

## **Rapid assessment on the impact of covid-19 among FSWS, AGYW and women living with HIV & AIDS in Uganda**

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## LIST OF ACRONYMS

ACHPR	African Charter for Human and People's Rights
AGYW	Adolescent Girls and Young Women
AMwA	Akina Mama wa Africa
ART	Antiretroviral Therapy
AWAC	Alliance of Women Advocating for Change
BBC	British Broadcasting Corporation
CAO	Chief Administrative officer
PEPFAR	President's Emergency Plan For AIDS Relief
CDC	Centres for Disease Control and Prevention
IDI	Infectious Diseases Institute
RHSP	Rakai Health Sciences Program
CHLEG	Community Health and Livelihoods Enhancement Group
CHuSAs	Community Human Rights and Sustainable Development Accelerators
CSO	Civil Society Organization
COVID -19	Corona Virus Disease 2019
DHO	District Health Officer
HEPS	Coalition for Health Promotion and Social Development
DiCs	Drop in Centers
DPC	District Police Commander
DSDM	Differentiated Service Delivery Model
FSW	Female sex worker
FSWLHIV	Female sex workers living with HIV
GACs	Girls Action Clubs
GBV	Gender Based Violence
HEPS	Coalition for Health Promotion and Social Development
HIV	Human Immunodeficiency Virus
HRAPF	Human Rights Promotion and Awareness Forum
HRI	Health Rights Initiative
ICRSE	International Committee on Rights of Sex workers in Europe
ICWEA	International Community of Women Living with HIV Eastern Africa
LC	Local Council
LDU	Local Defence Units
MoH	Ministry of Health
MS	Microsoft
MSM	Men who have sex with Men
MWLHIV	Mainstream women living with HIV
NSWP	Global Network of Sex workers' Projects
OC	Officer- in - Charge
PEP	Post Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
PWD	People with disability
RDC	Resident District Commissioner
SDGs	Sustainable Development Goals
TASO	The AIDS Support Organization
TB	Tuberculosis
TG	Trans Gender
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women



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AWAC is grateful for the commitment from everyone who was involved in this process while conducting and completing this exercise. Partnerships will continue to be a cornerstone of our response to the recommendations emerging from this rapid assessment, to ensure effective, efficient and relevant impact among FSWS, AGYW and women living with HIV & AIDS in Uganda.





## Brief History about AWAC

The Alliance of Women Advocating for Change (AWAC) is an umbrella network of grass-root female sex worker led-organizations in Uganda. Established in 2015 by the champions of the female sex worker movement to promote meaningful involvement and collective organizing of rural & peri-urban Female Sex Workers (FSWs) - including FSWs living with HIV/AIDS, using/injecting drugs, children of sex workers and adolescent girls & young women (AGYWs) operating in high risk areas. Such areas are; slum areas, landing sites, transit routes, mining, quarrying and boarder areas to strengthen a unified, vibrant, national, and sustainable FSW led movement Uganda. AWAC is registered with the NGO Board under Reg. No. INDR140811523NB and was also granted her permit to operate countrywide as an NGO under File No. MIA/NB/2018/10/1523.

AWAC areas of implementation include; Kampala, Wakiso, Mukono, Busia, Tororo, Kabale, Isingiro, Kyotera, Masaka, Rakai, Lyantonde, Mbarara, Kasese, Kabarole, Kyegegwa, Kamwenge, Kyegegwa, Bundibugyo, Mbale, Jinja, Arua, Yumbe, Hoima, Gulu, Nakasongola, Kiryandongo, Masindi, of Kiryandongo, Lira, Arua, Kitgum, Pader, Amuria, Kaberamaido, Moroto, Soroti, Kotido, Nepak, Luwero, Kabongo, Napiripiti, Mityana, Buikwe, Iganga, Bugiri, Namayingo and Kalangala.

**AWAC's Vision statement:** "A supportive policy and social environment that enables rural & peri-urban based grassroots FSWs to live free from human rights abuse in order to live healthy and productive lives in Uganda."

**AWAC's Mission statement:** "To strengthen a unified, vibrant, national, and sustainable female sex workers (FSWs) movement to advocate for an enabling environment and access to comprehensive sexual health rights, social and economic services for rural & peri-urban based grassroots FSWs in Uganda."

### AWAC's Objectives

1. To strengthen advocacy for improving access to universal health care services among female sex workers in Uganda
2. To expand advocacy and social mobilization for sex workers' human rights and acceleration of sustainable development goals in Uganda
3. To strengthen the economic empowerment and resilience of female sex workers in Uganda
4. To strengthen feminist movement building of female sex workers to confront their own challenges in Uganda
5. To strengthen the institutional capacity of AWAC to effectively deliver her strategic plan and mandate in Ugand



## Executive Summary

On 28<sup>th</sup> March to 20<sup>th</sup> May 2020, AWAC team conducted an assessment to examine the level of awareness of COVID-19 and its lockdown impact on the access and adherence to HIV treatment and preventive care, psychological and socioeconomic wellbeing of o FSWs, MWLHIV and AGYWs in Uganda. 1124 respondents were sampled from 30 districts Abim, Amuria, Arua, Bukomansimbi, Bundibugyo, Busia, Gulu, Hoima, Isingiro, Kaberamaido, Kaabong, Kampala, Kitgum, Kyotera, Lira, Luwero, Lyantonde, Masaka, Mbale, Moroto, Mbarara, Abim, Nakasongola, Kotido, Pader, Rakai, Soroti, Tororo, Wakiso and Yumbe districts

Primary and Secondary approaches were used in the assessment. Secondary data was collected using internet enabled laptops and smart phones to access websites, blogs, documents and news articles while primary data respondents were sourced using snow ball approach. Collection of primary data was enhanced by social media platform and phone administered interviews (supported by an interview guide), and online survey (supported by a questionnaire) Data was recorded in note books, typed and organized in MS word, transferred into MS Excel where it was analyzed and presented according to themes and patterns of meaning across data sets

The findings indicated that while 65% had adequate information on prevention of Covid-19 pandemic, 60% could not afford sanitizers and soap to wash their hands regularly. Only 20% could practice social distancing given that food was a more hard-pressed priority. 80% had failed to access their ART/PrEP refills or clinical appointments due to lock down and travel restrictions. 20% were no longer adhering ART/PrEP due to lack food. 22% did not have shelter, while 62% were able to survive on a cup of porridge a day and 11 % had been going without a meal for a couple of days. 80% had faced heightened levels of stigma and discrimination following the onset of Covid-19

199 had experienced individual and group violence. 65% had experienced physical violence, 38% had experienced sexual violence. 72% had experienced psychological violence. All the respondents were experiencing distress due the Covid-19 pandemic. 80% rated their level of distress as result of Covid-19 lock down at 8 and above. 50% of the respondents were using substances such as marijuana, cigarette and alcohol to cope with the distress. 60% self - reported to be aggressive due to the distress and 65% were experiencing depressed and anxious moods.

Limitations included; it was not possible to use observation and focus group discussion to enhance the quality of feedback, limited resource and time affected the size of the sample frame, phone administered interviews was time consuming given that interviewers at times needed to concurrently provide psychosocial support or referrals with data collection.

Key lessons learnt included; (FSWs, AGWY and MWLHIV) bear the burden of the adverse effects of Covid-19, Lack of social safety enablers, stigma and discrimination compromises FSWs ability to comply with Covid-19 preventive measures such as social distancing, hand washing and observing good nutrition, Covid-19 has induced adverse effects on the mental health and wellbeing of FSWs and MWLHIV; Extreme deprivation, starvation, lack of shelter and psychological distress compromise the abilities of the FSWs and MWLHIV to exercise risk reduction to live healthy dignified lives in times outbreaks .

The recommendations included; Developing and operationalizing of a multi-sectoral emergency strategy that meets FSWs' needs; Prioritize FSWs to benefit from existing social protection programs. Support FSWs' social assistance incentives, GBV prevention and response campaigns online Psycho-social support services, toll free helplines; ; targeted messaging to foster duty bearers accountability and commitment to prevention and response among female sex workers ; targeted social protection , differentiated delivery of social safety nets for vulnerable sex workers and their children through structured community mobilization and resilience building models such as GACs, CHLEGs, DiCs and CHuSAs .

## 1. Introduction

This report presents the findings from the assessment of the level of awareness of COVID-19 and its lockdown impact on access and adherence to HIV treatment and preventive care, psychological and socio-economic wellbeing of Female Sex Workers (FSW), Mainstream Women Living with HIV (MWLHIV) and Adolescent Girls and Young Women (AGYW) in Uganda. This virtual assessment was carried out from 28<sup>th</sup> March 2020 -20<sup>th</sup> May 2020 on respondents from 30 HIV high burden districts with high concentration of FSWs in AWAC catchment area. The assessment employed a cross-sectional design using qualitative and quantitative approaches. This report is presented in sections: - introduction, purpose, objectives, methodology, findings, lessons learnt, challenges, conclusion and makes recommendations.

### 1.2 Global, Regional and Country Context

The Covid-19 outbreak currently spread to over 200 countries and territories was first reported in Wuhan, China on 31 December 2019 and eventually declared a global pandemic on 11 March 2020. At present, there is no specific medicine to treat or prevent this pandemic. It spreads via transfer of infectious droplets from one person to another through coughing or sneezing<sup>1</sup>. In Uganda, the first cases of Covid-19 were confirmed on 19<sup>th</sup> March 2020 and 21<sup>st</sup> March 2020<sup>2</sup>.

In a bid to curb the spread of this pandemic, Uganda like other countries grappling with Covid-19 outbreak, has imposed a series of lockdown measures, travel restrictions and social distancing, among others preventive and control measures including: - instituting a dusk to dawn curfew, suspending public transport; closure of night clubs, bars, sports, music shows, places of worship, non-essential businesses, concerts, lodges, hotels, schools and restricting all gatherings of more than five persons<sup>3</sup>. Considerable series of recent literature suggest that vulnerable women and key populations especially sex workers bear a disproportionate burden of the Covid-19 crisis, (ACHPR, 2020; UNAIDS, 2020; Ndirangu, 2020; Liri 2020).

