeted HIV programmes for sex workers have shown an increase in coverage in East and Southern Africa over the past decade (although nowhere

<sup>88</sup> <https://aswaalliance.org/kenya-kenya-sex-workers-alliance-keswa-national-coordinator-phelister-abdalla/>

<sup>89</sup> UNAIDS (2020). Available at: [https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200408\\_sex-workers-covid-19](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2020/april/20200408_sex-workers-covid-19)

<sup>90</sup> World Food Programme (2018). Vulnerability Analysis and Mapping: Food security analysis at the World Food Programme. Available at: <https://docs.wfp.org/api/documents/WFP-0000040024/download/>

have they reached the UNAIDS Fast-track target of 90 per cent coverage). For example, in Zimbabwe, knowledge of HIV-positive status among female sex workers increased from 48 to 78 per cent between 2011 and 2016, while the prevalence of ART use increased from 29 per cent to 67 per cent over the same period.<sup>91</sup>

Confronted with the threats to interruptions in HIV programmes due to COVID-19, and mindful that HIV-positive sex workers may be at increased risk of mortality if they were to become infected with COVID-19, organizations providing HIV services to sex workers rapidly pivoted to differentiated service delivery to ensure that these services continued.

Crises are accelerators of innovation, and COVID-19 led many organizations to fast-track new prevention strategies. For example, several countries shifted to multi-month dispensing (MMD) of ARVs and TB medication, over three or six months, for patients who were stable and adherent. While several countries in the region already had MMD policies in place, the pandemic led some, such as Malawi, to relax their eligibility criteria, to increase the number of people who could receive 6MMD (6-month multi-month dispensing).<sup>92</sup> A survey respondent from FHI360 Malawi said that “we worked around the clock to optimize ART service to include 6MMD”.

Many organizations employing peer educators adapted their service delivery models to reduce congestion at health facilities. Some organizations such as Health Options for Young Men on HIV, AIDS & STIs (HOYMAS) and Bar Hostess Empowerment and Support Programme (BHESP) in Kenya, Care for Basotho in Lesotho and the EpiC (formerly LINKAGES) programme in Eswatini, Botswana and Malawi mobilized peers for decentralized dispensing options, including distributing PREP, ARV's, HIV self-testing kits, and prevention commodities to sex workers at their homes.

Peer educators who work for HIV programmes and who use a microplanning approach kept in touch with their cohort of service users telephonically. Microplanning is a method used in key population programmes that decentralizes outreach management and planning to grassroots-level workers and allows them to make decisions on how to best reach the maximum number of community members.<sup>93</sup> Microplanning employs a set of tools that enable peer educators to collect, use and regularly update data on a cohort of community members for whom they can then provide tailored individualized support. Thanks to microplanning, peer educators ensured that displaced sex workers on treatment were not lost to follow up and could be referred to local services. Some organizations were even able to donate data to service users.

<sup>91</sup> Cowan F., Chabata, S., Musemburi, S., Fearon, E., Davey, C., Ndori-Mharadze, T. Bansi-Matharu, L., Cambiano, V., Steen, R., Busza, J., Yekeye, R., Mugurungi, O., Hargreaves, J., Phillips, A. (2019). Strengthening the scale-up and uptake of effective interventions for sex workers for population impact in Zimbabwe, *Journal of the International AIDS Society*, 22(S4):e25320, <https://doi.org/10.1002/jia2.25320>

<sup>92</sup> UNAIDS (2020). Seizing the moment: Tackling entrenched inequalities to end epidemics. Global AIDS Update 2020. Available at: <https://aids2020.unaids.org/report/>

<sup>93</sup> Gates Foundation. Microplanning in peer-based outreach programs.

Available at: [https://docs.gatesfoundation.org/documents/Microplanning%20Handbook%20\(Web\).pdf](https://docs.gatesfoundation.org/documents/Microplanning%20Handbook%20(Web).pdf)



## Case Study: Health Options for Young Men on HIV, AIDS & STIs (HOYMAS)

HOYMAS is a male sex worker-led organization in Nairobi, Kenya. This case study describes how HOYMAS was affected by the COVID-19 pandemic and restrictions, how they adapted to continue to meet their clients' needs, and some of the barriers they faced in doing so. The case study consists of excerpts from *Sexual health among Kenyan male sex workers in a time of COVID-19* by Macharia et al.<sup>94</sup>

In Nairobi, a dynamic network of specialized clinics run by and for men who have sex with men has fostered new norms around health care seeking and utilization and created protected spaces in which these highly stigmatized men can take ownership of their sexual health destinies. However, the Kenyan Ministry of Health (MOH) has yet to officially recognize these peer health workers as essential workers during the COVID-19 epidemic.

The government suddenly announced the lockdown of Nairobi in March 2020, when Kenya's earliest cases were detected, affording people little time to prepare. Peer educators quickly adapted their roles towards sensitizing their peers to the threat of COVID-19. Through various social media channels, especially WhatsApp groups, peer educators provided members with the chance to exchange questions and answers. Immediately, regular programme meetings at the HOYMAS office and drop-in centre were halted.

