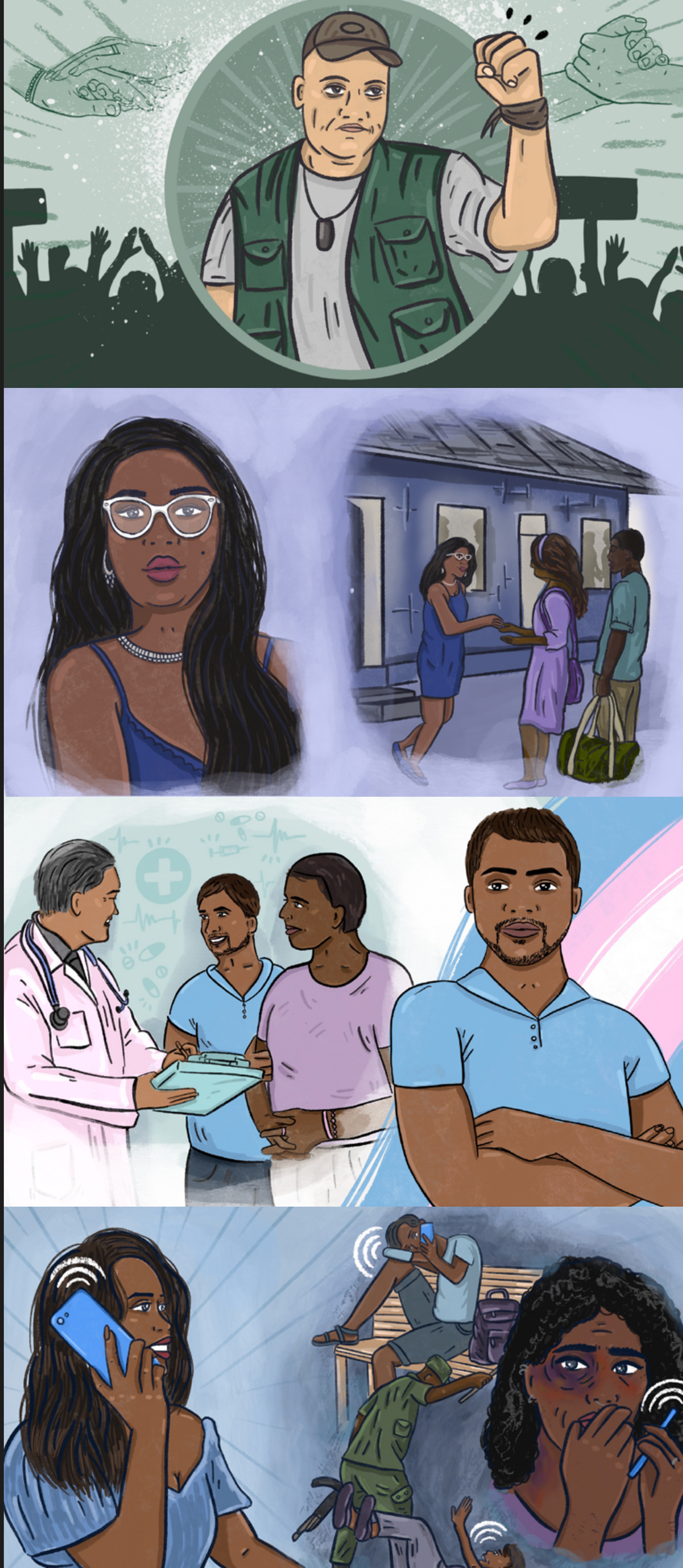
LGBTIQ+ AND
SEX WORKER RIGHTS

DEFENDERS AT RISK DURING COVID-19

DECEMBER 2020



FRONT LINE DEFENDERS

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Credits

Cover Illustrations: Sravya Attaluri

From top, the illustrations depict human rights defenders Jaime Montejo of Mexico (page 31), Clara Devis of Tanzania (page 19), Thenu Ranketh of Sri Lanka (page 27) and Yazmin Musenguzi of Tanzania.

