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“RIGHT SIDE”  
HUMAN RIGHTS  
DEFENDER NGO

# SEX WORKERS ACCESS TO THE GLOBAL FUND PROJECTS IN ARMENIA



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## INTRODUCTION

The Global Fund to fight HIV/AIDS, Tuberculosis and Malaria (hereinafter Global Fund) has started the implementation of the grants in the Republic of Armenia since 2003 by fostering the state's capacity to fight against tuberculosis and enlarging the drug-resistant management, supporting Armenia to fight against HIV/AIDS. Armenia pledged USD 15 million for the Global Fund's Sixth Replenishment, covering 2020-2022. The country is both a donor to the Global Fund and an implementer of Global Fund-supported programs<sup>1</sup>. Despite the number of activities carried out with the support the Global Fund grants during these years in Armenia, (Trans) sex workers remain one of the most excluded groups accessing the services provided within the framework of the granted programs.

Human rights defender and humanitarian organizations, including Right Side HRD NGO have documented increasing health rights violations of sex workers in Armenia in accessing unbiased healthcare<sup>2</sup>. According to our findings, sex workers continue to face gross human rights violations, including discrimination and hate speech while trying to access health services. When reported, these violations are not taken seriously by state bodies or CSOs. Meanwhile, there are a number of projects aimed at improving the physical and psychological health and well-being of the vulnerable populations (involving sex workers) implemented by the local NGOs and state institutions with the support of international donors, including the Global Fund; however, Armenian sex workers do not get usage of these projects with one reason or another.

Thus, the Right Side Human Rights Defender NGO with the support of the Sex Workers' Rights Advocacy Network (SWAN) has organized 7 community consultations with 100 sex workers on the Global Fund processes by raising their awareness on the possibilities it provides, measuring their access level to the Global Fund grant projects, and summarizing their needs and recommendations to raise their involvement in the projects' activities aimed at preventing HIV/AIDS, STIs, Tuberculosis and COVID-19 in Armenia.

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<sup>1</sup> <https://www.theglobalfund.org/en/government/profiles/armenia/>.

<sup>2</sup> United States Department of State, 2021; "Country Reports on Human Rights Practices for 2021"; <https://am.usembassy.gov/wp-content/uploads/sites/92/hrr2022.pdf>.

# ANALYSIS

## SURVEY OBJECTIVE AND IMPORTANCE

Sex workers often face hatred and discrimination because of the stigma associated with HIV/AIDS which results self-stigma most of the time increasing the risk to live with or affected by HIV/AIDS. One of the key issues of the raising rates of HIV is that nearly half of the sex workers are not aware that they have it. The National Program on the Response to the HIV Epidemic aims to eliminate HIV transmissions; however, there are grave human rights abuses and defamation campaigns to soaring HIV prevalence rates due to the lack of awareness and appropriately targeted sexual health education and services, absence of punishment and accountability. Optimization of HIV investment, with a main priority for scaling-up ART, and less emphasis on primary prevention, in the general population affects the rising incidences and deaths. Young (trans) sex workers who are drug users although being under the highest risk of HIV because of Chemsex are usually omitted from the informative programs about healthy sexual lifestyle and direct prevention services. Extremely high level of whorephobia and transphobia in the country exclude vulnerable groups from inclusion and dignity life. Thus, stigma and discrimination being a societal creation are not addressed properly on our local context which becomes the cause of self-stigma highly affecting on the mental and physical health of our beneficiaries.

Detailed information has been collected and data base has been built on the sex workers access to the Global Fund processes in Armenia as a result of surveys which have been conducted among 100 sex workers from 11 regions of Armenia by the Right Side Human Rights Defender NGO with the technical and financial support of the Sex Workers' Rights Advocacy Network (SWAN) in July-October, 2022.

Sex workers are increasingly exposed to risk of falling victim to discrimination, hate speech and exclusion, therefore, baseline data is essentially required for planning and taking measures to prevent and stop discrimination against them while accessing health services and to increase their access to the Global Fund processes in Armenia.