Based on the emergent psychosocial needs expressed by members, HOYMAS initially attempted to conduct a number of support groups at the drop-in centre. Each support group was limited to a maximum of six people and insisted on a 2-metre physical distancing rule. However, attendance began to wane when *matatu* (local transport) costs doubled after the government placed restrictions on the number of passengers they were permitted to transport. Through a rapid

assessment conducted by the HOYMAS adherence counsellor, HOYMAS staff came up with the criteria for those requiring nutritional support, issuing gift vouchers to the members with the most vulnerable health conditions.

HOYMAS has been forced to reconsider how peer health workers can reach members. This has included the migration of outreach to virtual services for peer education, including WhatsApp groups, Facebook and other online forums. Given the financial problems facing men who sell sex in Nairobi in the era of COVID-19, however, challenges to the successful provision of health services quickly emerged. Many members of HOYMAS, as pay-as-you-go cell phone users, were unable to afford the air-time and Internet bandwidth necessary to connect to these platforms, and were unable to download the information, education and communication materials developed by the outreach team.

Prior to COVID-19, HOYMAS has provided regular testing, counselling and STI/HIV treatment for more than 5,000 members enrolled in their services. Over the last few years, HOYMAS has struggled to have its clinic officially recognized by the Kenyan government, which disqualifies the organization from securing a greater number of full-time clinical staff at the government's cost, and - in the era of COVID-19 - excludes them from receiving PPE.

Those requiring crisis response for severe mental health problems face many challenges. HOYMAS' rescue centre, staffed by trained paralegal workers, is no longer accessible due to COVID-19. Mandatory curfews have crippled crisis response mechanisms; lacking the status of essential health workers, community paralegals can no longer move about at night to respond to violence.

<sup>94</sup> Macharia, P., Moore, S., Mathenge, J., Ndunda, E., Lazarus, L., McKinnon, L. & Lorway, R. (2020). Sexual health among Kenyan male sex workers in a time of COVID-19, *Health Education Journal*, 1-9. <https://journals.sagepub.com/doi/pdf/10.1177/0017896920950774>

The many struggles encountered amidst dwindling resources underscores the vital work needed to meet the health needs of a marginalized group that remains largely excluded from the government health system. Indeed, access to ARV medications, regular sexual health check-ups, HIV prevention

resources, counselling, social support and paralegal protection for more than 5,000 highly stigmatized men relies upon the dedicated labour of peer health workers. And in the era of COVID-19, the delivery of these sexual health services is at risk of collapse without government support and recognition.

Other examples of Innovation and acceleration include the EpiC programme, which implemented online service delivery to maintain contact with existing service users and reach new ones using social media and messenger apps. It also supports people living with HIV through virtual case management, has adopted telemedicine to screen and consult clients and has rolled out an Online Reservation App.<sup>95</sup>

Youth-led organization Young Advocates Zimbabwe (YAZ) - with UNFPA support- pivoted to extend their helpline service to sex workers and LGBT people, providing telephonic advice, counselling and referrals (see Case Study: A helpline for key populations in Zimbabwe). SWEAT in South Africa, and KESWA in Kenya, which also have toll-free helplines for sex workers, saw a steep increase in calls for assistance.

Meanwhile, in Kenya, community-based organization, Preventive Interventions Targeting At Risk Populations (PITARP), ingeniously erected condom dispensers at hotspots, as peer educators could no longer conduct outreach to distribute condoms to sex workers.<sup>96</sup>

Organizations also attempted to respond to sex workers' human rights challenges. For example, Médecins Sans Frontières in Beira, Mozambique, mobilized peer educators who had been trained as violence responders and equipped them with backpacks containing pregnancy and HIV tests, the morning-after pill, and post-exposure prophylaxis (PEP).



<sup>95</sup> Wilcher, R. & Akolo, C. (2020). Five strategies for preserving key population-focused HIV programmes in the era of COVID-19. Available at: <https://www.iasociety.org/HIV-Programmes/Cross-cutting-issues/COVID-19-and-HIV/Five-strategies-for-preserving-key-population-focused-HIV-programmes-in-the-era-of-COVID-19>

<sup>96</sup> Survey respondent, Kenya.

## Case study: A helpline for key populations in Zimbabwe

In Zimbabwe, youth organization, Youth Advocates Zimbabwe, provides free, confidential counselling and advice to young people on their sexual and reproductive health and rights. During the COVID-19 pandemic, YAZ was supported by UNFPA Zimbabwe to extend its helpline counselling to key populations, recognising the challenges that many of them were facing under lockdown. According to YAZ Director Tatenda Songore, “Most of the key populations normally want to seek services in a private and confidential, trustworthy platform, and the helpline came in handy in providing a confidential, tailored service because of the high levels of anonymity associated with it and the trust that we have built from the youth-friendly service-provision training with various facilities”.