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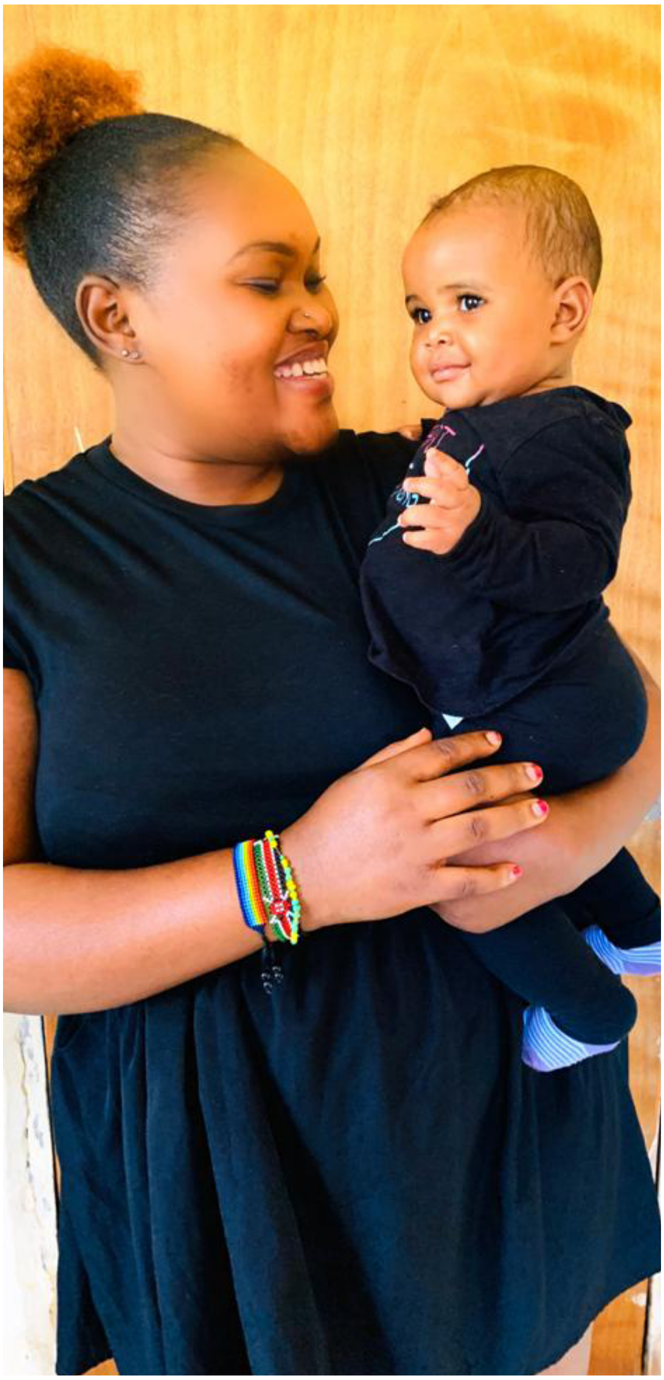
I. WHRD Blog: Trauma & Resilience During COVID-19

Bosibori Christine Nyandoro, known to her community as Pinky, is a trained Facilitator and Peer Counselor with the African regional “Looking In Looking Out” programme. LILO trains counselors in LGBTIQ+ communities to provide psychosocial support to their peers. Pinky is also the founder of Udada Imara, an LBQ+ womxn organisation, which creates safe spaces for LBQ+ women and advocates for their inclusion in health and wellness programming.

Only a few minutes after my first phone call with Front Line Defenders to talk about this report, I received a message from a lesbian woman who had just been evicted. She was now homeless and needed a place to stay for the night. It was getting close to COVID-19 curfew time. I needed to cook dinner and bathe my daughter so she could go to sleep, but I first called the woman to see what I could do to help.



Since COVID-19 began, I receive messages and calls like this about four times a week. We can say that we are all in the same boat because COVID-19 hits us all, but honestly that is just not true. The societies we live in are homophobic, biphobic and transphobic. There is discrimination in families, communities, health, justice, and education services. Marginalisation, hierarchies of rank and privilege, and disparities in power determine how you experience COVID-19. The virus may not discriminate, but its effects do not hit us all equally.

As an HRD, people turn to me. They call and message me and give my number to others. When I receive these calls I get worried. How I can provide enough help? There are too many cases of evictions, violence, hunger, and no emergency funding. Udada Imara only has funds for specific activities. I use my own money to get people transportation, food, hotels and medicine, or I let them stay at my place.

When I read the Tanzanian case (Section 4) about the sexual assault of two LGBTIQ+ community members living in WHRD Clara Devis’ home, I felt a very familiar fear in my body. I am scared of attacks on my home from villagers who disapprove of me offering emergency housing to queer community members.

Evictions have increased during COVID-19. Families are kicking out LGBTIQ+ people more often because no one has privacy and sexuality is more obvious. There is less funding than ever for shelters, which means HRDs feel we have no choice but to open our homes to LGBTIQ+ people and sex workers in need. Every time someone comes to stay at my place, they bring a certain level of risk. Usually we can't assess the risks properly because we need to act that night.

People turn to us and expect help. This is true also for community members who do not identify as "human rights defenders" (just because they are not staff at organisations). Human rights defense in our communities means protecting one another's dignity through whatever means we have.

During my last community fundraiser, people felt guilty when they could not donate anything because they are struggling themselves. They promised "next time." It was painful to see this guilt, from people who want to help despite their own poverty, but there is beauty here too. As a community we care for each other. We share the burden. We are each other's keepers, each other's human rights defenders, no matter our visibility. We come through for each other.

When there is no money or resources, as HRDs we feel helpless. We carry so much guilt and we push ourselves harder. We put ourselves at risk making the impossible choice between responding to an emergency without protection for ourselves, or ignoring the cry for help. I am the mother to a small child. I have to be careful. But I often don't have enough time to think about it.

As a trained counsellor I offer psychosocial support to others. But who counsels me? In Africa, counselling is not normalised. People say it is a mzungu (white person) thing. In Kenya, LGBTIQ+ friendly counselling services are largely unavailable. Counselling is done by HRDs who do not have specific training in how to handle vicarious trauma. We over-identify with clients' challenges because they are us. We are them. We carry trauma from other peoples' experiences of violence, plus our own, plus guilt. All of this affects our mental health. HRDs either are the counsellor or know them personally, which hinders activists from seeking their own help. They fear it will make them look weak and worry others. HRDs need shoulders to lean on.

The ones you think are okay are often not. I get up, get dressed, put on my make up, so people think I am fine. But I feel pressured to present this way. This is part of the HRD burden. In Section 7 of this report, transgender WHRD Dzoe Ahmad says that, to her trans community in Zimbabwe, trans WHRDs presenting beautifully matters as much as advocacy work. I feel her. Our physical presentations become a source of community strength and power – especially for communities whose gendered presentation is itself a form of resistance.