The Covid-19 pandemic has exposed and aggravated the preexisting vulnerabilities of women and populations living at the margins of society such as; Key and priority populations including sex workers, People who use and inject drugs Men who have sex with Men (MSM), Trans Gender (TG), People with disability (PwD), Persons in Prisons and other closed settings, truck drivers and the fisher-folk. The harsh environment in which sex workers operate not only makes them prone to violence linked to criminalization during enforcement of Covid-19 Regulations; but also exposes them to starvation and deprivation of livelihood which pushes them to seek survival at the risk of their own health and safety (NSWP &UNAIDS joint statement, 2020)<sup>4</sup>. <sup>5</sup>A recent statement on the impact of Covid-19 lockdown issued by the sex workers' fraternity in Europe revealed that sex workers shouldering a huge burden of fending for their families yet have no alternative source of livelihoods are at risk of being pushed into more precarious and dangerous situations in quest for survival (ICRSE, 2020).

#### **March 18 2020; ICRSE Statement on Covid-19 and its lockdown Impact on Sex workers**

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<sup>1</sup> [https://www.who.int/health-topics/coronavirus#tab=tab\\_1](https://www.who.int/health-topics/coronavirus#tab=tab_1)

<sup>2</sup> <https://covid19.gou.go.ug/>

<sup>3</sup> [releases/2020/03/30/more-guidelines-covid19-preventive-measures-need-shut-down-president](https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200424_sex-work)

<sup>4</sup> [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>5</sup> [https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200421\\_indonesia](https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200421_indonesia)

<sup>6</sup>The Kenyan sex workers' community and their leaders were crying foul at Police officers who are making capital out of the Covid-19 shutdown by targeting the sex workers' community through regular raiding of guesthouses to assault, harass and humiliate sex workers (UNAIDS, 2020). *UNAIDS 20/04/20 Kenyan sex workers abandoned and vulnerable during Covid-19*<sup>7</sup>

In Uganda, the news of Covid-19 outbreak along with the series of Presidential Directives on social distancing were big shockers to the female sex workers' community which comprises approximately 130,359 female sex workers operating in a harsh environment across all regions of the country under punitive laws (*UAC 2019 Synthesis consolidation and building consensus on key and priority population size estimation*).<sup>8</sup> Just a couple of days following the nationwide shutdown of bars, night clubs and lodges, AWAC field officers registered an outpouring of reports on Police and LDU raiding of guesthouses, and sex workers' hotspots coupled with unfair and arbitrary arrests, beatings and extortions perpetrated against sex workers. Due to such developments, several virtual meetings were convened involving senior management and general staff members at AWAC secretariat, district and regional coordinators who resolved that an issue brief be developed and rapid assessment on the impact of Covid-19 lockdown on FSWs, AGYW and MWLHIV and AIDS conducted and disseminated.

It's against this background, that AWAC commissioned a rapid assessment geared towards examining the level of awareness of Covid-19 and its lockdown impact on the access and adherence to HIV treatment and preventive care, psychological and socioeconomic wellbeing of FSW, MWLHIV and AGYW during the lockdown in Uganda.

### **1.3 Purpose of the assessment**

To examine the level of awareness of Covid-19 and its lockdown impact on the access and adherence to HIV treatment and preventive care, psychological and socioeconomic wellbeing of FSW, MWLHIV and AGYW in Uganda.

### **1.3 Objectives**

- i) To assess the level of awareness of Covid-19 pandemic preventive measures among FSW, AGYW and MWLHIV.
- ii) To assess the effects of Covid-19 lock down on access to and adherence to HIV treatment and preventive care by FSW, MWLHIV and AGYW.
- iii) To assess the effects of Covid-19 lockdown on the psychological and socioeconomic wellbeing (with regard to access to food, shelter, personal safety and security including protection from GBV, stigma and discrimination.
- iv) To identify the coping strategies employed by FSWs, AGYW and MWLHIV since the onset and during the Covid-19 lock down.

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<sup>6</sup> [http://www.sexworkeurope.org/sites/default/files/resource-pdfs/covid19\\_icrse\\_statement.pdf](http://www.sexworkeurope.org/sites/default/files/resource-pdfs/covid19_icrse_statement.pdf)

<sup>7</sup> [https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200520\\_kenya](https://www.unaids.org/en/resources/presscentre/featurestories/2020/may/20200520_kenya)

<sup>8</sup>UAC 2019 Synthesis Consolidation and Building Consensus on Key and Priority Populations Size estimates 2019 Synthesis consolidation and building consensus on key and priority population size estimation

### **3.0 Methodology**

This section presents the methodological approach that was used in conducting an assessment on the level of awareness of Covid-19 and its lockdown impact on the access and adherence to HIV treatment and preventive care, Psychological and socio-economic wellbeing of FSW, MWLHIV and AGYW in Uganda.

#### **3.1. Assessment Design:**

The assessment embraced the descriptive study design combining both quantitative and qualitative approaches of data collection. A continuous blend of primary and secondary data collection, analysis and presentation was adopted by the assessment team.

#### **3.2. Population and Area:**

The assessment respondents comprised Female sex workers under different categories, namely; - Living with HIV on ART, on PrEP or PEP, who not PrEP, Mainstream Women living with HIV and Adolescent Girls and Young Women at high risk. A total of 1,124 respondents were sampled from Abim, Amuria, Arua, Bukomansimbi, Bundibugyo, Busia, Gulu, Hoima, Isingiro, Kaberamaido, Kabong, Kampala, Kitgum, Kotido, Kyotera, Lira, Luwero, Lyantonde, Masaka, Mbale, Mbarara, Moroto, Nakasongola, Napak, Pader, Rakai, Soroti, Tororo, Wakiso and Yumbe districts. These are among the high HIV burden districts with high concentration of FSWs in AWAC catchment area.

#### **3.3. Sample Selection / Size:**

District coordinators, peers and CHLEG networks were used as entry points that facilitated respondent driven/ snowball sampling to source assessment respondents. Participants from the respective districts were contacted either via phone or social media platforms (WhatsApp or Facebook) and asked to talk to their colleagues about the assessment, and share phone contacts of potential volunteers for the assessment. The main inclusion criteria were that the potential respondent had to be a resident of that district belonging to any of the following categories; - FSWs, AGYW and MWLHIV.

Following the interviews, respondents were given a phone contact of the interviewer and asked to share their experience in relation to assessment and its importance with at least one peer, as well as request for permission to share with the interviewer. The interviewer would then call any new contact and request her to participate in the assessment, from social media platforms. Respondents were given a Facebook link with all questions that would guide the interview. An interview appointment would be set and the cycle was continuous for each respondent. On occasions, where respondents would request to participate with the help of an interpreter who was usually a peer who had not yet participated in the assessment, the interviewer would extend a request to them to participate in the survey and almost all interpreters responded in the affirmative. They would also be asked to extend an invitation to a peer.

A total of 1,124 respondents (FSWs, AGYW and MWLHIV) were sampled to provide their opinions and share experience on Covid-19 through phone call/telephone interviews, online survey, face book live chat, AWAC and WhatsApp members' platform. The assessment shows that 2% of the respondents were refugees from the nearby countries i.e. Rwanda, DR Congo, Tanzania and Burundi and they were unable to leave Uganda due the ban of lock down and travel restrictions by public transport.

#### **4.4. Data Collection Methods**

##### **4.1 Secondary data**

To enrich the quality of the assessment, the team reviewed related literature throughout the period of the assessment concurrently with primary data collection. Among the secondary online data sources utilized were; websites (MoH, CDC, WHO, UNAIDS, UNFPA, UNWOMEN, Global Fund/TASO, State House ACHPR, NSWP, ICRSE, Health Gap, CEHURD, HRAPF, UGANET, HEPS, ICWEA, UNYPA and AMwA), blogs, news articles, Press releases, print and electronic media, Facebook and tweeter posts. The major tools used were internet enabled devices such as laptops and android phones that helped members of the assessment team access various media platforms to collect relevant data. The advantage of secondary data was that it was easy and convenient, not expensive with information easily accessible at the click of a button. However, much of the posted data sources especially on Facebook didn't have links hence it was not used. Others who posted on human rights violations were threatened and ended up removing the posts, while others were scared of giving clarification and feedback on what they had published previously which led to the disqualification of their posts. Data was organized, synthesized, presented and aligned with the themes.

##### **4.2 Primary Data**

Data was mainly collected using both social media platform and one on one telephone interviews. A Facebook live chat was advertised with discussion guide questions presented prior to the live chat session. The secretary to the live chat synthesized and analyzed all submissions according to respective themes and presented them to the AWAC Monitoring and Evaluation team. Feedback on the level of awareness and impact of Covid-19 lockdown on FSWS, MWLHA and AGYW was also solicited and received via AWAC members' WhatsApp platform. The advantage of this platform was that probing and clarification could be done at any time of convenience for either parties. Feedback was also synthesized and arranged in thematic categories. An interview guide was developed and reproduced into several soft copies which were used during an interview to collect the needed data. Interviewers read the questions to the respondents, recorded the answers in their note books, and typed them using MS Word program on their computers.

##### **4.3. Data Analysis**

Respondents' data was extracted from the interviewers' note book, typed and organized based on respective themes and categories in MS word and then transferred in MS Excel for analysis. Data was analyzed and presented according to themes and patterns of meaning across data sets.



#### 4.4. Ethical Considerations

Interviewers strived to ensure reasonable precaution in maintaining the private nature of information shared with them by the respondents by using headsets to ensure no one eavesdrops on the conversation, respondents were given codes before the interviews began. Instead of using respondents' names and districts, the interviewers used codes which were recorded alongside the respondents' feedback in the notebook. The information on the interviewers' computer is protected by restricted access code.

#### Limitations

- ❖ Due to the lockdown and mandatory social distancing, it was not possible to use observation and focus group discussion groups to enhance the quality of feedback.
- ❖ The size of the sample was also limited by the travel restrictions, and lack of access to phone services by some potential respondents.



