

# PITCH

## Accelerating community-led HIV responses: adapting positive practice beyond the COVID-19 crisis





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## 4. Sex Workers

### Challenges faced by sex workers during COVID-19

#### Disrupted livelihoods and lack of social protection

COVID-19 containment measures – which in most countries include social distancing, curfews, restrictions in movement and closure of many businesses – mean that sex workers can no longer operate normally and earn a living. The entertainment venues where many sex workers meet their clients – brothels, hotels, guest houses, bars and clubs – have closed down. Curfews in most countries have meant that sex workers cannot travel or be seen on the streets. Stay-at-home orders, border closures, and restrictions on travel and movement of all except essential workers, as well as economic downturns, have dramatically reduced the number of sex workers' clients. Out of desperation, many sex workers accept lower fees, and accede to client's requests for risky practices, such as condomless sex<sup>1</sup>. The sudden loss of income leaves them unable to pay

for food, housing and other basic needs. Unable to work in their usual venues, many sex workers have migrated out of urban areas, either to their family villages, or to rural or peri-urban areas where lockdowns were less stringently enforced, seeking new clients.

To reduce the impact of business closures, many governments, charities and development partners provided social protection in the form of grants, vouchers, food parcels and other relief to the most vulnerable communities. However, sex workers were not always able to access this support due to lack of information, stigma and discrimination, and lack of identity documents or proof of address. Sex workers are also unable to apply for any unemployment insurance that may be available as their work is illegal and not recognised<sup>2</sup>.

Migrant sex workers have been particularly badly hit by the loss of livelihoods: with borders closed, they are unable to return home to their families, and are typically ineligible for social protection<sup>3</sup>.

## **Rights violations, discrimination and violence**

In many countries, grave concern has been expressed about the heavy-handed way in which states have enforced lockdowns on their citizens, with reports of incidents of excessive violence, harassment, torture and even murder by law enforcement<sup>4</sup>. Against this backdrop, sex workers report an increase in police arrests, fines, violence, rape, extortion, disruption in law

enforcement, requests for bribes, and compulsory deportation. The dire situation fuels concerns that the pandemic has intensified stigma, discrimination, and repressive policing<sup>5,6</sup>. In a survey conducted by the [African Sex Worker Alliance \(ASWA\)](#) amongst its 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% replied 'every day', and 22% replied 'a few times per week'.

For many sex workers, having to move in with their families, or being locked down with their intimate partners, also brings challenges. Under normal circumstances, sex workers experience high rates of intimate partner violence<sup>7</sup>, and in the pressure-cooker context of lockdowns, this is exacerbated.

Finally, reminiscent of the scapegoating which sex workers have experienced during the HIV epidemic, they have been accused of being the vectors of COVID-19. For example, in Uganda and Tanzania, sex workers were blamed on social media, and even by some political leaders, of being responsible for the spread of COVID-19<sup>8</sup>.

## **Interruptions to health services**

During the pandemic, in many countries, 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. In some cases, even emergency services have been compromised, as illustrated by the following report from Malawi:

**"They (sex workers) 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 away saying that 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."**

Sex worker peer educator, Malawi<sup>9</sup>

COVID-19 has also caused major interruptions to HIV and sexual and reproductive health (SRH) services, including those provided by sex worker programmes. These interruptions have included the closure of ARV clinics; medication stockouts; halting of HIV and STI testing services; shortages in condoms and lubricants; and disruptions to family planning and termination of pregnancy services. The displacement of many sex workers to rural areas also means that links to HIV services have been lost, with sex workers also reluctant to attend clinics in communities where their families live, fearful of stigma, discrimination or exposure. Many organisations are unable to conduct outreach to sex workers due to lock downs and restrictions on movement or public transport. Drop-in centres are closed. Hunger also deters sex workers who are HIV positive from taking their medication. All these challenges have led to many sex workers defaulting on their ARV medication. In one study in East and Southern Africa, several AIDS-related deaths were reported by participants<sup>10</sup>.