HRDs need support. First, we need more funding for wellbeing and counselling. We need donors to see HRD wellness as a central part of human rights work. Second, we need more donor recognition that economic insecurities are HRD protection issues. Throughout this report, you can see poverty is a cause, effect, and risk factor in our activism. It directly increases our risk of physical attack, sexual violence, and psychological burn out as HRDs. For example, if we had more funds for HRD shelters or emergency relocations, many risks to the homes and families of other HRDs (who take in homeless activists) would be decreased. This could lead to less stress, guilt and burnout amongst defenders.

As HRDs and LGBTIQ+ people we need safe spaces. And I don't mean safe spaces in the proverbial sense. I mean a place to lay our heads. To sleep. To breathe.

This pandemic has shown us the importance of solidarity and working together as one movement across borders. We only have each other. We are one another's keeper.

Pinky's analysis of the psychological trauma experienced by LGBTIQ+ and sex worker rights defenders during COVID-19 continues throughout the report in speech bubbles. Readers particularly interested in the psychosocial risks facing HRDs from marginalized, stigmatized, and sexualized communities can follow Pinky's analysis.

II. Introduction

1. Executive Summary

Lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ+) rights defenders and sex worker rights defenders (SWRDs) protecting their communities during the COVID-19 outbreak are facing increased physical, economic, legal and psychological risks. The virus itself and state responses to the pandemic have affected queer, sex worker, and economically marginalized communities in ways that exacerbate existing systems of classed, gendered, raced and sexualized injustice.[1] The work of defenders from these communities is vital to ensuring their rights and wellness.

Between April and August 2020, Front Line Defenders conducted remote interviews with more than 50 human rights defenders (HRDs) protecting the rights of LGBTIQ+ people and sex workers in 13 countries. The research revealed sharp increases in physical attacks, sexual assault, and harassment by security forces against HRDs during COVID-19.

The combination of economic insecurity and rising violence against LGBTIQ+ people and sex workers during COVID-19 has directly impacted HRD security. HRDs are increasingly called upon to support their communities facing COVID-19 emergencies including: violent arrests by police in the name of enforcing curfews or social distancing; forced closures of transgender medical clinics and HIV-outreach services; systemic exclusion of LGBTIQ+ people and sex workers from state services including food distribution; skyrocketing rates of homelessness (which intersects with increased reports of police violence after curfew); and widespread refusal to test and treat LGBTIQ+ and sex worker patients for COVID-19 at mainstream hospitals.[2 3]

As the need to respond to dangerous emergencies rises, HRDs face increasing risks of arrest, physical attack, and psychological trauma. Documented in this report are: raids on HRD homes during which attackers sexually assaulted homeless community members who had taken shelter with defenders; mass arrests at the offices of LGBTIQ+ rights organisations; eviction from family homes; closure of HRD-run medical clinics; sexual harassment and detention of transgender HRDs at security check points established to limit social movement; homophobic and transphobic defamation portraying HRDs as spreaders of COVID-19; and severe psychological trauma over their inability to fully respond to the many dire needs of their communities.

Amidst these abuses, LGBTIQ+ and sex worker rights defenders continue to advocate for rights to health, freedom from violence, access to justice, and non-discrimination. They fill in gaps where government services fail their communities; they deliver food and medicine to neighborhoods ignored by the state. They turn their personal homes into shelters, risking violent attacks from the police and public for providing transgender people a home during quarantine. They run suicide prevention hotlines; they fight for medical care for HIV+ people as antiretroviral drug shortages give way to a resurgence in HIV-related deaths.[4] They accompany stigmatized communities through a brutal pandemic; they bury the dead.

This report documents the work of trans, queer, and sex worker HRDs during a pandemic that impacts their communities in uniquely violent ways. It visibilizes the intersections between public health, economic justice, and sexuality as inextricably linked to the security of HRDs.

Front Line Defenders is grateful to the dozens of defenders who gave their time, emotional labour, and expertise to this documentation.

1. "COVID-19: The suffering and resilience of LGBTIQ+ persons must be visible and inform the actions of States. Statement by human rights experts on the International Day against Homophobia, Transphobia and Biphobia." 14 May 2020. https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25884&LangID=E

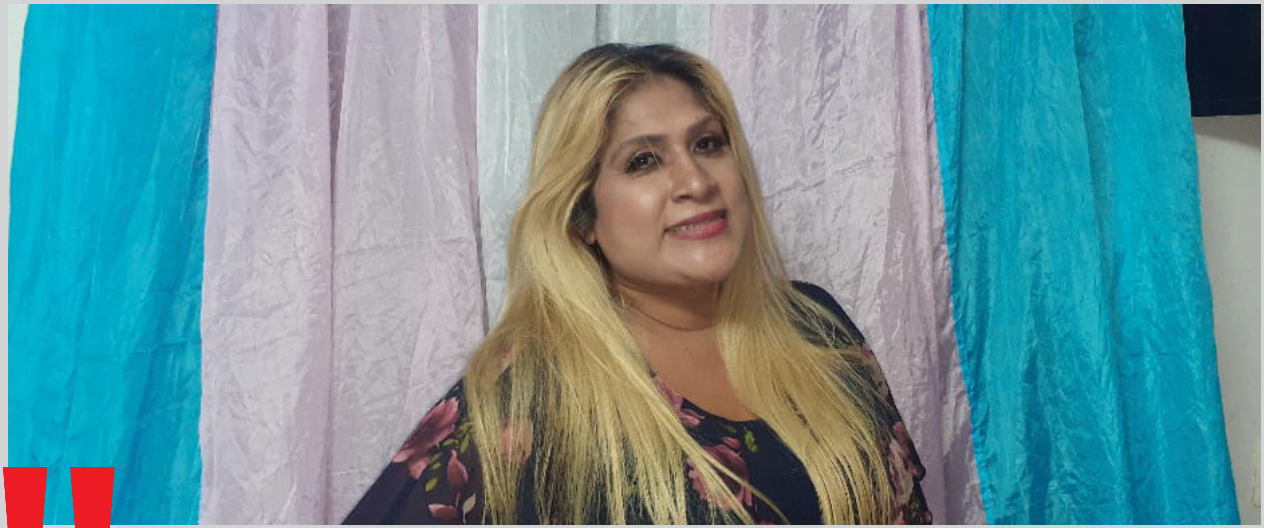
2. "UN supports LGBTIQ+ community during COVID-19 pandemic." 15 June 2020. https://www.un.org/en/coronavirus/un-supports-LGBTIQ+-community-during-COVID-19-pandemic