UNFPA supported YAZ to add more trained counsellors to provide remote support to key populations, including sex workers, through the helpline. The counsellors were trained members of key population organizations who shifted from working face-to-face to providing telephonic counselling. They were available to provide support

on various issues, ranging from psycho-social support to information on HIV and STI prevention, screening and treatment. Importantly, they were able to provide up-to-date information on which services remained open and were able to refer sex workers to sex worker-friendly sexual and reproductive health services. As Tatenda says, this “cut down on costs and time incurred by key populations when seeking services at static facilities, and reduced the stigma associated with face-to-face service provision”.

One service user, \*Mathias, said he appreciated the YAZ Helpline because it has “a good referral network and uses trusted service providers”. YAZ Director, Tatenda added: “The counsellors on the helplines are well trained and knowledgeable in terms of service provision and on issues related to stigma and discrimination and sexual reproductive health and rights. We deliberately continue to retrain them on emerging issues. Among the counsellors are key populations who can respond to real-life experiences.”<sup>97</sup>

\*Not his real name



ASWA, KESWA and HOYMAS partner with the International Red Cross to distribute food parcels to sex workers.

<sup>97</sup> UNFPA (2020). Helpline, a timely intervention for Key Populations during COVID-19, 2 Sept 2020. Available at: <https://zimbabwe.unfpa.org/en/news/helpline-timely-intervention-key-populations-during-covid-19>



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1 of 4

**KEY TAKEAWAYS**

- many sex workers work on the streets NOT ONLINE
- it's hard to get a bank ACCOUNT
- sex workers need to provide for their families

SEX WORKERS IN AFRICA WORK ON THE STREET

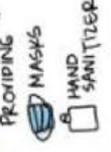


PANDEMIC CAUGHT EVERYONE BY SURPRISE then quarantine + restrictions

some experienced police BRUTALITY even if they were just doing Regular activities like GROCERIES

THESE WORKERS COULD NOT PAY RENT

STARVATION is the BIGGEST PANDEMIC



ORGANIZATIONS ARE TRYING TO SUPPORT SEX WORKERS BUT ORGANIZATIONS CANT PAY FOR RENT SEX WORKERS SUPPORT OTHER PEOPLE IN THEIR FAMILIES

There are government funds for people don't have work. **HOWEVER**

due to criminalization of sex workers, they have **NO ACCESS**

pandemic amplified Police Brutality

police retaliated against sex workers

## 6. Conclusions and lessons learned

In conclusion, the COVID-19 pandemic caused widespread secondary harms to livelihoods, human rights, and health throughout East and Southern Africa. COVID-19 containment measures have exacerbated social and economic inequalities. Sex workers throughout the region experienced tremendous hardship, amplified by their criminalized and stigmatized status and by the multiple barriers they experience to accessing services. Civil society organizations with a history of working with sex workers, sometimes in partnership with development partners and governments, leveraged their resources to address sex workers' humanitarian needs and attempted to ensure that the most critical health services continued.

At the time of writing, the initial crisis phase of the COVID-19 pandemic had abated in East and Southern Africa, and many countries were moving into the recovery phase. Health services were starting to return to normal, and the human rights violations which peaked during "hard lockdowns" had declined. However, economies were still struggling, and the threat of new variants and fresh outbreaks remained.

Unemployment has risen, and the tourism and hospitality sectors, on which many sex workers depend, have been devastated. Of all three domains assessed in this study, sex workers still feel the impact on their livelihoods most keenly.

What lessons can we learn from the impact of COVID-19 on sex workers and sex worker programmes, which can inform us as we attempt to 'build back better'?

### 6.1 Facilitators of an effective response to sex workers' needs during COVID-19

Four key attributes of sex worker organizations and programmes – often interlinked – came out consistently as having enabled sex worker

programmes to respond rapidly and creatively to sex workers' needs during COVID-19 and its containment measures, despite being insufficient to reach all sex workers in need, or meet all of their needs.

#### 6.1.1 Community-based and community-led organizations responded swiftly and appropriately

Firstly, community-based and/or community-led organizations were able to mount a multi-pronged response tailored to the needs articulated by their constituents. The key approaches used by civil society organizations (CSOs) to address the structural and social barriers to HIV – taking services to community level, ensuring that processes are participatory, protecting human rights, reducing stigma and discrimination, and preventing and responding to violence – proved an equally valid and effective response to COVID-19. Community-based and -led organizations are inherently agile and innovative. These organizations are embedded in local sex worker networks and have personal relationships with their members. They understand their everyday challenges and felt an ethical imperative to respond immediately, especially where the response from governments, donors or development partners was inadequate or delayed.

#### 6.1.2 Peer educators and microplanning enabled a person-centred response

Secondly, organizations that employ peer educators (particularly those which use a microplanning approach) were best able to maintain contact with sex workers and ensure continuity of services, even when sex workers had been displaced. At the heart of the microplanning approach is a social relationship between peer educator and sex worker based on rapport and trust. During the pandemic, peer educators maintained relationships with sex workers in their cohort, either virtually or in person.