## Positive approaches adopted during the COVID-19 pandemic

### Rapid needs assessments and accessing emergency funding

Adapting to COVID-19 has required a rapid reorientation of programmes to meet sex workers' most pressing needs. Planning had to be based on data from sex workers themselves, and organisations working with them at grassroots level. Community-led and community-based sex worker organisations, and the networks representing them, were the first to respond. Many of these organisations conducted rapid online surveys amongst their members. For example, the [Global Network of Sex Work Projects \(NSWP\)](#) launched an online survey which it shared with members, to gauge how sex workers and sex worker organisations were impacted by the pandemic; how the community were supporting each other; and what support they were receiving (or not) from their governments<sup>11</sup>. The survey was circulated in English, French, Spanish, Russian

and Chinese. NSWP developed regional impact reports for Africa, Asia Pacific, Europe, Latin America, and North America and the Caribbean. They used these reports to advocate to international and national policy makers to ensure that the needs of sex workers were not neglected. The [website](#) is continually updated with stories from the ground – both good and bad – on how sex workers are responding to the pandemic.

Regional networks such as ASWA also conducted surveys to gather data to inform engagement with donors on the reprogramming of grants and the adaptation of budgets.

The rapid assessments revealed that the most urgent need for sex workers was livelihood support, but this is not traditionally an area for which sex worker organisations have been funded. Many donors who traditionally support the health and human rights of key populations, including Frontline AIDS, Aidsfonds and Elton John AIDS Foundation, set up emergency COVID-19 relief funds, focused on speeding up service delivery to communities where funds were urgently needed. They simplified the application process and reduced turnaround times. It has also been important for grant managers to listen to what community organisations articulate as their most critical needs. The most common requests have been personal protective equipment (PPE), food parcels, communication costs, and transport for either staff or beneficiaries<sup>12</sup>.

Despite the urgency, the response of larger donors has generally been too slow or bureaucratic, and some small community organisations are ineligible. Thus, the sex worker community stepped up to raise the necessary funds. For example, ASWA used the results of their survey to advocate for reprogramming of grants from its donors, and then used the reprogrammed funds to sub-grant to 20 member organisations. Sex worker organisations in Kenya, South Africa, Canada, Australia, Norway and the United Kingdom started crowdfunding campaigns of their own, and utilised online mechanisms as pathways for donations.

"We launched a humanitarian relief appeal that was very successful. We initially put a target of R20,000 (approximately US\$1,200) on it but ended up raising over R250,000 (about US\$15,180), which along with reallocations of donor funds allowed us to provide large scale relief to hundreds of sex workers across the country."

SWEAT, South Africa<sup>13</sup>

## Mobilising online

Sex worker organisations have had to rapidly adapt to COVID-19 containment measures, shifting to working from home, and providing virtual support for their members, including disseminating information, responding to requests for livelihood assistance, advocating for sex workers' rights, monitoring and responding to human rights violations, ensuring uninterrupted health care, and referring sex workers to services.

To coordinate support for sex workers in Australia, the [Scarlett Alliance](#), along with other Australian sex worker organisations, formed a working group called the 'National Cabinet of Whores'<sup>14</sup>. The Cabinet met virtually every week, to respond to sex workers' challenges during the pandemic, including developing guidance for accessing relief, harm reduction guides for those who had to continue working, and advice for sex workers transitioning to providing their services online.

One notable shift has been the rise of webinars, replacing physical meetings as a means of consultation. Donors and sex worker organisations held joint webinars to highlight the challenges sex workers were facing, and producing recommendations to address these. Interestingly, participants have observed that although webinars are not ideal, they have extended participation to those who may not traditionally have attended meetings, and have brought new voices into debates.

WhatsApp has also emerged as a lifeline during the pandemic. Across the world, sex worker organisations have used WhatsApp to hear from their members how they are being affected.

WhatsApp also overcomes literacy barriers in that people can send voice notes or videos. For example, [Sex Workers Education and Advocacy Taskforce \(SWEAT\)](#) in South Africa posted voice notes it received from its members (with permission) on its website, including one from a sex worker mother describing how at that moment she had no food to feed her children<sup>15</sup>.