3. "'States must include LGBTIQ+ community in COVID-19 response': The how and why from a UN expert." 14 May 2020. https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25889&LangID=E

4. "WHO: access to HIV medicines severely impacted by COVID-19 as AIDS response stalls." 6 July 2020. https://www.who.int/news-room/detail/06-07-2020-who-access-to-hiv-medicines-severely-impacted-by-COVID-19-as-aids-response-stalls

Ana Karen's Story

Ana Karen is a transgender WHRD and leader of Tamaulipas Diversidad Vihda Trans, an organisation founded in 2009 to fight for the rights of transgender sex workers and people living with HIV. The organisation now includes and is collaboratively led by transgender women, cisgender female sex workers, and people living with HIV, who "work together because we face similar police abuse, threats for bribes from criminal groups, and abuse and marginalization in health care." Ana Karen organizes support groups for sex workers and people living with HIV, accompanies victims of violence to police and justice institutions to file reports, and conducts advocacy with state and local officials to reduce the violence and discrimination experienced by her community in health care settings.



Our work is very complex now because the pandemic situation is critical for trans and HIV positive people. Most of the trans population is either sex worker or hair stylist. Both professions were shut down during COVID-19. They had no where to go and no income.

Some of the women in our organisation started dying, women who attended our center for medicine and other health care. Since we had to shut down our center the women couldn't get the care they needed. Many kept working to afford food. Most died of COVID-19, some died of preexisting conditions they only got care for in our center, like diabetes. Most didn't go to local hospitals because of fear, because they are terrified of violence within state systems.

Ten of our trans women died. We had no money for the burials. I had to knock on doors with local decision makers to try to get a better cremation price, and fundraise to be able to cremate our friends.

When the pandemic started, cremation prices doubled. Before it was 9000 pesos. Now it costs 18000 pesos. I went to a local authority I know and advocated for a better price: she offered me a discount but said "you have to gather 5000 pesos immediately." I mobilized resources, gathered money in our own trans networks. Women would say, "I have a tiny bit of money I can give, some pesos left over after buying weekly food," and they'd donate it to the cremation of another woman.

All this work is complicated because I live with HIV. I have to take a lot of precautions to do the work I do. Whenever one woman died, I also tried to get the message to other women about the importance of disinfecting, wearing masks, staying at home as much as possible – it is really difficult to have another woman dead. I have 25 years of living with HIV, and I'm a trans woman and former sex worker, so I just relate with all the women in this situation, I cannot possibly stop doing what I do.

2. Methodology

Between April and August 2020, Front Line Defenders conducted remote consultations and interviews with more than 50 HRDs in Argentina, Mexico, Peru, Ecuador, Tanzania, Uganda, Hungary, El Salvador, Malawi, Zimbabwe, Eswatini, Sri Lanka, and Indonesia. The interviews were conducted primarily via one-to-one conversations using secure voice or text communication. One set of consultations with defenders in Malawi, Zimbabwe, and Eswatini was conducted as part of a larger project related to LGBTIQ+ defender security co-organized by Cooperazione Per Lo Sviluppo Dei Paesi Emergenti (COSPE) as part of its "Out & Proud" program.

LGBTIQ+ communities and sex worker communities often face similar violations of their economic, social, cultural, and political rights. In many countries, defenders from these communities experience similar types of police violence, criminalization, public assaults, economic injustices, and hyper-sexualized defamatory attacks on their reputations and human rights work. The COVID-19 pandemic and state responses to it exacerbated preexisting systemic violence, economic marginalization and rampant stigmatization of both communities. As such, Front Line Defenders researchers spoke with defenders from both groups for the production of this report.