## 5.0 Key findings

This chapter presents the assessment findings organized according to the following themes: Awareness on preventive measures for Covid-19 pandemic among FSWs, MWLHIV and AGYW; the effect of Covid-19 lock down on the access and adherence to HIV treatment and preventive care among FSWs, MWLHIV and AGYW; Effects of Covid-19 on the Socio-economic and psychological wellbeing (in context of access to food, shelter, personal safety and security) including protection from stigma and discrimination; and the FSWs, AG- 1 -YW and MWLHIV coping strategies for dealing with the distressing situation of the lock down

### 5.1 Awareness on preventive measures for Covid-19 pandemic among FSWs, MWLHIV and AGYW

Findings show that only 65% of the FSWs, AGYW and MWLHIV have adequate information about this pandemic disease of Covid-19.\

### 5.2. The effect of Covid-19 lock down on the access and adherence to HIV treatment and preventive care among FSWs, MWLHIV and AGYW.

Findings from the assessment indicated that out of the 1, 124 people sampled, 127 of them were MWLHIV, 373 were FSWLHIV, 248 were FSW on PrEP, 202 were FSW not on PrEP, and 174 were vulnerable AGYW (the youth) who are at risk of acquiring HIV. 22% of the responded are on PrEP while 44% are on ART treatment (11% are MWLHIV while 33% are FSWLHIV) while the rest are some of our vulnerable AGYW (15%).

The assessment further revealed that 80% of the respondents indicated they had failed to access their ART/PrEP refills or clinical appointments, due to the lockdown and travel restriction of public transport. 20% of respondents shared they were no longer adhering ART/PrEP due to lack food.

#### FSW experiences on access and adherence to ART and PrEP

##### 5.2.1 Access to treatment

Sex workers in **Amuria and Kitgum** districts were flogged by LDU on their way to health facilities. They were blocked from accessing health facilities, and this scared way several other sex workers from accessing treatment in fear of being flogged. Some Sex workers who had been caught up by the lockdown in **Kikyusa** where they had gone to harvest pineapples reportedly went to the LC and requested for a letter permitting them to travel to **Katikamu Health Centre III** for their ART refills but LC officials asked them to pay 50,000 for the letter which they didn't have. After spending 3 weeks without drugs, they gave their ART numbers to their peer leader in Katikamu who picked their drugs from the health facility and arranged delivery of these drugs to them with support from the AWAC project coordinator. 60 sex workers from **Kikagati border Isingiro** had missed PrEP for 5months. 4 sex workers who were accessing from Tanzania had spent two months without taking due to the lockdown. Some sex workers in **Kitgum** had to walk 18kms to access ART refills at Kitgum Mission hospital. Another group of sex worker's in **Bundibugyo** had to walk **50kms** to access ART refills from their village to **Kikyo health Centre**. Those who were weak or ailing had to miss out on treatment

Table 1 shows the category of people who were contacted with phone calls during the assessment

MWLHIV	FSWLHIH	FSW on PrEP	FSW not on PrEP	AGWY	TOTAL
127	373	248	202	174	1124

The pie-chart below shows the category of people contacted by AWAC researchers

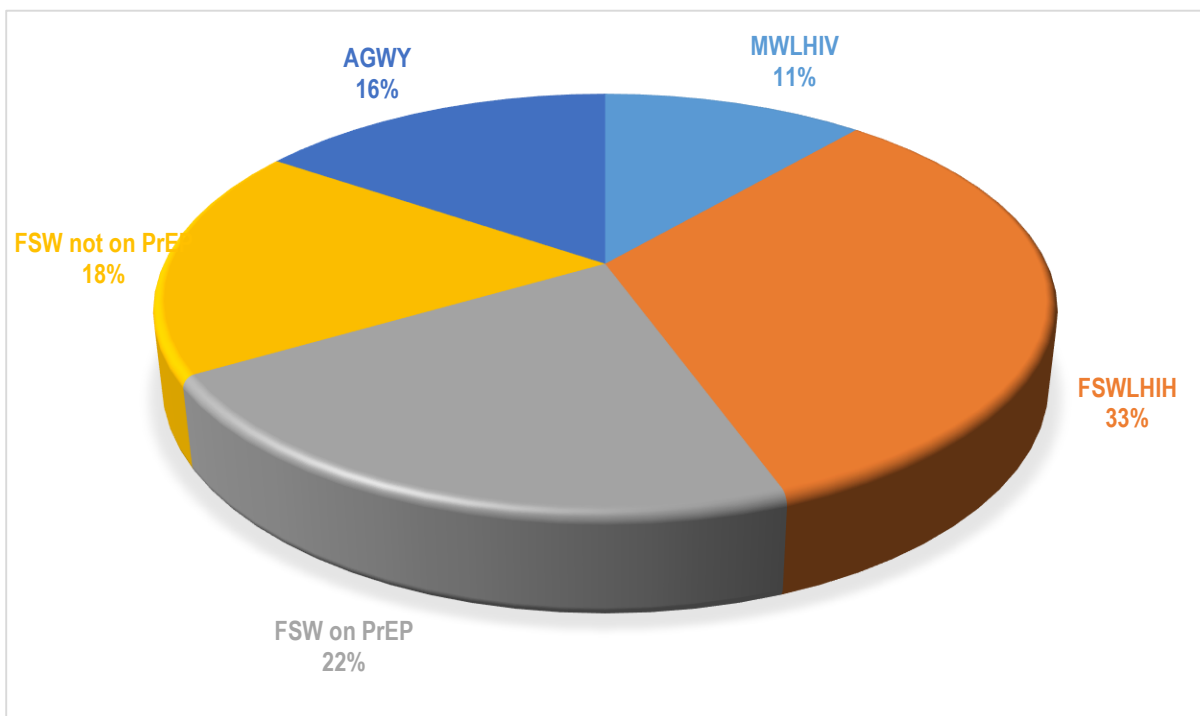


Table 2 below shows the FSW who were contacted during the Lockdown assessment period

District	# FSWs starving.	FSW without shelter	ART and PrEP Defaults
Abim	37	15	5
Amuria	55	3	07
Arua	60		13
Bukomansimbi	17	06	01
Bundibugyo	40		15
Busia	13		20
Gulu	60	20	18
Hoima	23	5	6
Isingiro	10		08
Kaberamaido	16		
Kabong	49	11	4
Kampala	109	41	29

Kitgum	35		03
Kotido	10		
Kyotera	57	21	34
Lira	42	38	09
Luweero	46		
Lyantonde	36		
Masaka	59		22
Mbale	21	7	
Mbarara	45	30	11
Moroto	10		2
Nakasongola	13	5	
Nepak	40	10	05
Padel	49	21	07
Rakai	13		
Soroti	60		
Tororo-Malaba	25		
Wakiso	68	11	7
Yumbe	6		

5.3 Effects of Covid-19 on the Socio-economic and psychological wellbeing (in context of access to food, shelter, personal safety and security) including protection from stigma and discrimination.

65% of the FSWs reported that they were discriminated during the distribution of food by local task force just because of the nature of their work yet most of their hotspots were closed down and right now they do not have any source of income to buy enough food for themselves. 70% are mothers with children/and dependents while 18% of them are lactating mothers. 62% of the respondents shared that they were able to survive on a cup of porridge a day, 15 % of participants shared that some days of the week they had slept with nothing in their stomachs, while 11 % had been going without a meal for a couple of days.



### **Text Box 1: Experiences of starvation and multiple vulnerabilities**

*Am a Sex worker living with HIV from Angoromu village Kuju Sub County, my dear, I can't describe the nature of calamity that visited my house two weeks into the lockdown and still can't believe that all this is happening at the same time. Following the death and subsequent burial of my mother which coincided with the day I was supposed to have my ART Refills, all my crops and house got destroyed by a bad hailstorm. At the same time my family members forcefully evicted me from my property which had been given to me by my deceased mother on grounds that I am is a mere harlot and hopeless unmarried woman living with HIV. A friend allowed me to sleep in her kitchen room with my four adolescent children. We are sleeping on the floor in a cold and congested room. What worries me is that anytime we can easily catch the Corona virus because our lungs are very compromised due to too much coldness that forces its way into our lungs at night. Neighbours donated to us some cassava flour which we have been eating with water. As I speak now it is also finished. We have no food, no beans, no salt, no soap, and no beddings. I am warped up with heavy distress. My 9yr old daughter has been crying unceasingly which equally breaks my heart. For several days, sleep has been so far away from my eyes. I am worried for my children and myself as well. I might die anytime due to starvation coupled with missing my ARVs. Today, I rode on a borrowed bicycle to Amuria ST Claire Health Centre in Oromo but the health workers refused to give me ART medicine because I didn't have a referral later from TASO Soroti My biggest needs are food, shelter and legal support" Sex worker – Amuria district.*

*"I can't believe some women can choose to be so wicked! Can you believe that even after forcing us to by saucepans so as to access food, the same women leaders blocked us from accessing food that we don't need the food because we don't cook, if we are not human beings" Sex worker - Mbuya.*

*"Our leadership at AWAC secretariat, the situation here is unbearable. The cold hand of death due to starvation is holding us under its fierce grip. It's difficult to take ARVs on an empty stomach Please come to our rescue "Sex worker –Kyotera.*

*I would rather die of Covid-19, or be flogged than sit back as I watch my children die of starvation. "One evening, while I sat there helplessly watching my little ones grappling with their second night on an empty stomach, I received this phone call from one of*

22% of them shared that had been left homeless following the presidential directive to close all lodges which were their places of residence. 4% of those who did not have where to stay decided to cohabit with their clients as a way of securing shelter, 7% were sharing houses with their friends, 9% remained in their hotspots, 2% did not have anywhere to go so they kept on hiding in the ram-shackled places.