The key objectives of the survey are defined as follows:

- To estimate the number of sex workers who are aware of the Global Fund processes in Armenia;
- To identify socio-economic characteristics of sex workers excluded from the Global Fund processes in Armenia;
- To determine causes and factors for the discrimination against sex workers while accessing health services;
- To evaluate major consequences of discrimination against sex workers while accessing health services;
- To make recommendations on facilitating sex workers access to the Global Fund processes in Armenia.

## **SUMMARY OF SURVEY FINDINGS**

The survey estimates that 73% or 73 out of 100 total respondents are transgender sex workers, 6 are men sex workers, 14 are women sex workers and 7 are non-binary sex workers.

The median age of sex workers is 26 and the oldest age is 56 years. Every second sex worker is in the age range of 18-29.

Every seven in ten sex workers are complete secondary educated, 7% has university degree. The proportion of sex workers with primary education is 23%.

Meanwhile, the majority (59%) of the target respondents of the survey were sex workers working on streets, 12% find clients at bar, entertainment places, sauna, massage places, etc., 13% of the respondents do sex work via online platforms, and 16% of them do sex work at their own apartments or premises.

The survey finds two in every ten persons or 20 sex workers living in Armenian regional areas. Among the survey respondents 57% live with their families. Of the surveyed sex workers 9% have children, and all of them are under aged.

53% of sex workers have housing issues, they are living for rent and 14 of them engage in paid work besides their involvement in commercial sex work in order to sustain their living. Average monthly income of commercial sex workers range between AMD 200,000-500,000. On average, the respondents serve from three to six clients per day.

The survey findings show that the vast majority (84%) use drugs and only 16% has mentioned that they do not use drugs. Drug users may engage in sex work as way to either purchase their drugs or exchange a service for drugs. Some of the sex workers engage in drug use as a means to cope with their problems or overcome trauma occurring during their work time.

Four in every ten respondents are engaged in the activities of the NGOs providing health services (HIV/AIDS/STIs testing, condoms and lubricants provision, informational materials sharing, etc.). Using the survey data, 43 sex workers were not aware of the Global Fund processes in Armenia, 54 sex workers were found excluded from the health services provided within the framework of the Global Fund processes in Armenia.

The respondents were asked if they were aware of harm reduction services to assess the need for education and promotion of harm reduction services for sex workers. The responses show that the vast majority (72%) of the respondents are aware of harm reduction services; however, 48% of them do not have regular access to harm reduction services and they do not use harm reduction kits on a consistent basis.

Only 23% rated their health condition as very good and 52% of the respondents have rated their health condition as fair to poor, according to the 25% of respondents, they health situation is very poor. In addition to asking about their health condition respondents were asked if they had any health issues or concerns. The survey findings show that an overwhelming percentage (64%) of sex workers have some kind of health issues. Street based sex workers are vulnerable to contracting infections and diseases by the nature of their work, they need regular health care. The use of intravenous drugs by sex workers poses additional health risks for them. Many of the respondents (51%) do not have access to a regular medical doctor. According to the survey, accessing emergency care or using the services of clinics do not enable sex workers to benefit from the comprehensive

care provided by community based, integrated models of care, do not provide preventative care or continuity of care for them. Additionally, these means do not ensure access other health resources such as health promotion information and periodical health check-ups.

In order to assess the frequency of accessing health services provided by different NGOs, respondents were asked how often they see a healthcare provider or an outreach worker who is willing to provide HIV prevention services. 37% of the respondents mentioned that they almost never see a health care provider or an outreach worker during their work time, while 55% of the respondents are able to see their HIV prevention service provider on a regular basis i.e., once a month, but the provided items (tests, lubricants, condoms) are not sufficient for the protection of their health.

According to the surveyed sex workers, the community needs to have regular access to direct health care services to meet all their health needs. Access to health care provider whom they trust in addition to getting treated during illness; also, the support to get referrals to specialists and getting connected to other health resources such as health prevention/promotion services are equally vital for them.