### 6.1.3 Sex worker organizations leveraged existing partnerships

The third attribute is partnerships. Partnerships are another positive outcome of the HIV response, as sex worker organizations throughout the region participate in multi-sectoral HIV coordination structures, such as district, provincial or national AIDS councils, and key population technical working groups. Through these structures, they were able to advocate for the inclusion of sex workers in the COVID-19 response. Networked organizations leveraged these partnerships to access services and resources that they were unable to provide on their own.

### 6.1.4 Social capital mitigated the impact of COVID-19

All three of the protective attributes discussed above are forms of social capital. Social capital is defined as “features of social organization such as networks, norms and social trust that facilitate coordination and cooperation for mutual benefit.”<sup>98</sup> Social capital is important to disadvantaged groups, such as sex workers, as a means of facilitating internal group-related mutual aid and support as well as access to broader social and material resources. Previous studies have found that social capital may provide a buffer against the negative effects of inequality on health.<sup>99</sup> In the context of COVID-19, social capital is a critical enabler of an inclusive and equitable public health response.<sup>100</sup>

Two components of social capital are social cohesion and social participation. Social cohesion refers to mutual aid, trust, and solidarity present among a group (in this case, sex workers), while social

participation refers to involvement in community groups outside of sex worker relationships, reflecting their inclusion in the larger society.

A lesson learned from the HIV response is that social capital has been found to protect sex workers from HIV. In Eswatini, Fonner et al. (2014) found that higher levels of social cohesion and social participation among sex workers were associated with protective behaviours, including condom use and HIV testing, and were inversely associated with HIV-related risk factors, such as experiencing social discrimination and violence.<sup>101</sup> It is, therefore, possible that years of community systems strengthening as part of the HIV response may have contributed to mitigating at least some of the impact of COVID-19 on sex workers.

## 6.2 Barriers to an effective response

### 6.2.1 Criminalization and human rights violations against sex workers increase vulnerability

This study also identified barriers to an effective response. Essentially, criminalization of sex work, stigma and discrimination, and violence from law enforcement and other perpetrators placed sex workers at greater risk and obstructed an effective, rights-based response. Shannon et al. have argued that, among a range of structural interventions to reduce HIV incidence among sex workers, decriminalization of sex work could have the largest effect on the course of the HIV epidemics, averting 33-46 per cent of HIV infections through its downstream impact on other factors such as stigma and discrimination, violence and condom use.<sup>102</sup>

This is equally applicable to all epidemics, not just HIV.

<sup>98</sup> Putnam R (2000). *Bowling Alone: the collapse and revival of American community*. New York: Simon & Schuster.

<sup>99</sup> Uphoff, E.P., Pickett, K.E., Cabieses, B., Small, N. & Wright, J.(2013). A systematic review of the relationships between social capital and socioeconomic inequalities in health: a contribution to understanding the psychosocial pathway of health inequalities. *Int J Equity Health* 12, 54. <https://doi.org/10.1186/1475-9276-12-54>

<sup>100</sup> Wong, A.S., Kohler, J.C. (2020). Social capital and public health: responding to the COVID-19 pandemic. *Global Health* 16, 88 (2020). <https://doi.org/10.1186/s12992-020-00615-x> <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00615-x>

<sup>101</sup> Fonner, V. Kerrigan, D., Mnisi, Z., Ketende, S., Kennedy, C & Baral, S. (2014). Social Cohesion, Social Participation, and HIV Related Risk among Female Sex Workers in Swaziland, *Plos One*. <https://doi.org/10.1371/journal.pone.0087527>

<sup>102</sup> Shannon, K., Strathdee, S., Goldenberg, M., Duff, P., Mwangi, P. et al (2015). Global epidemiology of HIV among female sex workers: influence of structural determinants, *Lancet* 2015; 385: 55-71.

### 6.2.2 Critical community-led responses are not adequately supported

Finally, the chronic underfunding of key population programmes was a critical barrier to responding fully to sex workers' challenges during COVID-19. Key informants pointed out that the bulk of funding for sex worker programmes comes from HIV donors. Sex workers face multiple intersecting challenges, and organizations that provide holistic, person-centred services to sex workers often have to rely on HIV funding to provide these services. While services such as violence prevention and response, advocacy for law reform, mental health support, family support and economic empowerment can legitimately be classified as social and structural interventions to address sex workers' HIV risk, HIV donors should not necessarily be the only – or primary – source of support to provide these services.

Sex workers in East and Southern Africa account for 5 per cent of all new HIV infections in the region.<sup>103</sup> Globally, sex workers are 21 times more likely to acquire HIV than the rest of the adult population.<sup>104</sup> Yet, between 2016 and 2018, funding for HIV programming for sex workers in low and middle-income countries (LMICs) totalled just US\$356,7 million, less than 1 per cent of all HIV expenditure and just 3 per cent of estimated total HIV prevention funding. Less than one-fifth of the funding needed for HIV programming for sex workers in 28 priority LMICs was provided from 2016 to 2018.<sup>105</sup> Furthermore, the majority of funding for sex worker comes from international donors. There is a need for sustainable interventions driven by domestic resources.