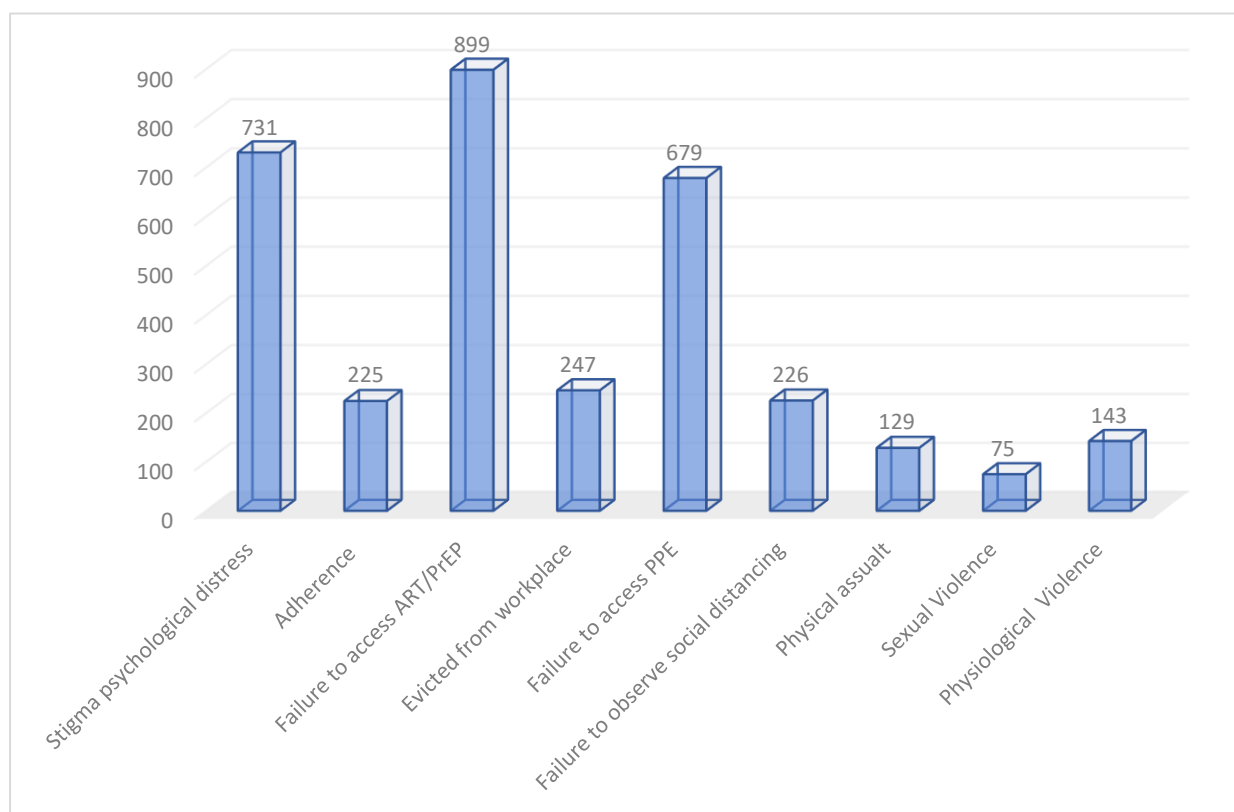
The assessment revealed that 60% of the FSWs could not afford sanitizer and soap to regularly wash their hands. Additionally, the respondents shared that only 20% could practice social distancing given that they stay in congested setting and to them food was a more hard-pressing priority than social distancing to avoid the pandemic. While 58% of the respondents shared that they were able to survive on a cup of porridge while 11 % have been going without a meal for a couple of days.

All the respondents gave an affirmative response on whether the Covid-19 lockdown had had any impact on their Psychological wellbeing. When asked to rate their level of psychological distress as result of the Covid-19 pandemic and lock down on a scale of 1 to 10, 85% of the respondents rated it at 8. These results appear consistent with literature from UNAIDS 2020 suggesting that "many sex workers in Indonesia are increasingly needing mental health support to combat the stress attributed to economic hardships and anxiety about their health and safety." The same report quotes from a

rapid survey conducted during Covid-19 period by the Indonesia positive network that revealed that 80 percent of the KPs interviewed were in need of access to mental health services and psychosocial support services<sup>9</sup>.

80% of the respondents revealed that they had faced heightened levels of stigma and discrimination following the onset of Covid-19. In Migyera 35 FSWs were evicted by the Local council on instruction of the mayor are 5 of them who FSWs in Kitgum, Soroti, Kyotera, Mbarara and Kampala faced stigmatizing attacks and hostility from the respective communities being labelled vectors of Corona virus. Others were instructed to leave the area because they are not registered residents yet all public means of transport had been banned were reluctant to leave without option were picked and flogged by the LCs.

**Figure 1: How COVID 19 Lockdown has affected FSWs**



**Here is how one sex worker shared her experience of stigma as attempted seek for help**

*My four-year-old daughter and I had spent 3 and half days without putting anything in the stomach. I could feel my belly shaking and twisting and getting hot, peppery and cold at the same time. There was a mist in my eyes. My hands and legs were shaking. I crawled out of my bed and braved whatever humiliation that would come my way and went begging for food from my neighbors. One of my neighbors told me to go and die of hunger after all am a prostitute whose business is spreading HIV and Corona virus. Besides, the town would be a better place the faster I was dead. I had never felt that much humiliated and stigmatized. I finally got a meal after contacting 6 people. For a moment, I wished I were dead, but for the sake of my daughter, I resolved to be hold on to life. I shared the little meal with my daughter and went to the street in search of clients. I managed to get a customer who took to me his place and paid me Ug sh 3500 which I used to buy charcoal and maize flour. That took us for some days until our peer bought food from a donation from AWAC, **Sex worker – Kaberamaido.***

<sup>9</sup> [https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200421\\_indonesia](https://www.unaids.org/en/resources/presscentre/featurestories/2020/april/20200421_indonesia)  
 Natenda Shira 2020 Sex worker face heightened stigma in the Shadow of COVID 19 Emergence response. African Feminism



199 respondent shared they had experienced both individual and group violence due to the lock down, 65% had experienced physical/assault violence caused by security Personnel and their own clients/partners, 38% had experienced sexual violence incidents and 72% had experienced psychological violence from area thugs, community, security personnel, their own partners, and amongst themselves. In several hotspots and lodges, stick wielding gunmen in military uniforms broke into the lodges flogged them in a humiliating and dehumanizing manner, subjected some to forced sex and forcefully extorted all the little earning and savings they had with them (Natenda, 2020). FSWs reported; arbitrary arrests, break-ins and beatings perpetrated against them by law enforcement officers. From 15 April -30 April AWAC received reports of 117 sex workers who had been been arrested—and 71 of those have been within the last 24 hours through raids in Lira, Wakiso, Masaka, Kampala, Oyamu, Mbale, Nakasongola and Kasese.

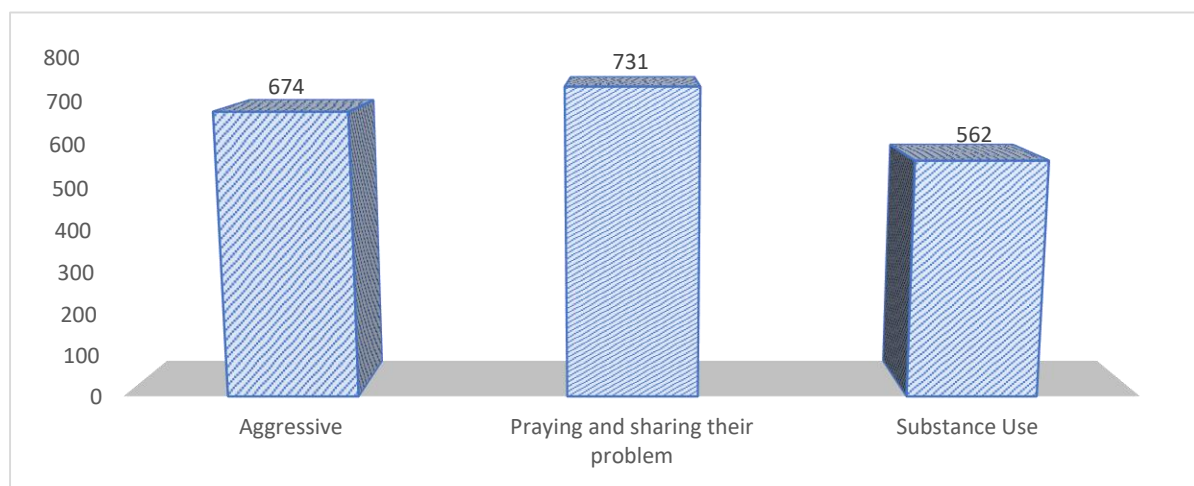
Here are how sex workers describe their experiences of violence perpetrated against them by security personnel

*“It was approaching 6:00 PM in the evening when two police officers confronted me and the first question that came flying out of one of their mouths was what are you doing here? They didn’t even allow me breathing space to respond to their question but went ahead to flog me all over; the legs, ribs, thighs and buttocks I fell to the ground and they continued with their beatings. I was down there pleading but they couldn’t listen. They asked me for money. I told them to check me and they beat me again this time asking me why I am so foolish to be so broke yet I am a prostitute. It’s not until one of their leaders approached and asked to get up and go home”, Sex worker- Kotido.*

#### 5.4. Coping strategies of FSWs, AGYW and MWLHIV for dealing with the distressing situation of the lock down

50% reported to be using substances such as marijuana, cigarette and alcohol. 60% reported to be aggressive during such situation and 65% experience depressed moods as their coping mechanism. The rest of the respondents were coping by praying, sharing their problems with peers, community leaders and organizations such as AWAC via phone and social media.

Figure 2: Coping mechanisms when facing distress



#### Utilizing member's savings

Sex Workers organizations with community savings and loan associations were able to share their savings and use it to buy some food which carried them through the first phase of the lockdown. The leader of Kasese women health support initiative (KWSHI) a sex workers led organization Kasese shared that they went and withdrew money from the members saving account and bought 8 bags of posho and shared it among members.