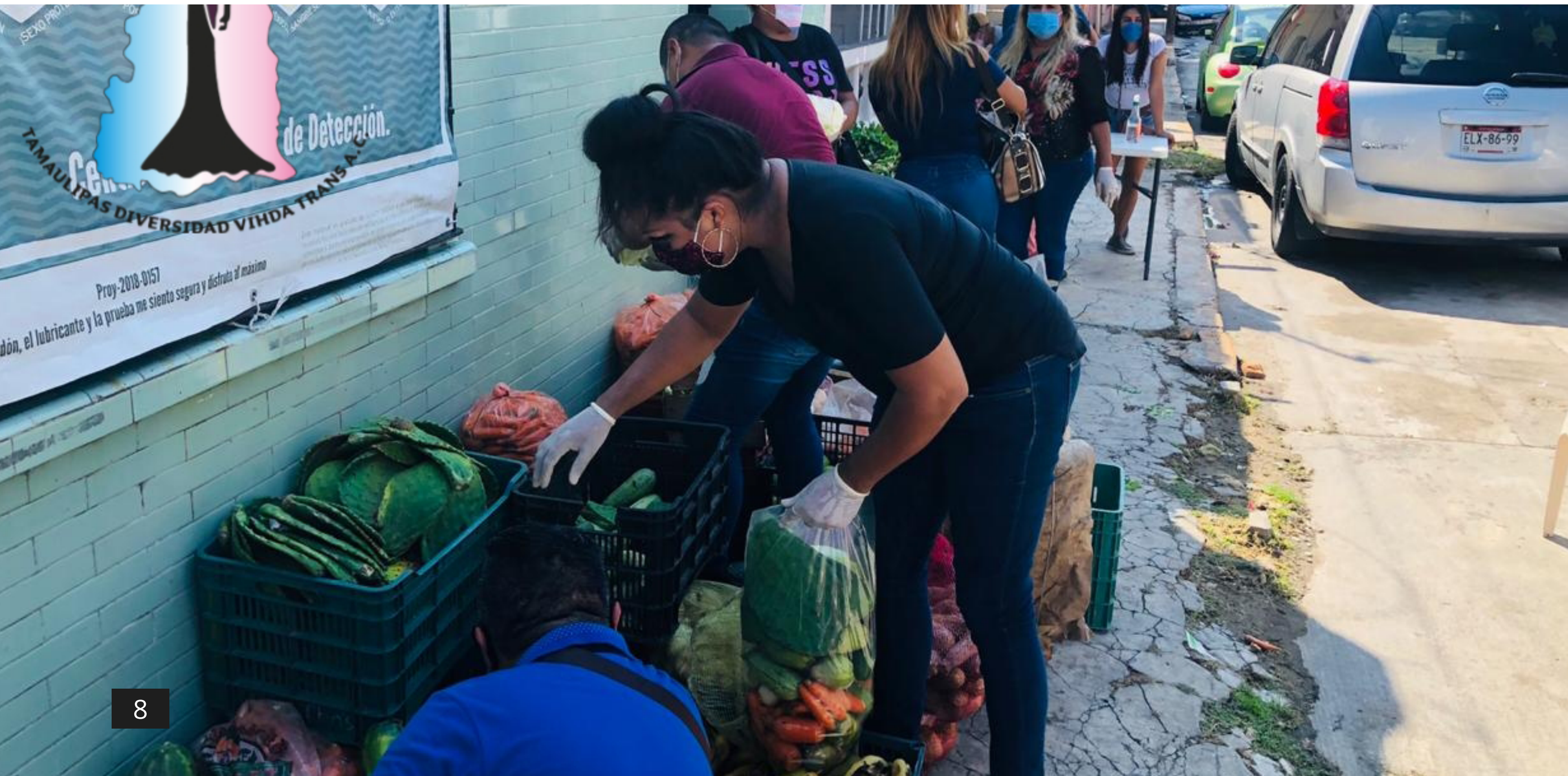
3. Terminology

This report documents the risks and threats experienced by both LGBTIQ+ defenders and sex worker rights defenders, two distinct categories of both identity and human rights defense. The markers "LGBTIQ+ defender" and "sex worker rights defender" are used throughout the report in accordance with how the HRDs explain their work.

Defenders' personal and professional identity labels are intersecting and often temporal. Their sexual orientation, gender identity, gender expression (SOGIE), social stigma and HRD security tactics all influence how and when they claim which labels.

Those interviewed for this report occupy a wide range of personal identities and ways of speaking about their human rights work. Several defenders, for example, identify as both sex workers and members of an LGBTIQ+ community, but focus their human rights work primarily on one or the other. Other defenders only identify with one group personally, but work for the rights of both.

For the purposes of this report, all defenders who are referred to as "LGBTIQ+ defenders" identify personally as members of an LGBTIQ+ community, and all defenders referred to as "sex worker rights defenders" also identify as sex workers themselves.



4. Sex Worker Rights Defenders

In preparation for a separate, upcoming report specifically addressing the risks, threats, and protection needs of SWRDs, Front Line Defenders spoke with more than 300 SWRDs and sex workers about the unique risks, threats and protection needs faced by those who become visible advocates for human rights.[5 6] Front Line Defenders conducted collaborative research with women, men, transgender and non-binary SWRDs in 12 countries between 2017 and 2019. Researchers found that these HRDs are arrested, attacked, sexually assaulted, detained, delegitimized, and defamed for their peaceful, legitimate work, and that a large portion of the attacks they experienced were demonstrably in retaliation for their human rights work.

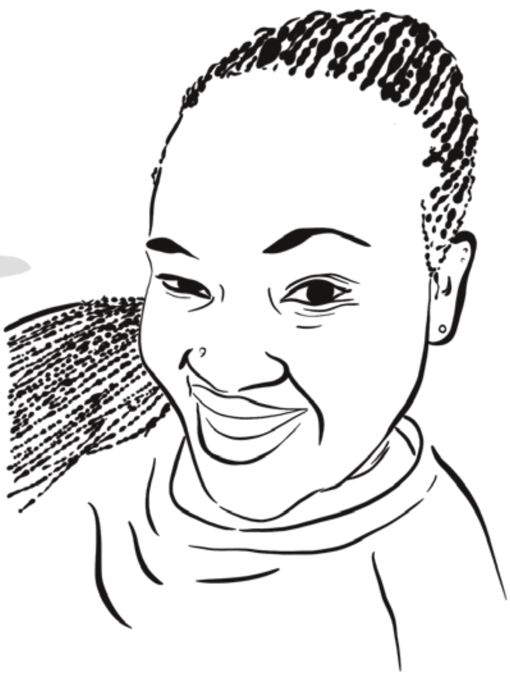
Sex worker rights defenders protect their communities' rights to live free from violence and discrimination, to access healthcare, housing, justice, and employment, and to organize, assemble, and advocate for rights.