## Providing COVID-19 information for sex workers

Sex workers needed COVID-19 information and advice which addressed their specific needs, including how to reduce their risk of contracting COVID-19. Several organisations published guidelines to help sex workers understand symptoms of COVID-19, less risky ways of working with social distancing regulations and protecting human rights during States of Emergency. These included ASWA, [HODSAS](#) in Democratic Republic of Congo<sup>16</sup>, SWEAT in South Africa<sup>17</sup>, [SWARM](#) and [Prepster](#) in the United Kingdom, [Butterfly Asian and Migrants Sex Workers Support Network](#) and [Maggie's Toronto Sex Worker Action Project](#) in Canada<sup>18</sup>.

Encouragingly, some government agencies have adopted a harm reduction approach instead of a punitive one, such as the intergovernmental Caribbean Public Health Agency<sup>19</sup> and the Queensland State Government in Australia<sup>20</sup>, which collaborated with sex worker organisations to issue guidance on how sex workers could continue working, if necessary, whilst minimising the COVID-19 risk for themselves and their clients.

## Inclusion in social protection schemes and humanitarian responses

Social protection schemes implemented by governments during the pandemic have included income support and unemployment benefits; cash and voucher assistance; food and hygiene parcels; rent or mortgage relief; bans on evictions; and emergency housing.

Although many countries excluded sex workers from social protection schemes, there are some examples of governments extending them to sex workers. Often, this occurred as a result of years of advocacy by sex worker organisations for sex work to be recognised as work, backed up with intensified advocacy during the pandemic. For example, the governments of Japan, Thailand<sup>21</sup>, Zambia<sup>22</sup> and Madagascar<sup>23</sup>, on paper at least, included sex workers in income support schemes. Another example of how sex worker advocacy led to government recognition of sex workers' rights is explored in the case study from India below.

In practice there are many barriers to accessing this support, such as requirements for identity documents, proof of citizenship, proof of salary and lost income, or proof of address – which many sex workers lack due to their criminalised and stigmatised status. Still, the recognition of sex work as work is a historic, symbolic victory in shifting narratives around sex work.

In addition, while there were reports of sex workers being excluded from humanitarian relief, there were also cases where sex worker organisations engaged proactively with humanitarian organisations, often leveraging partnerships formed during the AIDS response, to ensure that emergency relief reached sex workers. For example, [KESWA](#) in Kenya partnered with the International Red Cross to distribute food and hygiene parcels to around 8000 sex workers throughout Kenya's 47 counties<sup>24</sup>.

In the Asia Pacific region, UNFPA noted that sex workers were often not included in humanitarian relief from other UN partners, such as the World

Food Programme (WFP), because they were not recognised as a 'vulnerable group' in their assessments<sup>25</sup>. UNFPA therefore initiated a partnership with UNAIDS, UNDP, regional and national sex worker networks, and WFP, to pilot community-based vulnerability mapping amongst sex workers in Bangladesh and Myanmar. They gathered information on food insecurity and nutrition; coping strategies; access to cash/ voucher assistance; access to SRH commodities, HIV treatment and prevention; and SGBV referral mechanisms. Sex worker-led organisations were supported to collect and analyse vulnerability mapping for their communities. The information will be used to advocate for better support and services and to develop a technical guide on the inclusion of sex workers in humanitarian food security responses, targeting UN agencies.<sup>26</sup>

## Differentiated service delivery

Crises can be accelerators of innovation, and COVID-19 has led many organisations to speed up the implementation of strategies which were in their infancy. Differentiated service delivery is person-centred health care, which moves away from a 'one size fits all' model, and emphasises convenience and user-friendliness for patients. For example, several countries shifted to multi-month dispensing (MMD) of ARVs, pre-exposure prophylaxis (PrEP) and TB medication, over three or six months, for patients who were stable and adherent. While some countries already had MMD policies in place, others fast-tracked approval of these policies or relaxed their eligibility criteria, to increase the number of people who could receive 6MMD (6-month multi-month dispensing)<sup>27</sup>. Sometimes, sex worker organisations needed to advocate with Ministries of Health, to ensure that sex workers were included in MMD plans, as was the case with Sopheku in Senegal<sup>28</sup>.