#### Utilizing existing relationships to present the needs of FSWs to the district task force

A sex worker leader accounts of how she leveraged on the existing relationship with district stakeholders to lobby for a position on the Lira district Covid-19 task force;

*"Following the closure of lodges, the situation became very difficult for sex workers. Among them were 5 mothers on ART with no accommodation. Presented the challenge in a CSO partners' meeting with the CAO. In several meetings with the DHO, DPC, RDC, I presented pressing needs and challenges. Later the team decided to co-opt me on the district task force to input in specific meetings that have issues that affect sex workers. The reputation of my organization – HRI coupled with my prior relationship with the team made it easy for her to blend with them and get sex workers issues on table, FSWs' leader- Lira.*

One other sex worker leader shares how she managed to lobby for food;

*I had saved phone numbers of the Deputy CAO Tororo district who had given us very good words of encouragement as sex worker leaders during the AWAC leadership training supported by UN Women conducted in Tororo last year. I called her and explained to her the situation of the starving FSWs and harassment and abuse of FSWs by Police in Malaba. I also shared with the Town clerk about the heavy demands placed on the shoulders of sex worker as mothers who are no longer working but have been excluded in the system of accessing food. The team agreed to include us among the beneficiaries. Food was dispatched from Tororo our team got 5kg of maize flour per sex worker, FSWs' leader –Malaba.*

### *Mobilizing relief items from stakeholders, religious leaders and district authorities*

Sex workers in **Kasese** Municipality under their organization **Kasese** Women Health Support Initiative (KWHSI) mobilized food from well-wishers and district leaders for 137 sex workers which food was distributed in 3 cycles among different sex workers (5kgs posho, 1kg beans 1kg sugar 1bar of soap to each one). The organization also engaged the RDC who gave 300kgs of maize flour to 60 sex workers. In addition, sex workers in **Kabarole** under their organization Kabarole Women Health support initiative by lobbied support from district leaders, well-wishers and the Rwenzori Diocese of the Church of Uganda who gave them relief supplies and food.

### *Getting into loose contractual cohabiting relationships*

Sex workers lacking food or shelter decided to cushion the situation by temporarily cohabiting with the area boys. In Mbarara sex workers shared that those who got into these relationships were being beaten like cows. Its alleged that in a bid to cushion the socioeconomic pressures of the lockdown, one sex worker operating in **Kasensero** came into understanding with one of her regular clients belonging to the fisher folk community to mutually support one another. Part of the arrangement was that the client shifts from where he was staying to this sex worker's rented room to enjoy the fun, the comfort and accommodation in the course of the lockdown on condition that he gives her money for food, rent – UGX 70,000/= and catering for a few personal needs. In spite the clients 'problematic drinking, their compatibilities and aggression seemed bearably manageable given that was at least fulfilling his obligation to buy food especially in the first couple of weeks. He even gave her a deposit of UG X 100,000/= to send for her children in the village. It's alleged that one afternoon, trouble crept in when the client wasted all his money in drinking and came back drunk demanding for the UGX 100,000/= he had given to the sex worker.

A fight erupted between the two and the process, the sex worker stabbed the client with a knife in the stomach. As the man collapsed and fell to the ground bleeding profusely, the sex worker ran out raising an alarm seeking for help. The community members grabbed her and took her to the Police station. Meanwhile the other group rushed the fatally wounded client to the health facility where they were advised to further speedily take him to a health facility that could manage his condition in Kyotera situated over 60kms away from Kasensero. Unfortunately, the client died on the way. His boss provided space where he was buried since the deceased's body could not be taken back to his ancestral place in Tanzania during the lockdown. The sex worker was arrested- and spent about 3 days at Kasensero and then transferred to Kyotera.

*Reference number KASENSERO CRB 027/2020*

*Suspect: NIRERE SARAH*

*Dead Body: MORIS LIFRA*



### ***Begging food, going back to the street, going to the bush and eating raw mangoes***

Some sex workers shared that when they felt pushed to the wall due to starvation they tried to begging food from their neighbors. One of the sex workers from Yumbe shared her experience with starvation;

*"My dear, its God's mercy. Some of us are surviving on raw mangoes which are even getting depleted. I am afraid what will befall me and my children is the lockdown is extended for additional weeks". – Sex worker in Yumbe*

### ***Paying money in exchange for their release.***

A FSW in **Malaba** was badly beaten and arrested by the police after being got outside her home at 4am in the morning. She paid UGX 100,000 so secure her release from police detention. After leaving the police station, she went and narrated her ordeal to the sex workers peer leader in the area. The peer leader went and reported the case to the DPC, the OC and the Police spokesperson agreed that the money that had been extorted from her be refunded. She narrated her ordeal to their Peer leader, OC and Mr. Odeke the Police Spokesperson Tororo agreed to refund the money (100,000/=) that had been extorted from her will be refunded. They also promised to address the grievance of Police torture of FSWs. 3 Sex Workers in **Bundibugyo** were arrested and spent 2days in police detention for flouting the curfew. They were released after their colleagues mobilized 100,000 for the police. The Sex Workers arrested in **Masaka-Nyendo** also paid Ugx100,000/= to police for their release. 14 FSWs were arrested at Hanny's **Pub, Rubaga road** flogged and Police extorted Ugx 50,000/ per head for their release. 2 Female Sex Workers in **Mbuya-Kinawataka** shared that they were arrested by Local defense forces as they approached residence on their way from buying chips and Kikomando locked up in a filthy and congested jail room where they could not observe social distancing the whole night. They were released after paying Ugx40, 000 per head.

### ***Paying in installments, borrowing, selling valuable items and doing batter trade.***

One sex worker in **Kireka** who was in police detention after flouting the presidential directive on curfew sold her table at Ugx 40,000 to secure her release from police custody. Another sex workers' peer leader in **Kasensero** had put her mattress on sale after failing to raise the UgX 20,000 on her way to a health facility to collect ART refills for her peers, then on second thought contacted AWAC members' platform for rescue. By good luck, the Ugx20,000/= was raised at the greatest hour of need and given to the bodaboda guy who was almost getting physically violent with her. In **Kotido**, a sex worker pleaded with a private health practitioner to treat and dress the wounds of her son on credit who accepted. LDU officers had stormed her homestead met her son who had gone outside to pee and subjected him to vicious beatings and left him there bleeding in the compound. Up to now she still owes the health worker Ugx100,000.

### ***Involving their children in lobbying and voicing out family needs***

Sex workers shared that they have realized amid this Covid-19 crisis, their children across all ages have been left with no option but play their part in mobilizing family resources through begging from the neighborhood, gathering mangoes,

selling, doing petty jobs and sexual services to bring something to fend something to survive on as individuals and family members.

*“Two weeks ago, my 9year old daughter stole some raw tomatoes displayed for sale in a neighbors’ compound. She peeped when no one was seeing, picked 4 tomatoes and came to share with her 3 younger siblings who were starving. Someone saw her through the window. The neighbors came demanding that I pay for the mangoes. Of course confidently sided with my daughter. I even became mad at falsely accusing my daughter for being a thief. They called us all sorts of names and hurled curses on us that we will die thieves and prostitutes. Where on earth could I get the money! I found myself torn between telling my daughter that what she had done was good to care for her little siblings and reprimanding her for being a thief and brave the humiliation of explaining why I had failed to provide for them as a responsible mother”.*

### **Sex worker in Mbarara**

In Kireka a female sex worker -mother of 3 starving children wanting to present the urgency of the matter recorded WhatsApp audio and video clips of herself and her children demanding food. Some children of sex workers noted;

*We need food, hey give us food. We have nothing to eat. Our mothers are no longer working. Whenever they try to go back to where they were working, they are flogged by authorities. Give us food. ... ..”* **Starving Children of a sex worker in Kireka**

### ***Selling sexual services away from lodges***

Some sex workers shared that due to closure of lodges and tight security, they resorted to selling sex in public car packing places, garages and washing bays, other preferred corridors or to go to a client’s rooms. It is really a hard situation for us. With no condom supplies, lodges closed, tight community spying on lodge operations. We have tried to manage by selling sexual services to our clients mostly truck drivers in the bush often without condoms. I would rather die of Covid-19 than die of starvation, **Sex workers’ leader at Kikagate Border Isingiro.**

### ***Engaging media***

Sex workers in Gulu, Lira and Hoima shared that they have engaged media houses to voice out their pressing needs and concerns regarding access to food and police

### ***Engaging other CSOs and district authorities***

FSWs leader in Mbarara went and pleaded with the RDC for emergency food who gave them 6kgs when she couldn’t stand the sight of her colleagues starving and contacted one of the reached out for support to a sister organization in the KP fraternity.

## FSW leader from Kasensero went to councilor and mobilized food for 20 girls

### **Threats and protests**

When the Gulu district leadership rubbished the sex workers request to be included among the vulnerable persons who should benefit from food relief, the sex workers threatened to release a list of all the big people who are their clients. Others said that they would rather interact with truck drivers and die of Covid-19 than die of starvation. 26 sex workers in Soroti went and presented their grievances of being left out during food distribution to the Vice Chairperson of Soroti district and threatened to go back to selling sex even if it meant selling to truck drivers if they fail to get the much needed food for their survival. Sex workers in Bwaise and Kawempe stormed Kawempe division offices with placards demanding to money which was allegedly earmarked for them and handed to the mayor from Plan. They were given 50kg of maize flour and 1 box of soap which they distributed in KiMombasa. The RCC also promised to follow up on their issue.

### **Fighting, and displacement of unpleasant emotions**

Sex workers in Bwaise, Kasesnsero, Bukomansimbi, Gulu, Lira, Kitgum, Amuria, Mbarara and Kaberamaido reported an escalation in the incidents of fighting and interpersonal clashes within the sex workers' community, the neighborhoods, landlords and at times local authorities which they attributed to the distress caused by the lockdown. In one hotspot in Mbarara for example, a fight erupted between the mature sex workers and their younger inexperienced counterparts of the 6kgs of maize flour which a peer leader and mobilized from community leaders and prioritized for the younger sex workers who had been starving for several days. The mature sex workers ended up grabbing the food from the young ones. Upon receiving this report, the peer leader rushed in and divided the food among everyone at the hotspot and everyone peacefully walked away with 125gms of maize flour. Others reported that stress and anxiety pushed them into being rude and violent to their children and partners.