Stigma and discrimination associated with sex work is a significant barrier to disclosing their involvement in sex work to the health care providers and getting appropriate services by them. The sex workers who have participated in this questionnaire were asked to mention specifically what stop them from accessing the services of different NGO outreach workers or health care or social service providers. Among the several issues mentioned for not accessing Global Fund-supported programs; judgmental attitude was the most prominent concern mentioned by the majority of respondents. Sex workers are often unable to get the required service because they are afraid that their data will be disclosed, they may be discriminated by the outreach workers and in some instances the sex workers may themselves feel ashamed to reveal their involvement in sex work because of the internalization of the stigma and oppression.

Besides these barriers mentioned, sex workers have stated that they are unable to access the services provided by NGOs because of their lifestyle i.e., working at night, lack of safe transportation, unable to get appointments with their preferred outreach workers or health care providers, long waiting lists of clients whom they need to serve, etc. Sex workers have also identified that seeking health care only when needed prevents them from developing long term relationships with health service providers. In such cases sex workers need to repeat their needs to several outreach workers (who are available at the moment of need) in order to get appropriate services and care. Furthermore, sex workers have mentioned about the personal barriers which hinder them from accessing direct services, i.e., urgent priorities acquiring necessities such as food and shelter, lack of safe transportation, bad experiences, police warrant, etc.

76% of the sex workers mentioned that by the nature of their work they were often isolated and unable to access services or resources. They mostly work at night and usually rest in the daytime this made it difficult for them to access services provided by different NGOs during their worktime. Sex workers are often isolated and cut off from the mainstream society which makes it difficult for them to be involved in the Global Fund-supported programs implemented in Armenia.

## **SUGGESTIONS BY THE COMMUNITY CONSULTATIONS PARTICIPANTS TO IMPROVE THE ACCESS TO SERVICES FOR SEX WORKERS**

The participants of the community meetings were asked for their suggestions to improve the access to services provided with the framework of the Global Fund-supported programs. And their suggestions are mostly to improve the current services by enlarging their scope and also to introduce some new services that could serve the sex workers' unmet needs and requirements.

The majority of sex workers strongly highlighted the need for non-judgmental, compassionate and understanding service providers who treat them as individuals who have different needs and deserve care. The participants also placed a strong emphasis on employing peer outreach workers (persons currently involved in sex work) because they knew first-hand the issues confronting sex workers. Moreover, peer outreach workers were also aware of the struggles of sex workers, hence having them work alongside healthcare and social workers could help sex workers navigate the health care system. They were sure that peer sex workers were well suited to this task and knew how to reach out to them and provide appropriate supports and services as needed by promoting their involvement in Global Fund projects.

According to the participants, sex workers require increased support from the NGOs providing health care and social services to enable them to access different services. One of the other major suggestions include the need to keep the HIV prevention services open for the afterhours when they could use the services especially during the nighttime and operation of a 24-hour drop-in centers.

Sex workers also expressed the need to have more social workers and case managers to provide services to them. Similarly, the need for more drop-ins for sex workers, safe spaces, and more harm reduction services was also expressed by many participants, besides that, it was also suggested to initiate more educational programs to promote the involvement of sex workers in developing and facilitating health programs.

## CONCLUSION

The survey findings clearly show that sex workers face significant challenges to access Global Fund programs in Armenia. The low information attainment of the consultation participants and their reliance on health programs indicate their low socio-economic status and social inclusion.

Additionally, the high rate of income instability among the sex workers often makes them invisible living in the margins of the society by promoting their exclusion from different health programs. Sex workers by the nature of their work are more likely to be isolated from the mainstream society and their social isolation limits their ability to obtain the resources available for their health and wellbeing.

Many of the sex workers interviewed live in constant fear of violence and discrimination. Their involvement in sex work places them on an elevated risk of HIV and other STIs. A significant proportion of the consultations' participants rate their health condition as poor as many of them do not have equal access to HIV prevention programs and health protection services. The findings reveal that stigma and discrimination which pervades sex workers' occupation often manifests in outreach worker and sex worker relationships. Sex workers prefer not to disclose their involvement in sex work to the health care providers or outreach workers because of the stigma related to sex work in order to avoid judgmental situations; thus, they are quite often deprived of health care services provided by different NGOs within the framework of the Global Fund-supported programs.