Many organisations employing peer educators adapted their service delivery models to reduce congestion at health facilities. For example, [Hoymas](#) and [BHESP](#) in Kenya, Care for Basotho in Lesotho, and the [EpiC](#) (Meeting Targets and Maintaining Epidemic Control, formerly

LINKAGES) programme in eSwatini, Botswana and Malawi mobilised peers to distribute PREP, ARV's, HIV self-testing kits, and prevention commodities to sex workers at their homes.

Peer educators who work for HIV programmes and use a microplanning approach kept in touch with their cohort of service users by phone. 'Microplanning' is used to decentralise outreach management and planning to grassroots-level workers, allowing them to decide how best to reach the maximum number of community members<sup>29</sup>. The approach has ensured that displaced sex workers on treatment have not been lost, and can be referred to local services.

### Economic empowerment

Recognising sex workers' difficulties with working during the pandemic, some sex worker organisations instituted economic empowerment projects. These can enable sex workers to develop financial literacy, save money, develop skills which can increase their income, or enable them to find temporary, alternative sources of income, and expand their options. For example, in eSwatini, sex workers had previously formed savings clubs and during the pandemic, they used these savings to start small scale agriculture and sell produce at market stalls. In Malawi, sex workers applied for emergency funds to buy sewing machines to make and sell protective masks. In Fiji, the [Survival Advocacy Network](#) worked with partners to implement income generating initiatives for sex workers including catering and garden maintenance<sup>30</sup>, while in Ecuador, emergency funds were used to support sex workers to start small businesses.

"What we have shown during this pandemic is that sex workers are very resilient, and they have been very well coordinated with other organisations they have worked with. In Ecuador, for example, with funds from CARE, sex workers can create a little business so they can have some income until they can start doing sex work again. For example, little restaurants in their houses or little clothes stores."

[PLAPERTS](#), Latin American platform for sex worker-led organisations<sup>31</sup>

Although the impact of the pandemic has been overwhelmingly negative, some sex workers have been able to adapt by using the internet to solicit and communicate with clients<sup>32</sup>. To bridge the 'digital divide', several sex worker organisations have provided tech support to sex workers to help them move their business online<sup>33</sup>. For example, [Fundacion Margen](#) in Chile is using younger tech-savvy sex workers to teach older sex workers the necessary skills<sup>34</sup>.



Mercedes, a sex worker, gets a COVID-19 test in Quito, Ecuador.

# Community-led advocacy expands social protection schemes for sex workers in India

In India, in response to the economic hardship caused by COVID-related lockdown measures, the government formulated emergency social protection measures to provide basic necessities to economically vulnerable groups. Initially sex workers were excluded from these relief measures.

Under Indian law 'seducing any person for the purpose of prostitution' or running a brothel is illegal. The Immoral Traffic Prevention Act 1956 equates 'prostitution' with exploitation, which in effect criminalises consensual sex work<sup>35</sup>. The law exacerbates stigma, discrimination, and violence towards India's sex workers. For decades, collectives have tried to remove the association of sex work with trafficking and exploitation, advocating for sex work to be recognised as work, for sex work to be decriminalised, and for sex workers' self-determination.

During COVID-19, sex workers have faced many barriers to accessing relief schemes: they often lack government-approved identification like voter IDs, ration cards and Below Poverty Line (BPL) cards. They are unable to provide proof of residence, as most sex workers live in the brothels where they work, which are illegal.

Unable to work during lockdown, India's sex workers face poverty, food insecurity and interruptions in essential health services. A 32-year-old sex worker from Pune said in April 2020: "I am now reduced to a beggar and rely entirely on free cooked meals distributed in our area,"<sup>36</sup>. The lockdown and the fear of COVID-19 meant that this primary bread winner of her family of five had no source of income, perhaps for months to come.