Not all HRDs who defend the rights of sex workers identify as sex workers themselves, just as not all HRDs who defend the rights of indigenous peoples are members of an indigenous community. However, this report is concerned with the risks, threats, and protection needs of HRDs who are members of the communities for whom they advocate. This is because:

- this dual status – sex worker and human rights defender – means that HRDs experience risks and threats at the intersection of these two identities;
- sex workers who are HRDs or visible community advocates experience new or amplified risks that sex workers who are not HRDs do not experience in the same way;
- HRDs who sell sex experience risks that non-sex worker HRDs do not;
- the risks associated with each identity amplify the risks associated with the other.

As such, all SWRDs referenced, quoted, or otherwise consulted for this report identify as sex workers themselves, and speak about their risks as experienced at the intersection of these two identities.

"We call this lived experience or lived realities – the ways HRDs experience risks in addition to those faced by most other LGBTIQ+ people and sex workers. And not just physical threats or arrest. There is the risk of internalizing other people's cases that we work on – the vicarious trauma – which intersects with our own. We carry both." - **Bosibori Christine Nyandoro, LGBTIQ+ Peer Counselor, Kenya**



5. For the purposes of this report, Front Line Defenders understands sex workers to be adults who regularly or occasionally receive money or goods in exchange for consensual sexual services. In establishing any working definition of sex work, sex worker, or sex worker rights defender, Front Line Defenders respects that many terms related to the sex trade are the subject of ongoing critique by SWRDs themselves. Such shifts in language must be respected and, where appropriate and in consultation with defenders, adopted by the international community.

6. On four fact-finding missions in Tanzania, Kyrgyzstan, Myanmar and El Salvador, researchers visited at least four regions per country and interviewed between 25 and 35 SWRDs in each. Front Line Defenders also interviewed an additional 20 to 40 sex worker community members in each country, to differentiate between risks faced by sex workers who are visible activists, and sex workers who do not identify as activists (or community leaders, outreach workers, peer educators, or advocates). Additional consultations and interviews were held with SWRDs in Tunisia, the United States, the United Kingdom, Ireland, Thailand, Malawi, the Dominican Republic and Indonesia.

5. Protection & Safeguarding

Trafficking in persons, as defined in Article 3(a) of the UN Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime, is a crime under international law.[7 8]

Many adults and children are trafficked, forced or coerced into commercial sex. Such crimes, and their devastating consequences on the lives of victims, persist due to a range of factors, including poverty, corruption, criminal networks, stigma, and inequality based on gender, race, class, sect or caste.

Front Line Defenders fundamentally opposes all forms of trafficking in persons, coerced labour and slavery, including the abuse of children, and seeks to support where requested HRDs who face risks as they work to bring those responsible to justice.

Trafficking violates a wide range of human rights, including Articles 4, 5, 13, 23, 24, and 25 of the Universal Declaration of Human Rights, which affirm all people's rights to freedom from slavery and inhumane treatment, freedom of movement, free choice of employment, reasonable working hours, equal pay, and an adequate standard of living.[9]

Trafficking is a grave violation of human rights, and HRDs working in this space are critical to protecting those affected. In the context of COVID-19, the work of human rights defenders from marginalized, stigmatized communities becomes even more vital, including in the fight against trafficking.

The human rights work of sex worker rights defenders benefits those who identify as sex workers and those forced or coerced to sell sex unwillingly. Ways in which the work of sex worker rights defenders helps victims and survivors of trafficking, (and is recognized by anti-trafficking experts as critical, life-saving work), includes: conducting trainings on how to access justice mechanisms and report experiences of violence, identifying medical needs, harm reduction, building connections and trust, and advocacy for freedom of movement and free choice of employment for those seeking to leave sex work.

The work of defenders is vital, but this does not excuse inaction by States in the face of rampant violence against marginalized and stigmatized communities.

All defenders and community members interviewed for the production of this report were consenting adults over the age of 18, who specified which labels and identity markers they wished to use to represent their personal and professional lives.

CEDAW highlights the unique vulnerability to trafficking and sexual exploitation of:

"those who experience social, political and economic exclusion in the form of being impoverished, uneducated or under-educated, unregistered or undocumented, unemployed or underemployed, carrying the burden of household and childcare responsibilities, restricted in their access to State benefits, protection and services, having experienced intimate partner and domestic violence, abuse and neglect in their family environment.