### 6.3 Reflections on sex work and humanitarian crises

Because of its dramatic, global proportions, the impact of the COVID-19 pandemic on sex workers has received a fair amount of attention in the media, as well as among researchers, development partners, and civil society, in comparison to previous humanitarian, health or economic crises at a regional or national scale, such as the Ebola epidemic. The fact that the vulnerabilities of sex workers in the context of the COVID-19 pandemic have been highlighted may be, at least partially, due to the growth of sex worker rights activism over the past decade, including in East and Southern Africa.<sup>106</sup> Often, this advocacy emerged out of and was closely linked with HIV activist movements.<sup>107</sup>

Historically, much of the research on the sale of sex in humanitarian settings has focused on its emergence as a new 'negative coping strategy' and/or a form of victimization of women during times of crisis and has failed to adequately investigate the complex nuances of agency and choice, as articulated by the women themselves.<sup>108</sup> In contrast, this study has focused on the experiences of adult sex workers of all genders who are already involved in the industry. Using a sex worker rights framework, as recommended by UNFPA, WHO, UNAIDS and others,<sup>109,110,111</sup> this study centres community empowerment as a key strategy to improve sex workers' health, human rights and gender equality, based on meaningful participation and leadership of sex workers themselves.

<sup>103</sup> UNAIDS (2020). Seizing the moment: Tackling entrenched inequalities to end epidemics. Global AIDS Update 2020. Available at: <https://aids2020.unaids.org/report/>

<sup>104</sup> Aidsfonds (2020). Fast-track or off track? How insufficient funding for key populations jeopardises ending AIDS by 2030. Available at: <https://aidsfonds.org/resource/fast-track-or-off-track-how-insufficient-funding-for-key-populations-jeopardises-ending-aids-by-2030>

<sup>105</sup> Aidsfonds (2020). Ibid.

<sup>106</sup> Mgbako, C. (2020). The Mainstreaming of Sex Workers' Rights as Human Rights, 43 Harv. J. L. & Gender 92. Available at: [https://ir.lawnet.fordham.edu/faculty\\_scholarship/1092](https://ir.lawnet.fordham.edu/faculty_scholarship/1092)

<sup>107</sup> Mgbako, C. (2020). Ibid.

<sup>108</sup> Engvall, M. (2019). Sex Work and Humanitarianism: Understanding Predominant Framings of Sex Work in Humanitarian Response. Independent thesis, University of Uppsala, available at: <https://www.diva-portal.org/smash/record.jsf?pid=diva2%3A1343555&dswid=2676>

<sup>109</sup> UNAIDS (2012) UNAIDS guidance note on HIV and sex work. Geneva: UNAIDS.

<sup>110</sup> World Health Organization (2012). Prevention and treatment of HIV and other sexually transmitted infections for sex workers in low- and middle-income countries: Recommendations for a public health approach. Geneva, World Health Organization.

<sup>111</sup> World Health Organization, United Nations Population Fund, Joint United Nations Programme on HIV/AIDS, Global Network of Sex Work Projects, The World Bank (2013). Implementing comprehensive HIV/STI programmes with sex workers: practical approaches from collaborative interventions. Geneva, World Health Organization.

## 6.4 Intersecting vulnerabilities

The COVID-19 pandemic has exposed entrenched inequalities and gendered power dynamics. Its impact has been aggravated by a range of structural factors, including existing discrimination and gender stereotyping; economic inequality; lack of equal access to food, clean water, housing and health services; and stigma and discrimination based on sex, sexual orientation, gender, gender identity, race, age, caste, class, religion, HIV status, disability, indigenous identity and immigration status.<sup>112</sup> While sex workers have been the focus of this study, there are many other populations who have been disproportionately impacted. Mirroring the results of this study, UNAIDS has noted that, as well as sex workers, “lesbians, bisexual and transgender people, women living with HIV, and women who use drugs are experiencing worsened conditions, including being subjected to humiliating treatment if found violating public health orders; lack of access to social safety nets, financial support schemes, antiretroviral medicines, and drug treatment and harm-reduction supplies; and discriminatory treatment and violence by landlords, families and local officials, echoing the findings of this study.”<sup>113</sup>

This study has also demonstrated that sex workers’ vulnerabilities may be compounded when they have multiple identities: this study has in particular highlighted the struggles of lesbians, gay and bisexual men, transgender people, migrants and sex workers who are homeless.

## 6.5 Lessons from the HIV response and an opportunity to ‘build back better’

One of the distinguishing features of the HIV response has been its commitment to ‘leave no one behind’. According to UNAIDS, “the HIV response mobilized and empowered marginalized communities, (including sex workers and other key populations), put people living with HIV at the centre of the response, scaled up community-led service models to reach underserved communities and courageously and consistently advocated for the removal of legal and policy barriers, such as punitive laws. In this regard, the HIV response is a forerunner of the Sustainable Development Goals, which aim to ‘reach the furthest behind first’.”<sup>114</sup> These lessons from the HIV response offer a way forward for optimally inclusive COVID-19 responses.