Decriminalising sex work can improve access to social protection schemes



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The [National Network of Sex Workers \(NNSW\)](#), representing 20 sex worker-led organisations and allies, highlighted the devastating impact of the pandemic on its members, and advocated for their protection by the government. NNSW distributed dry ration kits to the most desperate sex workers<sup>37</sup>. However, this temporary relief was not enough.

In July, the State of Maharashtra issued an advisory, ordering state officials to ensure that sex workers receive "free ration and essential services", recognising that "women in sex work... have lost their income generation options"<sup>38</sup>. The NNSW praised the State of Maharashtra, and recommended that other states follow suit<sup>39</sup>.

Then, in October, the National Human Rights Council issued an advisory on the rights of women during the COVID-19 pandemic<sup>40</sup>, and – historically – recognised sex workers as 'women who work'. The advisory recommended that all state governments follow the example of Maharashtra and aid and relief to sex workers. They further advised that sex workers should be eligible for the same unemployment benefits as other informal workers, that migrant sex workers should be eligible for the relief measures given to all migrant workers, and that sex workers who lacked proper documentation should be issued with temporary documents.

Sex worker organisations, who had advocated for these changes, welcomed the decision. Aarthi Pai from sex worker organisation Sangram explained its significance:

"The understanding of sex workers as informal sector workers is a move forward not just for the immediate pandemic, but also the medium to long-term benefit they will get... Their recognition as out-of-work workers and their right to unemployment benefits moves the discussion to the next level, where you are looking at their demands through the rubric of workers' rights"<sup>41</sup>.

This case study is an outstanding example how community-led advocacy by sex workers expanded social protection schemes in India, helping sex workers to survive during COVID-19.

## Recommendations

### Sustain online mobilisation

Sex worker organisations should continue to use the internet, and especially social networking apps, to connect with their members and beneficiaries. Even before the pandemic, more and more sex workers have been moving away from venue-based sex work, to working online. COVID-19 has dramatically accelerated this transition. Sex worker organisations should stay abreast of these changes, and ensure that they are able to connect with sex workers virtually, while also considering safety and security in their digital adaptations.

Digital platforms should be used to strengthen sex worker programmes for community mobilisation, capacity-building, advocacy, peer outreach, dissemination of health and human rights information, adherence monitoring, and referrals. Advocates must continue to encourage donors and governments to fund investment in technology, as well as training and technical support to ensure equal access. Sex workers must play a key role in shaping digital interventions, carefully assessing the risks and dangers as well as the benefits and outcomes. Online communication should not replace meeting in person and interacting in groups, so partners need to plan strategically whether online, in-person, or blended approaches are best suited for different interventions. Vigilance is required to ensure that legal provisions on privacy and access to information do not leave sex workers out nor do they unfairly target sex workers working online, for instance through surveillance or de-platforming sex workers or restricting their digital presence.

### Expand differentiated service delivery

Differentiated service delivery (DSD) acknowledges that one size does not fit all. Sex worker-led organisations and those providing services to sex workers should take advantage of the mainstreaming of DSD: they should continue to advocate for options which promote greater and more equitable access to health care. They should also build their own capacity to provide DSD to sex workers themselves.

### Advocate for sex worker inclusion in social protection schemes and the humanitarian response

In countries where sex workers have been included in social protection and humanitarian responses during the COVID-19 pandemic, this was largely on the back of years of advocacy from sex worker organisations for the recognition of sex workers' rights. This advocacy should continue so that momentum is not lost. Sex worker organisations should engage with both governments and humanitarian actors so that sex workers' vulnerabilities are better understood. Barriers to accessing social protection, such as lack of identity documents, should be addressed.

### Strengthen economic empowerment

Economic empowerment programmes for sex workers should be strengthened, as they reduce sex workers' vulnerability, and can both help mitigate the impact of economic shocks on sex workers, and sustain livelihoods during crises. Economic empowerment programmes should not 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 or not, they should have access to programmes that empower them, build their skill base and expand their range of income generating options<sup>42,43</sup>.