Violations need to be addressed as part of a gender-transformative approach … by promoting civil, political, economic, social and cultural rights in line with Sustainable Development Goals 1, 3, 4, 5, 8, 10, 11, 13 and 16."[10]

The work of defenders is vital, but this does not excuse inaction by States in the face of rampant violence against marginalized and stigmatized communities. Central to this report is the affirmation, endorsed by CEDAW, that:

"the obligations of States parties do not cease in periods of states of emergency resulting from conflict, political events, health crises or natural disasters." To the contrary, some of the world's most marginalized communities "are in increased situations of vulnerability to gender-based violence including trafficking when they are not able to meet their basic livelihood needs or face economic desperation, which is often exacerbated in these contexts."[11]

7. Protocol to Prevent, Suppress and Punish Trafficking in Persons Especially Women and Children, supplementing the United Nations Convention against Transnational Organized Crime. United Nations, Office of the High Commissioner for Human Rights (OHCHR). https://www.ohchr.org/en/professionalinterest/pages/protocoltraffickinginpersons.aspx

8. United Nations Convention against Transnational Organized Crime and the Protocols Thereto. United Nations Office on Drugs and Crime (UNODC). https://www.unodc.org/unodc/en/organized-crime/intro/UNTOC.html

9. Universal Declaration of Human Rights. United Nations (UN). https://www.un.org/en/universal-declaration-human-rights/

10. Committee on the Elimination of Discrimination against Women (CEDAW). General recommendation No. 38 (2020) on trafficking in women and girls in the context of global migration. 6 November 2020.

11. Committee on the Elimination of Discrimination against Women (CEDAW). General recommendation No. 38 (2020) on trafficking in women and girls in the context of global migration. 6 November 2020.

III. Findings & Case Studies

1. Economic Violence

COVID-19 has exacerbated existing systems of economic violence perpetrated along gender, sex, class, racial and geographic lines. During consultations held with more than 50 LGBTIQ+ and sex worker rights defenders, financial insecurity and homelessness were consistently named as the top two risks HRDs face as a result of their activism before and during COVID-19. Homelessness increases both the likelihood and impact of all other risks – ranging from police abuse to "corrective rape" – making it one of the top priorities HRDs are forced to address as a matter of security.

LGBTIQ+ and sex worker rights defenders face extreme barriers to consistent employment as a result of their visibility. **They are more likely than their non-visibly active peer community members to be "out" as queer people or sex workers, increasing their risk of discrimination in employment as a result of their visible activism.** Since the onset of the pandemic, defenders in several countries reported extreme financial insecurity, as work opportunities and access to health care are even more limited.

Beyond HRDs' own personal financial instability, the severe economic instability of their communities during COVID-19 impacts HRD security in multiple ways. Simply being HRDs from communities likely to experience economic hardship means they experience unique risks that HRDs from more financially secure communities do not.

Many HRDs discussed how **increased homelessness amongst the broader LGBTIQ+ community has caused several HRD security incidents** including:

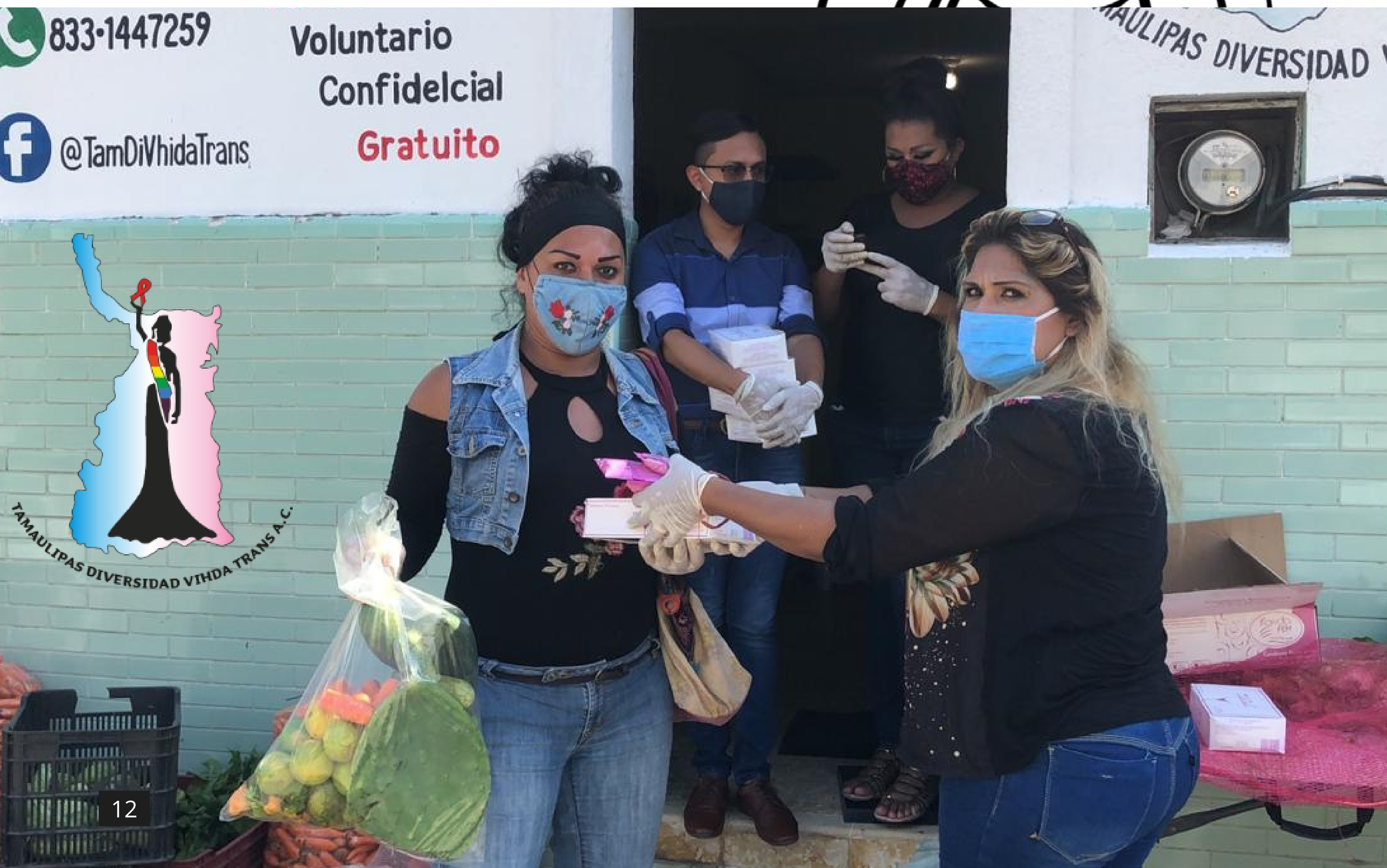
- radically increased demand at HRD-run shelters, coupled with discriminatory police raids on houses thought to have large numbers of queer people and sex workers, thus exposing HRDs to police violence and arrest;
- increased attacks from the general public on HRD homes when they are known to be housing LGBTIQ+ community members, (see Section 4: Attacks on HRD Homes).