The crisis precipitated by the COVID-19 pandemic has provided an opportunity for re-visioning social, political and economic systems and has strengthened calls for a transformed, people-centred health care system, including a renewed urgency to make progress towards universal health coverage. Glimpses of change are apparent at local, national and global levels. The question we face, as posed by Cohen (2020) is “whether changes in policy, practice, and culture that seemed unthinkable before COVID-19, but which now appear within our grasp, will transform the social determinants of health,”<sup>115</sup> in ways which promote genuine equity and justice for sex workers, and other key populations.

<sup>112</sup> UNAIDS (2020). Six concrete measures to support women and girls in all their diversity in the context of the COVID-19 pandemic. Available at: [https://www.unaids.org/sites/default/files/media\\_asset/women-girls-covid19\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/women-girls-covid19_en.pdf)

<sup>113</sup> UNAIDS (2020). *ibid.*

<sup>114</sup> UNAIDS (2020). COVID-19 and HIV: 1 Moment, 2 Epidemics, 3 Opportunities. Available at: [https://www.unaids.org/en/resources/documents/2020/20200909\\_lessons\\_hiv\\_covid](https://www.unaids.org/en/resources/documents/2020/20200909_lessons_hiv_covid)

<sup>115</sup> Cohen, J. (2020). A Time for Optimism? Decolonizing the Determinants of Health, *Health and Human Rights Journal*. Available at: [https://www.hhrjournal.org/2020/11/a-time-for-optimism-decolonizing-the-determinants-of-health/?fbclid=IwAR1vV1Eic6l7KnLO966T47dTAAo502I4vOafw4D\\_ciTPD6WQk-ZOm-J6hCO](https://www.hhrjournal.org/2020/11/a-time-for-optimism-decolonizing-the-determinants-of-health/?fbclid=IwAR1vV1Eic6l7KnLO966T47dTAAo502I4vOafw4D_ciTPD6WQk-ZOm-J6hCO)

## 7. Recommendations

### 7.1 Recommendations to address livelihoods

#### 7.1.1 Include sex workers in social protection and humanitarian relief schemes

Governments have committed, as part of the Sustainable Development Goals, to providing their citizens with a set of minimum safeguards, known as “floors”, which are a nationally defined sets of basic guarantees that should ensure, as a minimum, that all in need have access to essential health care and to basic income security.<sup>116</sup> Governments in East and Southern Africa have developed and rolled out social protection mechanisms in response to the COVID-19 health, development and economic crisis. Governments must ensure, however, that social protection schemes include and are responsive to sex workers, paying attention to those sub-groups who may be particularly vulnerable, including sex workers who are migrants, LGBT or who use drugs.

Governments and development partners should recognize sex workers as a vulnerable population and ensure that they are included in humanitarian relief efforts. Achieving this may require greater collaboration between the humanitarian sector, the HIV sector and sex worker organizations. Humanitarian relief organizations, including World Food Programme, should consider amending

vulnerability analysis and mapping tools to include sex workers. For example, in the Asia Pacific Region, UNAIDS, UNFPA and UNDP, in partnership with national sex worker networks and with the technical guidance on food security analysis by the World Food Programme (WFP), is undertaking a project to pilot community-based vulnerability mapping and to develop technical guidance to address the livelihoods and access to services among sex workers, targeting national food security and social protection clusters, civil society organizations and development partners (see case study: Lessons from the Asia Pacific region on partnerships with World Food Programme).

The same UN partners, in collaboration with sex worker organizations, should consider a similar initiative for East and Southern Africa.

There is a need to open up dialogue between what can broadly be termed the HIV sector and the humanitarian sector, including within the UN itself. This dialogue would hopefully prompt debates around people who sell sex in humanitarian contexts, leading to a deeper understanding and clarity on concepts of ‘transactional sex’, ‘survival sex’ and ‘sexual exploitation’. The meaningful inclusion of people who sell sex in humanitarian contexts should be at the very centre of these discussions.



<sup>116</sup> UNAIDS (2020). UNAIDS calls on governments to strengthen HIV-sensitive social protection responses to the COVID-19 pandemic. Available at: [https://www.unaids.org/sites/default/files/media\\_asset/call-to-action-social-protection-covid19\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/call-to-action-social-protection-covid19_en.pdf)