### Advocate for funding and strengthening of community-led sex worker organisations

Community-based and community-led sex worker organisations have shown they are best placed to respond to the needs of sex workers in crises, and should be adequately funded and supported to provide holistic, integrated, person-centred services to sex workers. Sex worker organisations should advocate for both domestic governments and donors to substantially increase support for these programmes. Resources are needed urgently in the short-term, as sex workers are still experiencing the adverse effects of economic

downturns on their livelihoods from COVID-19. In addition, community systems and social capital need to be continually strengthened to protect against future crises.

## Endnotes

- <sup>1</sup> <https://www.theglobalfund.org/en/blog/2020-06-04-sex-workers-in-africa-are-more-vulnerable-during-covid-19/>
- <sup>2</sup> UNAIDS (2020). COVID-19 responses must uphold and protect the human rights of sex workers, April, 2020. Available at: [https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200424\\_sex-work](https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200424_sex-work)
- <sup>3</sup> UNAIDS (2020). COVID-19 responses must uphold and protect the human rights of sex workers, April, 2020. Available at: [https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200424\\_sex-work](https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200424_sex-work)
- <sup>4</sup> <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25828&LangID=E>
- <sup>5</sup> Platt, L., Elmes, J., Stevenson, L., Holt, V., Rolles, S. & Stuart, R. (2020). Sex Workers must not be forgotten in the COVID-19 response, *The Lancet*, May 15, 2020. [https://doi.org/10.1016/S0140-6736\(20\)31033-3](https://doi.org/10.1016/S0140-6736(20)31033-3)
- <sup>6</sup> Sex Workers in Africa Are More Vulnerable During COVID-19, <https://www.theglobalfund.org/en/blog/2020-06-04-sex-workers-in-africa-are-more-vulnerable-during-covid-19/>, see also 'Hunger or murder': Lockdown poverty exposes African sex workers to more violence, <https://www.reuters.com/article/us-health-coronavirus-women-sexworkers/hunger-or-murder-lockdown-poverty-exposes-african-sex-workers-to-more-violence-idUSKBN23BOCS>.
- <sup>7</sup> Decker et al. (2015). *ibid*
- <sup>8</sup> UNFPA East and Southern Africa. A rapid scoping assessment of the impact of COVID-19 on sex workers programmes in East and Southern Africa (in press)
- <sup>9</sup> UNFPA East and Southern Africa. A rapid scoping assessment of the impact of COVID-19 on sex workers programmes in East and Southern Africa (in press)
- <sup>10</sup> UNFPA East and Southern Africa. A rapid scoping assessment of the impact of COVID-19 on sex workers programmes in East and Southern Africa (in press)
- <sup>11</sup> <https://www.nswp.org/news/nswp-launch-covid-19-impact-survey>
- <sup>12</sup> Key informant, Frontline AIDS
- <sup>13</sup> UNFPA East and Southern Africa. A rapid scoping assessment of the impact of COVID-19 on sex workers programmes in East and Southern Africa (in press)
- <sup>14</sup> <https://theconversation.com/how-the-national-cabinet-of-who-res-is-leading-australias-coronavirus-response-for-sex-workers-142833>
- <sup>15</sup> <https://www.sweat.org.za/2020/06/04/sex-worker-voices-during-covid19/>
- <sup>16</sup> NSWP (2020). Impact of COVID-19 on sex workers in Africa. Available at: <https://www.nswp.org/news/impact-covid-19-sex-workers-africa>