## .6.0 Findings from Secondary Data sources

Below are the findings retrieved from websites, blogs, news articles, press releases Facebook and tweeter media sources on the impact of Covid-19 lockdown on sex workers' access and adherence to HIV treatment and preventive care, psychological and social economic wellbeing.

### 6.1 Access and adherence to HIV treatment, preventive care and Family Planning

*New Vision*

*Added 6th May 2020 10:24; Covid-19 and impact of lockdown on access to health service: By Fred M Ssewamala*

*Restrictions on both public and private transportation as well as increased food insecurities are causing people living with HIV to miss doses of their essential antiretroviral medications<sup>10</sup>.*

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<sup>10</sup> [newvision.co.ug/new\\_vision/news/1518524/hidden-pandemic-sub-saharan-africa](http://newvision.co.ug/new_vision/news/1518524/hidden-pandemic-sub-saharan-africa)

**Daily Monitor: What it means for Community Participation in the response to Covid-19;** Baguma Christopher April 29 2020

The Prolonged periods of quarantine and movement restrictions are causing emotional unrest and anxiety, gender-based violence including sexual exploitations, interrupted access to sexual and reproductive health services, including access to family planning within the communities<sup>11</sup>.

### *Food and Socio-economic Survival vs Safety and Security*

**Global Press Journal: Amid Distancing Restrictions, Ugandan Sex Workers Face Unique Challenges;** Nakisanze Segawa April 26, 2020

*Like much of the world, Uganda has imposed social restrictions to combat the spread of the coronavirus. For Ugandans who rely on sex work, the guidelines present a stark choice: continue work and risk infection – or stay home and face financial ruin.*

*Throughout Uganda, sex work, though illegal, is common. Uganda remains among the world's 20 countries with the highest prevalence of HIV, in part because sex workers' clients often refuse to use condoms, advocates say. Now, a new health crisis has emerged. And the nation's sex workers say they can't afford to stay at home.*

*Uganda has restricted public gatherings until at least May 5, closed bars and urged ill citizens to wear masks and practice social distancing. For local sex workers, those restrictions aren't feasible.*

*Some can't stay at home because sex work is their only source of income for survival".*

**Glim: Akina Mama wa Afrika's Pauline Kahuubire Talks Effects of Covid-19 on Women in Uganda, and Possible Interventions;** Pauline Kahuubire, April 24, 2020

*The pandemic's adverse effects on women requires a specialized response that recognizes and addresses their rights, their medical and social needs and promotes their leadership in the response.*

*Because of the measures taken to curb the spread of the virus, many have been left with the fear of losing their jobs such as women working in the hospitality industry or no source of income at all for example sex workers.*

**Red Pepper April 23<sup>rd</sup> 2020;** Sex workers resort to truck drivers undermining Covid-19 fight in Maracha

That the financial crisis during this time, and lack of other clients leaves sex workers without any choice than to risk their lives with truck drivers' sole customers to earn a living and survive starvation during the lock down, [Tags, Covid-19 pandemic, Maracha, sex workers, truck-drivers, Uganda](#)

BBC News Hour by Atuhaire, P.

29/05/2020 Sex workers are among those suffering under the lockdown: Some have stopped taking ARVs.

<sup>11</sup> <https://www.monitor.co.ug/OpEd/Commentary/What-means-Community-Participation-response-Covid-19/689364-5537682-vbq6buz/index.html>



*“You wake up in the morning and the children are crying .They are hungry they didn't have supper. Do you just sit at home? I have to take the risk and leave the rest to God. My children will not die because I am worried about catching COVID-19 .... I will be honest with you. I stopped taking the medicine. I cannot take it on an empty stomach. I am HIV positive. There are some people on TB drugs. No one is paying attention to our challenges.30yr old mother of 4 in Bwaise*

*“You will hear that children have died from our homes not from COVID 19 but starvation. See how flooded this place is. On a day like this, I would make children tea to keep them warm. But I don't even have sugar. We don't have food. When you get some food you have no charcoal to cook with. When you can afford charcoal you won have money left for salt. When things get tough you reach out to your clients.” Sex worker Peer counselor - Bwaise.*

*Sex workers have been asking for support. They have sent me messages. Some say they have stopped taking their drugs. While others only take the, only when they have food. We tell patients that you must take something before you swallow the medicine. This is going to lead to resurgence in new infections. When they don't take their medicine it means the viral load is going to go up. The capacity to infect others is going to go up as well.*

## 6.2 Stigma

***Nile Post: Mbale Sex workers ejected from town over fears of spreading Covid-19; Gerald Matembu 28/04/2020***

Local leaders in Busiu Town Council Mbale expelled Sex workers working along Mbale – Tororo High way accusing them of aiding the spread of Covid-19. This follows a revelation that one of the sex workers at the stage who had contact with a truck driver who was diagnosed with Covid-19, who had spent a night with one of the sex workers in Busiu. The alleged sex worker was picked by the district surveillance team and taken to Mbale quarantine center. Following the incident area leaders resolved to expel sex worker from the center after realizing that they had become a hazard to the community. The leaders also came up with harsh measures limiting the stay of trucks in the area. Truck drivers stop strictly for 15 minutes to buy food<sup>12</sup>.

*28/04/2020 NBS tweet 1:37pm; #NBS LiveAt1 #NBSUpdates*

Local leaders in Busiu town council have expelled sex workers from their town along Tororo Mbale high way accusing them of dealing with truck drivers who are suspected to be infected with Covid-19. Following a revelation that one of the sex workers had contact with the first truck driver who was diagnosed with Covid-19 the said sex worker was quarantined at Mbale quarantine center following a community alert<sup>13</sup>.

## 6.3. Stigma, violence, Raiding of Hotspots and Arresting of sex workers

**24/04/2020 Xclusive UG; Covid-19 Kenyan truck driver, prostitute survive lynching after angry Ugandans storm randy couple in Lodge**

<sup>12</sup> <https://nilepost.co.ug/2020/04/28/mbale-sex-workers-ejected-from-town-over-fears-o-spreading-covid-19/>

<sup>13</sup> <https://twitter.com/nbstv/status/1255083687416389633>

A Kenyan truck driver and a renowned prostitute in Rubirizi trading centre in western Uganda survived lynching, thanks to Police, after locals stormed the lodge where the two were having a good time<sup>14</sup>.

**Watch Dog: Ntungamo RDC warns sex workers to stop sleeping with Truck drivers, 29/04/2020; Wilfred Arinda Nsheka.**

Ntungamo RDC George Bakunda has warned women and girls to stop sleeping with transit truck drivers in excuse for making money amidst the spreading of the deadly corona virus in the country. Bakunda appealed to women and girls to observe social distance as the only measure to curtail the spread of the pandemic saying that transit truck drivers are the remaining agents spreading the pandemic in the country. The RDC's noted that recently, a sex worker in Ntungamo was quarantined at Ntungamo Health Training Institute Nyarutuuntu after she admitted to have had sex with long truck driver in a lodge for three days in Ntungamo Municipality which left many town dwellers worried of being infected with Covid-19. The sex worker admitted after an inquiry by the RDC who had received a tip off from residents who become suspicious after noticing that the woman had slept with a truck driver<sup>15</sup>.

**Chimp reports; Sex workers, clients arrested in Kabale Police Operation, Godfrey Tugume, May 7<sup>th</sup> 2020**

(Authorities in Kabale Municipality on Wednesday carried out an operation in which they raided lodges and hotels arresting 18 Commercial sex workers<sup>16</sup>.)

### **Access to justice during Covid-19 lockdown/NBS Breakfast meeting**

Counsel Susan Baluka of the Human Rights Awareness and Promotion Forum (HRAPF) shared that the Corona Virus Crisis response has made preexisting vulnerabilities in certain marginalized groups more pronounced especially sex workers and women who are victims of GBV. She pointed out that following the shutdown and ban on public transportation some sex workers could not travel to their respective places stayed in the lodges. When law enforcement officers just come in raid the lodges and throw them to jail without representation that is not fair and violates the right to liberty, right to fair hearing and the right presumption of innocence which are **non-derogable rights, Kampala, Uganda | THE INDEPENDENT** May 7 2020.

### **Covid-19: 32 sex workers quarantined in Kabale**

32 sex workers were quarantined following a raid on their sealed off Baboncha bar, California T&J Transit Hotel and Bar, Standard lodge and bar and Safe Lodge 25 RWANDA nationals and DPC, RDC, Mayor and Head of Kabale Municipal council surveillance team Thirty-two commercial sex workers have been quarantined in Kabale district as health authorities hunt for the contacts of a truck driver who tested positive for the coronavirus disease. The truck driver was

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<sup>14</sup> <https://xclusive.co.ug/2020/04/24/covid-19-kenyan-truck-driver-prostitute-survive-death-after-angry-ugandans-storm-randy-couple-in-lodge/>

<sup>15</sup> <https://www.watchdoguganda.com/news/20200429/91573/covid-19-ntungamo-rdc-warns-sex-workers-to-stop-sleeping-with-truck-drivers.html>

<sup>16</sup> <https://chimpreports.com/sex-workers-clients-arrested-in-kabale-police-operation/>

intercepted on April 24th 2020 as he was returning from Rwanda on his way to Kenya's port city of Mombasa. Sex workers shared they like truck drivers because they pay well<sup>17</sup>.