## Case study: Lessons from the Asia Pacific region on partnerships with World Food Programme

In the Asia Pacific region, the impact of COVID-19 on sex workers' livelihoods, human rights and health has been just as devastating as in East and Southern Africa, with loss of livelihoods being the most immediate and serious concern. UNFPA Asia Pacific Regional Office (APRO) collaborates with the regional sex worker network (Asia Pacific Network of Sex Work Projects – APNSW) and with national sex worker networks in countries throughout Asia, from the Middle to the Far East. UNFPA fielded desperate calls from sex worker organizations, which said that while they were mobilizing a response for their members, resources were insufficient to meet the massive need, and they needed support, especially with meeting sex workers' urgent material needs. While many Asian governments had rolled out social protection schemes for vulnerable citizens, many sex workers either did not qualify for benefits due to the informal nature of their work and/or criminalization of various aspects of sex work. Furthermore, sex workers were experiencing challenges accessing relief offered by humanitarian organizations, including the United Nations agency, the World Food Programme (WFP). Two key barriers were identified. Firstly, with vast needs that cannot be met with current funding levels, WFP undertakes a food security analysis, commonly known as Vulnerability Analysis and Mapping (VAM), prior to any intervention to identify the most vulnerable groups and inform vulnerability-based prioritization decisions in line with the principle of 'reaching the furthest behind first.'<sup>117</sup> WFP advocates for HIV-sensitive social protection which recognizes the vulnerabilities of people living with or at risk of HIV, including key populations.<sup>118</sup> In practice, though, WFP does not typically include sex workers as a vulnerable group in its food security analysis. The second barrier is that traditionally, work on

enhancing food security has been focused in rural areas (although this is shifting, especially as the impact of COVID-19 has been felt most keenly in urban areas<sup>119,120</sup>), and sex workers are more likely to be based in urban areas.

To address these barriers, UNFPA APRO partnered with UNAIDS, UNDP, regional and national sex worker networks, and WFP to pilot community-based vulnerability mapping among sex workers. The project aimed to modify and pilot the WFP and/or UNAIDS vulnerability mapping tools in Bangladesh and Myanmar to reflect the needs of the sex worker community, obtaining information on food insecurity and nutrition, coping strategies, access to existing cash and voucher assistance, access to SRH commodities, access to HIV treatment and prevention, and access to gender-based violence referral mechanisms, as well as documenting punitive measures. Sex worker-led organizations are being supported to collect and analyse vulnerability mapping for their communities. The information will be used to advocate for livelihoods support, improved access to ARVs, SRHR and GBV services and other support services for the sex worker communities in Bangladesh and Myanmar. The outcome of the study will be used to develop a recommended technical guidance note on the inclusion of sex workers in existing humanitarian food security responses and to formulate resource mobilization proposals. The target of the recommendations will be relevant UN bodies, such as WFP, the UN Office for Coordination of Humanitarian Affairs (OCHA) and Regional GBV Emergency Advisors (REGA), UNAIDS, as well as governments and civil society. It is also hoped that the project will prompt high-level conversations about how sex workers can be better included in humanitarian responses.<sup>121</sup>

<sup>117</sup> World Food Programme (2018). Vulnerability Analysis and Mapping: Food security analysis at the World Food Programme. Available at: <https://docs.wfp.org/api/documents/WFP-0000040024/download/>

<sup>118</sup> World Food Programme (2019). Policy brief: Leaving no-one behind: How WFP's approach to HIV-sensitive social protection will help us achieve zero hunger in Eastern and Southern Africa. <https://docs.wfp.org/api/documents/WFP-0000108479/download/>

<sup>119</sup> World Food Programme (2018). Vulnerability Analysis and Mapping.

<sup>120</sup> Key informant interview, World Food Programme.

<sup>121</sup> Key informant, UNFPA APRO.

## 7.1.2 Economic empowerment programmes

Economic empowerment programmes can assist in mitigating the impact of economic shocks and sustaining livelihoods during periods of crisis. Economic empowerment programmes can assist sex workers to develop financial literacy, save money, develop skills that can increase their income or acquire alternative sources of income, and increase the options available to them. Economic empowerment programmes are not to be confused with so-called exit programmes or rehabilitation programmes, which frame sex workers as victims to be rescued or criminals to be rehabilitated. Instead, economic empowerment programmes are rights-based, respect the agency of sex workers and are based on the principle that whether sex workers opt to remain in sex work, leave the industry or pursue sex work part-time, they should have access to programmes that empower them, build their skill base and expand their range of income-generating options.<sup>122,123</sup>

Therefore, governments, UN partners and donors should provide financial and technical resources to support evidence-based, rights-based economic empowerment programmes for sex workers.

## 7.2 Recommendations to address human rights

### 7.2.1 Recognize that sex work is work and uphold sex workers' labour rights

States should recognize sex work as work and extend to sex workers all the legal protections and rights to which all workers are entitled.

With the framing of sex work as work, governments have an obligation to implement measures that will improve safe working conditions for sex workers, including an end to police harassment and abuse of sex workers and access to justice when crimes are

committed against them, as well as to ensure access to occupational health services that address the full range of sex workers' occupational health needs, respectfully and confidentially, and are not limited to a focus on HIV.

In support of this shift, ILO should take the lead in supporting sex workers in advancing a decent sex work agenda and emphasizing that sex work is work and should be supported by other UN partners in this regard, with an alignment of messaging.

## 7.3 Recommendations to address health

### 7.3.1 Decentralize and de-medicalize service delivery

COVID-19 has confirmed the value of reducing the pressure on health facilities by using community health workers – including peer educators – to provide HIV and SRH services in the community, including the provision of screening and testing, distribution of ARVs, PREP, PEP, and family planning, and overseeing self-managed abortion. Community-based service delivery should continue to be scaled up, and peer educators must continue to be trained to provide these services while ensuring that adequate supervision and quality control are in place. Policy and regulatory barriers to the provision of community-based services should be removed.