- <sup>17</sup> <http://www.sweat.org.za/wp-content/uploads/2020/08/Lockdown-Booklet-Edition-1-Aug-25-2020.pdf>
- <sup>18</sup> <https://drive.google.com/file/d/1ymJ5motdh0zh453-wFs1p4syL-3koC2dD/view>
- <sup>19</sup> <https://pancap.org/pancap-documents/guidelines-for-sex-work-during-the-covid-19-pandemic-2/>
- <sup>20</sup> [https://www.covid19.qld.gov.au/\\_data/assets/pdf\\_file/0029/134876/covid-safe-industry-plan-sex-industry.pdf?nocache=v3](https://www.covid19.qld.gov.au/_data/assets/pdf_file/0029/134876/covid-safe-industry-plan-sex-industry.pdf?nocache=v3)
- <sup>21</sup> <https://edition.cnn.com/2020/04/19/asia/japan-sex-workers-coronavirus-intl-hnk/index.html>
- <sup>22</sup> Mwakalombe, E. (2020). Zambia Social Protection Programmes. Unpublished presentation, Ministry of Community Development and Social Services
- <sup>23</sup> <https://www.ituc-africa.org/Madagascar-A-Glimmer-of-Hope-in-the-Fight-against-COVID-19.html>
- <sup>24</sup> Interview, KESWA
- <sup>25</sup> UNFPA, APNSW, UNAIDS, UNDP & WFP (2020). Piloting Vulnerability Mapping in Sex Worker Communities and Documenting Community Based Approaches to COVID-19: Concept Note
- <sup>26</sup> *ibid*
- <sup>27</sup> UNAIDS (2020). Seizing the moment: Tackling entrenched inequalities to end epidemics. *Global AIDS Update 2020*. Available at: <https://aids2020.unaids.org/report/>
- <sup>28</sup> <https://gnpplus.net/wp-content/uploads/2020/06/1st-June-Positive-Living-in-the-time-Covid-19-special-focus-on-sex-workers-living-with-HIV.pdf>
- <sup>29</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)
- <sup>30</sup> [https://www.unaids.org/en/20200720\\_SAN\\_Fiji](https://www.unaids.org/en/20200720_SAN_Fiji)
- <sup>31</sup> <https://www.nswp.org/resource/nswp-global-and-regional-reports/covid-19-impact-latin-america>
- <sup>32</sup> <https://www.groundup.org.za/article/some-sex-workers-move-online-sa-heads-lockdown/>
- <sup>33</sup> <https://theconversation.com/how-the-national-cabinet-of-who-res-is-leading-australias-coronavirus-response-for-sex-workers-142833>
- <sup>34</sup> <https://www.reuters.com/article/us-health-coronavirus-chile-sex-idUSKBN2211HA>
- <sup>35</sup> <https://www.thenewsminute.com/article/nhrc-recognises-sex-workers-informal-workers-what-advisory-means-ground-135473>
- <sup>36</sup> [https://www.thehindu.com/news/national/lockdown-sex-workers-anxious-over-the-months-ahead/article31332714.ece2fbclid=IwAR0ANdhRlslthOkuyM\\_7v\\_cF89SXWY3XzbiEeu9g9rnD-QyRAMOLHTYpqT8](https://www.thehindu.com/news/national/lockdown-sex-workers-anxious-over-the-months-ahead/article31332714.ece2fbclid=IwAR0ANdhRlslthOkuyM_7v_cF89SXWY3XzbiEeu9g9rnD-QyRAMOLHTYpqT8)
- <sup>37</sup> <https://www.thenewsminute.com/article/nhrc-recognises-sex-workers-informal-workers-what-advisory-means-ground-135473>
- <sup>38</sup> <https://www.thehindu.com/news/national/other-states/maharashtra-govt-directs-officials-to-help-sex-workers/article32199125.ece>
- <sup>39</sup> <http://nnswindia.org/upload/NNSW-submission-NHRC.pdf>
- <sup>40</sup> <https://nhrc.nic.in/sites/default/files/Advisory%20on%20Rights%20of%20Women.pdf>
- <sup>41</sup> <https://www.thehindu.com/news/national/10000-sex-workers-decry-effort-to-deny-them-rights/article32896575.ece>
- <sup>42</sup> SWEAT (2017). Evidence on Exit. Available at: <http://www.sweat.org.za/resources/>
- <sup>43</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>



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