The low social position of sex workers coupled with other factors such as isolation, stress, discrimination and the social exclusion and alienation experienced by the community members negatively impact sex workers' health. Thus, there is a need to prioritize sex workers as a marginalized group and increase their access to health care programs and services. Last but not least, the mobilization of sex workers as a community could be an effective way to improve their access to Global Fund programs on a local level.

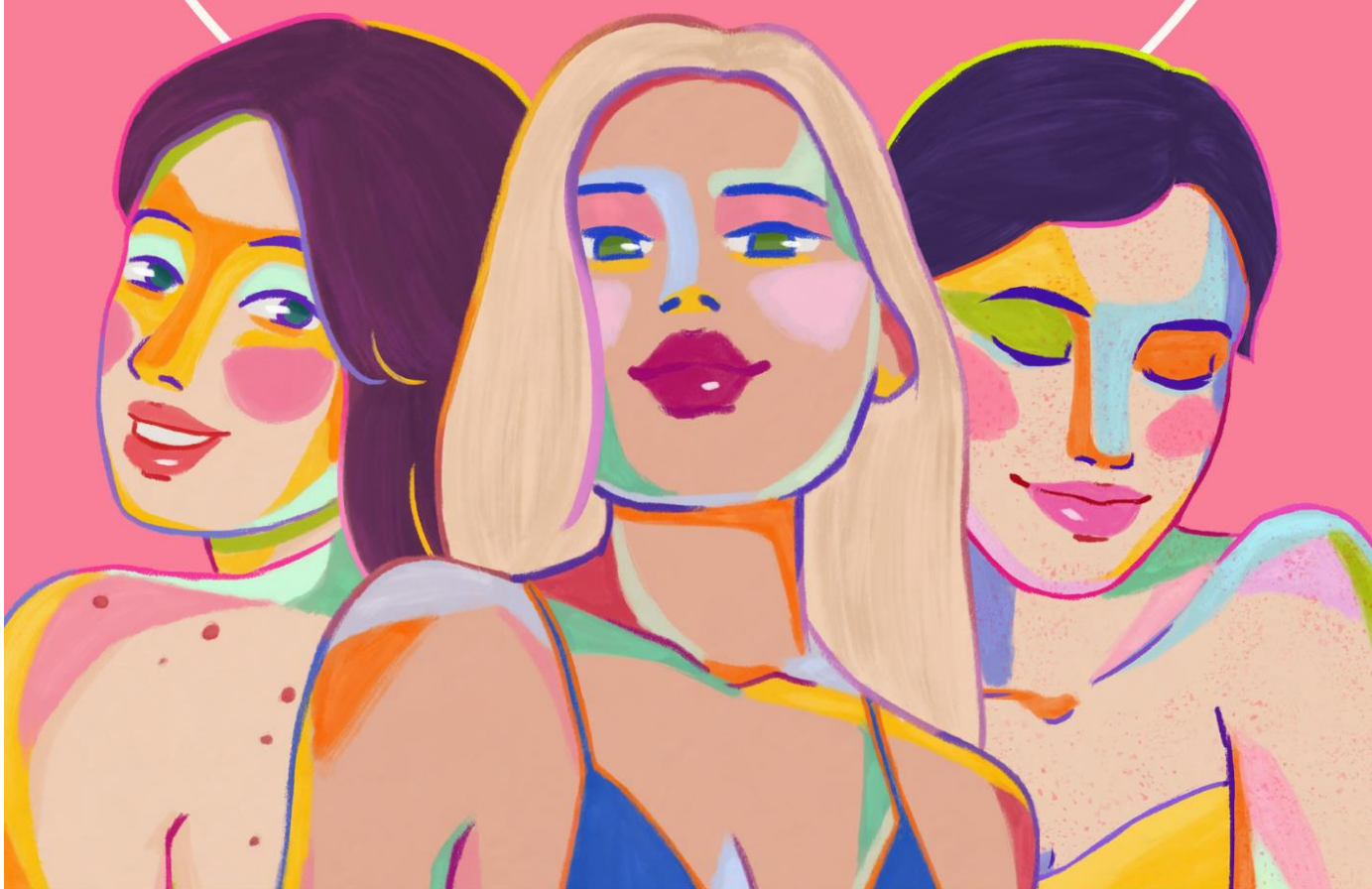


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