### 7.3.2 Harness Internet-based service provision

The COVID-19 pandemic has accelerated the use of Information and Communication Technologies (ICTs), and has enabled sex worker organizations to maintain communication with each other and their beneficiaries. Video conferencing has taken the place of physical meetings, and WhatsApp has emerged as the primary platform for communication with members. Going forward, these platforms can be harnessed to enhance community mobilization, capacity-building, advocacy, peer education, dissemination of health and human rights

<sup>122</sup> SWEAT (2017). Evidence on Exit. Available at: <http://www.sweat.org.za/resources/>

<sup>123</sup> NSWP (2015). Economic Empowerment Programmes for Sex Workers: Regional Report: Africa. Available at: <https://www.nswp.org/sites/nswp.org/files/SUSO%20Report%20Africa.%20final%20EN.pdf>

information, adherence monitoring, referrals and others aspects of sex worker programmes. The field of telemedicine also shows promise and should be financed and strengthened.

However, the expansion of ICT-based service delivery should proceed with caution. Sex workers should play a key role in helping to shape new interventions, carefully assessing the risks and dangers as well the benefits. ICTs should never compromise the safety and security of sex workers. There is a need for investment in equipment, as well as sufficient training and technical support. Such initiatives should guard against potentially excluding sex workers who lack access to ICTs, or who lack digital literacy from services. Finally, the human need to meet in person and interact in groups should never be underestimated.

## 7.4 Recommendations to strengthen sex worker organizations

### 7.4.1 Strengthen support and funding for community-based and community-led programmes

Community-based and community-led sex worker organizations should be adequately funded and supported to provide holistic, integrated, person-centred services to sex workers. In 2016, Member States made a commitment, at the United Nations High Level Meeting on Ending AIDS by 2030, to ensure that 30 per cent of all HIV service delivery is community-led by 2030, and to allocate 6 per cent of HIV investments to social enablers, including advocacy by 2020.<sup>124</sup> While the 2020 milestone has already been missed, if the HIV response is

to get back on track by 2030, there will need to be a significant increase in investments towards community-led responses, and a commitment by donors and governments to the coordination and alignment of funding strategies, transparent sharing of data, and substantially improving monitoring and tracking of expenditure.<sup>125</sup>

While HIV donors have a role to play, other donors – including those in the human rights, gender equality, economic strengthening and poverty alleviation sectors – should step up their support. While large NGOs with high programmatic and financial management capacity play an important role in implementing sex worker programmes, particularly the provision of clinical services, as this study has shown, it is communities who are the first responders. Recognising that sex worker organizations are best placed to reach the sex worker community with services, governments should, through social contracting mechanisms, substantially increase domestic support for these programmes.

Governments, donors, UN partners, international NGOs and other civil society organizations should strengthen support for sex worker programmes. Unnecessarily strict criteria for accessing funding which disadvantage sex worker- and other key population-led organizations, must be revisited and revised. Resources are needed urgently in the short term, as sex workers are still experiencing the adverse effects of economic downturns on their livelihoods, as well as to strengthen community systems and build social capital to protect against future crises.

<sup>124</sup> United Nations General Assembly (2016). Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030. Available at: [https://www.unaids.org/sites/default/files/media\\_asset/2016-political-declaration-HIV-AIDS\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2016-political-declaration-HIV-AIDS_en.pdf)

<sup>125</sup> Aidsfonds (2020). Fast-track or off track? How insufficient funding for key populations jeopardises ending AIDS by 2030.

Available at: <https://aidsfonds.org/resource/fast-track-or-off-track-how-insufficient-funding-for-key-populations-jeopardises-ending-aids-by-2030>

## ANNEX 1: LIST OF ORGANIZATIONS THAT PARTICIPATED IN KEY INFORMANT INTERVIEWS

Type of organization	Organization	Country
Organizations led by sex workers	African Sex Worker Alliance	Regional (Africa), based in Kenya
	Women with Dignity	Tanzania
	KESWA	Kenya
	ACODHU-TS (Congolese Alliance for Human Rights Sex Work Project)	DRC
	CHERA (male sex workers)	Malawi
	Voice of our Voices	Eswatini
	Zimbabwe Rainbow Community	Zimbabwe
Organizations providing services to sex workers	CESSHAR	Zimbabwe
	Médecins Sans Frontières	Mozambique and Malawi (focus on migrant sex workers)
	Care for Basotho	Lesotho
	Triangle Project (focus on transgender sex workers)	South Africa
International NGOs working in ESA	Frontline AIDS	-
Development Partners	UNFPA	Zimbabwe
	UNFPA Asia Pacific	Note: for learnings from other regions
	UNDP	Regional (Africa)
	World Food Programme	Southern Africa
Donors	UHAI	Kenya

**sweat**

Sex Workers Education & Advocacy Taskforce



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every pregnancy is wanted,  
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