### **Chimp Reports, 23/04/20; Bukedea Has No Confirmed Coronavirus Cases Yet- DPC Tugume Assures**

**Residents: By Benjamin Emuk**

Residents of Bukedea Town Council have been living in panic ever since four sex workers under their umbrella- Team no Sleep were arrested and taken to an Isolation point in Soroti for close monitoring. The Bukedea DPC said "the ladies who got in contact with a truck driver who tested positive for Covid-19 and was intercepted at Kamdini were taken Soroti. Ever since the news about the girls who were reported to have gotten in touch with the truck driver who tested positive for Corona virus most of the residents fled the town and went to their respective villages for fear contracting the pandemic<sup>18</sup>.

#### **6.4. Coping strategies for dealing with the distressing situation of the lock down**

### **NBS 1<sup>st</sup> May 2020: Sex Workers in Hoima Demand More Food Aid**

Sex workers in Hoima district have been offered food after the guidelines to curb the coronavirus pandemic have left the nation under a lockdown. This is after many businesses have been closed and temporarily suspended to prevent the spread of the virus. The government has taken the initiative to provide food aid to the vulnerable people and those incapable of supporting themselves to fight food poverty during the lockdown. Out of the 106 registered sex workers in Hoima, only 20 have received food aid from the Hoima district taskforce. However, despite being grateful, these allege that more food aid should be brought to reach out to those that are HIV positive<sup>19</sup>.

*TND News: At least 100 sex traders in Lira Municipality have Saturday been given coronavirus relief food by the district task force; Frank Oyugi 18/05/20, Lira sex workers to receive fat-brown-envelope from President Museveni Lira—May 28*

*The donations included 6kg of posho, 3kg of beans and a packet of table salt. The exercise was officiated by the National Resistance Movement [NRM] party chairperson for Lira district, Hon Sam Engola, Lira RDC Milton Odongo and a team from Uganda Red Cross, Lira branch. Speaking to the beneficiaries at Uganda Technical College (UTC) Lira where the relief food was given, Sam Engola who's also the NRM national vice chairperson in charge northern Uganda, said he was not aware prostitution or sex traders exist in Lango sub-region.*

*"My tears wanted to come after your chairperson said you have been given a wrong name. I didn't know that the name existed in Lango. But because she has spoken and I'm seeing you all here, I'm feeling sad; I am seeing young girls who should be doing the many available jobs....." says Lira RDC Milton Odongo*

<sup>17</sup> <https://www.independent.co.ug/covid-19-32-sex-workers-quarantined-in-kabale/>

<sup>18</sup> <https://chimpreports.com/bukedea-has-no-confirmed-coronavirus-cases-yet-dpc-tugume-assures-residents/>

<sup>19</sup> <https://nbs.ug/2020/05/sex-workers-in-hoima-demand-more-food-aid/>

*According to Mr. Engola, Lira RDC Milton Odongo told him he hosted a chairwoman of all prostitutes in Lango sub-region who complained to his office about abandonment of prostitutes during this lockdown.*

*“Now I’m seeing it [prostitution] is there and we are thinking how to come back to you after coronavirus is gone and discuss properly with you what we can do for you,” Engola added.*

*The Lira NRM leader promised to draw the attention of President Museveni to the problems Lango sex workers are facing.*

*According to their acting chairwoman, many sex workers shied away and stayed home while 108 trekked to pick their relief food on Saturday. Lira RDC Milton Odongo reminded sex workers that he was told some of them were not taking their ARV drugs because they lacked food and there was no business.*

*“I think this was your first cry,” he said. “Yes,” this was unanimous, cheerful responses from sex workers.*

*“I had to consider giving you food on condition that: after getting this food today, go cook and resume taking ARV for those on drug because we don’t want anybody to die. Secondly, from today, rain is abundant, I want all of you to go back home and start agriculture and I have free transport for you” RDC demanded*

Mr. Odongo also said he was briefed that sex workers were in bad situation because they are underprivileged<sup>20</sup>.

#### **URN: Gulu leaders bow to food demands by commercial sex workers, 13/05/2020**

Gulu, Uganda | URN | Gulu district leaders have bowed to demands for food relief by commercial sex workers as the extended national lockdown by government continues to bite. The affected group came up earlier to cry for help saying many of them were starving and pleaded to be classified as a vulnerable group that needs to be considered for urgent food relief. The group also threatened to name and shame leaders who benefit from their illicit trade who have abandoned them at their time of need.

The Gulu district Covid-19 task force has now responded to the call and conducted a rapid assessment to ascertain their level of vulnerability. Alex Odongo Okoya, the Tegwana Parish Chairperson in Pece Division who spearheaded the special interest group committee meeting said that they extracted confidential information from the sex workers to facilitate a rehabilitation programme. Gulu district chairperson Martine Ojara Mapenduzi who is also the Chairperson of the Resource mobilization for the District Task Force explained that the district backed by development partners have considered support for 400 sex workers with food aid.

The food aid that includes maize flour, cooking oil and beans among others is confidentially distributed using vouchers in seven designated points across Pece, Laroo, Bardege and Layibi Divisions of Gulu Municipality. The move however

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<sup>20</sup> <https://tndnewsug.com/lira-sex-workers-given-posho-beans-and-salts-on-two-conditions/>  
<https://tndnewsug.com/lira-sex-workers-to-receive-fat-brown-envelope-from-president-museveni/>

has sparked off a protracted debate among locals and leaders. Kelly Komakech, the Pece Division chairperson opposed the idea saying prostitution is an outlawed activity in Uganda and aiding practitioners even in the time of need is abetting crime. Meanwhile, Moses Abonga, the Laroo Division chairperson contends that leaders should instead of bowing to the emotional blackmail and threats, unite against such immoral and diversionary pressure<sup>21</sup>.

#### **GANGWA News.com: Gulu Sex workers to be documented, 16 May 2020 Gangwa News**

Gulu district Chairman Martin Ojara Mapenduzi has said about 356 Sex workers have been registered and are currently being documented. Speaking at Te-yat Radio Program on Mega Fm on Saturday, Mapenduzi said they identified these sex workers through various LC 1 Chairpersons in the district. Gulu Chairman also clarified that they did not pick any food relief to give to these sex workers, but rather, some Christian Charity organisation has offered to help them. Mr. Mapenduzi clarified that some of these sex workers had vowed through a recording that they will go and meet these Truck drivers if they are not given food relief. The district task force also engaged Charity organisations to try to help street Kids.

Favor of God Ministry is currently helping to house and rehabilitate these Children according to Mapenduzi, a section of the street Children are also being supported by Hastag Gulu. Some of them are being kept at former Gulu Support the Children Organisation-GUSCO. Gulu Chairman said that the Task force had to convene a meeting to address this issues, because these Sex workers and street children commonly known as 'Aguu' were at risk of getting the virus and spreading community. Plans are underway to register all these sex workers, and rehabilitate them.

However, Amuru district Chairman, Hon. Micheal Lakony has vowed that his district will not support these sex workers because Prostitution is illegal in Uganda. Mr. Lakony argues that he cannot promote an act of criminality in his district, and that these sex workers should get involved in meaningful work. Some sections of people have questioned the criteria used to give food relief to these people. This comes at a time when there are allegations that some of these sex workers had threatened to expose names of some local leaders who are allegedly their 'customers'<sup>22</sup>

#### **AWAC institutional Coping and response strategies**

The team in charge of Monitoring, Evaluation, Advocacy, Communication and Learning at AWAC secretariat developed and circulated an issues brief on the impact of COVID-19 among sex workers, mainstream women living with HIV and AGYW in selected districts of Uganda

The team also utilized the AWAC members WhatsApp platform to fundraise resources to buy food for sex workers who were starving. AWAC staff and grassroots members contributed Ush 2,100,000; Mr. Billy Pike USAID- Washington office donated US \$ 1000, while HRAPF contributed Ushs 600,000. A total of 412 sex workers from 15 districts benefited from the food relief mobilized on AWAC WhatsApp platform. Using AWAC contribution AWAC also developed IEC materials on COVID prevention and response among sex workers.

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<sup>21</sup> <https://www.dispatch.ug/2020/05/13/gulu-leaders-bow-to-food-demands-by-commercial-sex-workers/>

<sup>22</sup> <https://gangwanews.com/2020/05/16/gulu-sex-workers-to-be-documented/>

AWAC staff utilized several online platforms to engage development partners, implementing partners on the issues of redirecting some resources in a bid to mitigate the effect of COVID-19 pandemic on the health and wellbeing of FSWs, MWLHA and AGYW. As result, UN Women through ICWEA earmarked Ug Shs 38,000000 to AWAC to support COVID-19 response. In addition to the Ug shs 10,000,000 to support to the Psychiatrist to handle mental health and psychosocial issues of sex workers at AWAC, UNFPA offered to train grassroots female sex workers and AGYW engaged in sex work in Karamoja region and KCCA of the ages 13-23.

Global Fund –TASO contributed food for 900 sex workers, monthly airtime for grassroots sex workers peer educators, executive directors as well as program staff at AWAC secretariat. 100 peer educators and 50 EDs facilitated under this arrangement.

## 6.5. CSO appeals, Releases and Petitions

### **Health Gap: Uganda's Covid-19 Response is Terrorizing Women with Arbitrary Detention, Blackmail, and Violence, 30<sup>th</sup> April 2020**

*Kampala*)—The Uganda Key Populations Consortium (UKPC) and other civil society organizations strongly denounced raids, arrests, extortion, and violent attacks during the last 24 hours targeting sex workers, barmaids and other vulnerable communities by police, Local Defense Units (LDUs), and Resident District Commissioners (RDCs).

*“Over the last 14 days, we have received reports of 117 women who have been arrested—and 71 of those have been within the last 24 hours through raids in Lira, Wakiso, Masaka, Kampala, Oyam, Mbale, Nakasongola and Kasese. Sex workers are being targeted with violence, blackmail, and arrest by police,”* said Macklean Kyomya, Executive Director AWAC, *“Women doing sex work and their families were already starving because local government officials have denied them food aid. HIV positive sex workers and their children are already struggling to get HIV treatment refills, PrEP, STI treatment and contraception because of poor government planning. Now they are being brutalized and traumatized, and forced to choose between starving, isolated with no income or working while risking their own health and safety. Enough is enough. Human rights violations are spreading faster than Covid-19 in Uganda.”*

Activists report that since the Ministry of Health began focusing on testing of cargo transporters from Uganda, Tanzania and Kenya, sex workers have been targeted for violence and further criminalisation because of their contact with truck drivers—who frequently make up a large number of sex workers' clients.

*“Sex workers are indispensable allies in securing widespread adoption of effective public health measures.” “When sex workers are empowered and their human rights are respected, they can help communities rapidly adopt protective measures—we have seen this with HIV, and it should be the approach of Covid-19 as well. Instead, we are being attacked and discriminated against.”* said Daisy Nakato Namakula, National Coordinator of Uganda Network of Sex Worker Organisations

Civil society groups are demanding: 1) police drop all charges and release those arrested immediately; 2) Covid-19 Task Force leaders meet with sex worker networks to agree on how to safeguard the health and welfare of sex workers and their families during the lockdown; and 3) develop an emergency strategy to meet the needs of sex workers and their communities with social protection as a cornerstone of the Covid-19 response<sup>23</sup>.

<sup>23</sup> <https://healthgap.org/press/ugandas-covid19-response-is-terrorizing-women-with-arbitrary-detention-blackmail-and-violence/>

UGANET NEWS: CIVIL SOCIETY GROUPS APPEAL FOR INTERVENTION IN THE OUTRAGEOUS ARREST OF SEX WORKERS, 04 MAY 2020

KAMPALA, Uganda: The Uganda Network on Law, Ethics, and HIV/AIDS (UGANET), together with 24 other undersigned Civil Society Organisations (CSOs), has appealed to the Minister for Presidency, Hon. Esther Mbayo, to intervene in the in the outrageous arrest of sex workers around the country during the country Covid-19 lockdown. The CSOs have strongly denounced raids, arrests, extortion, and violent attacks targeting sex workers, barnmaids and other vulnerable communities by police, Local Defense Units (LDUs), and Resident District Commissioners (RDCs).

The 24 other undersigned CSOs included the Uganda Network Sex Workers Organizations (UNESO), Women Human Rights Defenders Network Uganda (WHRDNU), Alliance of Women Advocating for Change(AWAC), Women's Network for Human Rights Advocacy (WONETHA), Uganda Harm Reduction Network(UHRN), and International Coalition of Women living with HIV Eastern Africa(ICWEA) among others.

Macklean Kyomya, Executive Director Alliance of Women Advocating for Change, an umbrella network of grassroots sex worker-led organizations, said they had received reports of over 117 women who have been arrested, 71 of which had been through raids in Lira, Wakiso, Masaka, Kampala, Oyamu, Mbale, Nakasongola and Kasese.

*"Sex workers are being targeted with violence, blackmail, and arrest by police," said Kyomya. "Women doing sex work and their families were already starving because local government officials have denied them food aid. HIV positive sex workers and their children are already struggling to get HIV treatment refills, PEP, STI treatment and contraception because of poor government planning."*

*"Now they are being brutalized and traumatized, and forced to choose between starving, isolated with no income, or working while risking their own health and safety. Enough is enough. Human rights violations are spreading faster than Covid-19 in Uganda," Macklean Kyomya, Executive Director AWAC*

These particular violations of rights of sex workers began when the Ministry of Health moved to focusing on testing of cargo transporters from Uganda, Tanzania and Kenya for the Coronavirus. As such, the sex workers became a target for violence and criminalization simply because of their contact with the truck drivers who make up a large percentage of the sex workers' clients.

*"We find these arrests highly violating the wellbeing of these women, majority of whom, are the breadwinners of their families. Security personnel often arrest sex workers and extort finances from them, leaving them vulnerable and unable to sustain the needs of their children especially during a season like this," added Kiconco, the Executive Director, UGANET.*

CSOs also noted that the cause of these arrests were based on social bias, undermining women's right to nondiscrimination under Article 21 of the Constitution of the Republic of Uganda. They held that whereas some of the women may be guilty of breaching curfew as per the presidential directive due to difficult choices of isolation with no income or support or working at a risk to their own health and safety, it was necessary to stop these arrests because the



importance of these women to the social safety of their communities and homes as well as the welfare of their children ought to be recognized<sup>24</sup>.

## 6.6 Best practices

*Madagascar has a social emergence plan that caters for sex workers*<sup>25</sup>

### **BBC News, 10 May 2020: Coronavirus: Zambia sex workers praised for contact tracing**

Sex workers in Zambia are helping to trace people who have contracted coronavirus after a surge in new infections at the border town of Nakonde, the health minister -Chitalu Chilufya has said. They [sex workers] are being very co-operative in our investigations, and we don't want to stigmatize or discriminate against them. They are being very useful in contact tracing," Mr Chilufya said. "We had a case where one of them appeared with symptoms and told us about a client who was a lorry driver of foreign jurisdiction and even gave us a contact number. We called that number and we were told the person we called had Covid-19," the minister added<sup>26</sup>.

### **Sex workers are indispensable allies in adoption of public health measures**

"Sex workers are indispensable allies in securing widespread adoption of effective public health measures," said Daisy Nakato Namakula, National Coordinator of Uganda Network of Sex Worker Organizations. "When sex workers are empowered and their human rights are respected, they can help communities rapidly adopt protective measures—we have seen this with HIV, and it should be the approach of Covid-19 as well. Instead, we are being attacked and discriminated against."<sup>27</sup>

## 7. Challenges and lessons learnt

Lessons Learnt	Challenges faced during the study
<ol style="list-style-type: none"> <li>1. Women operating in a criminalized and socially discriminatory environment (FSW, AGWY and MWLHIV) bear the burden of the adverse effects of public health outbreaks such as Covid-19.</li> <li>2. Lack of social safety enablers, stigma and discrimination compromises FSWs ability to comply with preventive measures such as</li> </ol>	<ol style="list-style-type: none"> <li>1. Due to the lockdown and mandatory social distancing, it was not possible to use observation and focus group discussion groups to enhance the quality of feedback.</li> <li>2. The constrained financial resource envelop and limited time affected the size of the sample frame. The online assess that was conducted to increase the sample size whereby participants gave their views via social media platforms.</li> </ol>

<sup>24</sup> <http://uganet.org/index.php/2020/05/04/civil-society-groups-appeal-for-intervention-in-the-outrageous-arrest-of-sex-workers/>

<sup>25</sup> [https://www.ohchr.org/Documents/Issues/Women/Covid-19\\_and\\_Womens\\_Human\\_Rights.pdf](https://www.ohchr.org/Documents/Issues/Women/Covid-19_and_Womens_Human_Rights.pdf)

<sup>26</sup> <https://www.bbc.com/news/world-africa-52604961>

<sup>27</sup> <https://healthgap.org/press/ugandas-covid19-response-is-terrorizing-women-with-arbitrary-detention-blackmail-and-violence/>



<p>social distancing, hand washing and observing good nutrition.</p> <p>3. Covid-19 has induced adverse effects on the mental health and wellbeing of FSWs and MWLHIV</p> <p>4. Extreme economic deprivation, starvation, lack of shelter and psychological distress compromise the abilities of the FSWs and MWLHIV to exercise risk reduction to live health dignified lives in times outbreaks.</p>	<p>3. Phone administered interviews were expensive in terms of airtime and also time consuming given that interviewers at times needed to provide psychosocial support or referrals to those who felt the distress triggered in the course of responding some of the questions or those respondents who needed particular services.</p>
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## 8.0. Conclusion and Recommendations

### 8.1 Conclusion

The Covid-19 lockdown has spotlighted and aggravated the preexisting engendered inequalities born by FSWs and MWLHIV fueled by the marginalized criminalized, stigmatizing environment in which they operate that renders them more prone to the adverse effects of Covid-19 and other pandemics. In the spirit of leaving no one behind government and partners should prioritize FSWs and MWLHIV among the vulnerable populations to receive economic resilience social assistance incentives, food, shelter support, personal protective equipment, and benefit from responsive Differentiated Service Delivery Model (DSDM), Gender Based Violence (GBV) prevention and response programs and Psycho social support services.

### 8.2. Recommendations

1. The Government of Uganda and partners to prioritize FSWs among the vulnerable populations to receive economic resilience social assistance incentives, food, shelter support, personal protective equipment, and benefit from gender based violence prevention and response programs and psycho social support services.
2. AWAC to engage partners, GOU and other stakeholders develop and operationalize a multi-sectoral emergency strategy to meet the needs of sex workers and their communities with social protection as a cornerstone of the Covid-19 response.
3. Support empowerment and mentorship of peers in documentation of human rights violations, provision of psychological first aid and successful execution of linkages to the needed health, social protection and legal services.
4. Support platforms that enhance personal safety planning for sex workers in context of Covid-19, Human rights, HIV, GBV and emergency medical care needs
5. Support development of system of collecting, analyzing and disseminating information on Violations, case finding, best practices and innovative approaches to integration of GBV, mental health, HIV, Covid-19 prevention, response and mitigation, in SRHR programming for Sex workers.
6. Support platforms and targeted messaging to foster duty bearer's accountability and commitment to prevention and response among female sex workers
7. Advocate for targeted social protection, differentiated delivery and structured community mobilization and resilience building through Girls Action Clubs (GACs), *Community Health Livelihood Enhancement Groups (CHLEGs)*, Drop in Centre (DiC) and Community Human rights & Sustainable Development Goals Accelerators (CHuSA).
8. Support integration basic livelihoods, personal safety, human rights and e communication literacy
9. Support establishment and strengthening of district monitoring and coordination working groups on violence and case finding to ensure all actions protect and promote wellbeing (restore hope, safety, calm, social connectedness and self- and the sex workers' community efficacy.
10. Support empowerment of violence response teams
11. Scale up mobile and Drop In Centres to buffer districts such as those on Boarder areas, Trousit routes and landing sites Mapping services that support survivors of violence • formation of FSWs, YPLHA and WLHA -led advocacy committee.
12. Provide extra training to build their skills in situation assessment and problem solving.



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