"Increased homelessness amongst the general LGBTIQ+ community results in people housing and hosting one another. Often we see 'HRD' as the leader of staff in an organisation, but that isn't true for all people who defend the rights of other people. Whether or not we call them HRDs, people defending the rights of their communities take on the physical and psychological risks and trauma that come with it. These non-staff or non-leaders do not have access to HRD funding in case of emergencies, and have fewer resources to access psychological and mental health services." **- Bosibori Christine Nyandoro, LGBTIQ+ Peer Counselor, Kenya**

Additional HRD risks related to the economic instability of their communities during COVID-19 include:

- increasing the HRD's workload when they receive and respond to emergency requests related to homelessness and hunger, and decreasing the time they have available to earn money and support their own families;
- making HRDs more visible (during a time of heightened defamation against the community) when they respond publicly to emergency requests for food distribution or other humanitarian support;
- increased risk of contracting COVID-19 by opening up their homes for homeless community members who may not have had adequate access to testing or access preventative measures like social distancing, and who face preexisting discrimination in accessing medical care, (see Section 9: Infection & Death from COVID-19)
- increasing the psychological burden on HRDs, as dwindling resources, mean HRDs are unable to provide food and shelter for their communities, and feel that that they are letting down or failing their communities, (see Section 5: Increased Need for Emergency Response Work);
- increasing the risk of burnout due to immense workload and feelings of inadequacy and failure.

"It should also be added that, to be honest, our own communities add a lot of pressure on HRDs. One of the most common issues people mention in counseling is the feeling that they are failing, and that their communities 'hate' them for not being able to do more, or get more funding, or provide more housing, etc. We can process together these feelings of shame and guilt, but sometimes they are directly told they are not doing enough." **- Bosibori Christine Nyandoro, LGBTIQ+ Peer Counselor, Kenya**



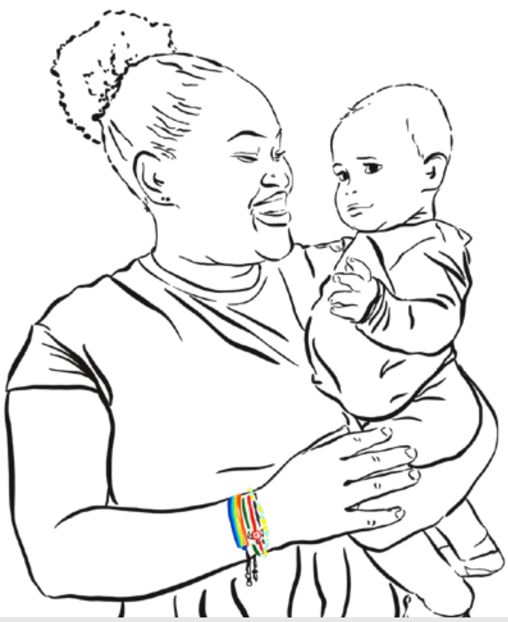
2. Linking HRD Visibility, Domestic Violence & Homelessness

2a. Queer HRDs Unique Vulnerability to Domestic Violence

Increased rates of domestic violence have been reported globally during the COVID-19 pandemic.[12] State directives to remain at home have exacerbated the unique vulnerabilities of LGBTIQ+ and sex worker rights defenders to domestic and intimate partner violence.

Before COVID-19:

- LGBTIQ+ and SWRDs defenders regularly reported that their families of origin became more hostile, violent, or verbally abusive as the HRDs' activism became better known.
- Many attributed this to the fact that increased visibility as an LGBTIQ+ or sex worker rights defender usually necessitates increased visibility as an LGBTIQ+ person or sex worker generally. Visibilizing these stigmatized identities "increases the shame and abuse that our families get from the rest of the community."[13]
- Several defenders reported increased societal pressure on their biological families to disown them as they became more visible as activists, causing tension at home even if their families remained willing to live with them.[14]
- Other defenders say that because increased visibility as activists highlights their identities as LGBTIQ+ people or sex workers, and it also increases the risk of being disowned by their families. "Becoming a well-known activist puts our sexuality more obviously in front of our families. They could ignore it before, but once we are more well-known they can't. This is why many defenders become homeless."[15]
- Transgender defenders also experience increased pressure at home to dress and present in accordance with their sex assigned at birth, rather than the gender(s) with which they identify. HRDs report that tensions and violent situations at home escalate if they refuse to do so.



"HRDs have their moms, sisters, and other family members threatened by the general public about their work. This adds to the guilt they already feel for 'bringing shame' to their families, and puts yet another burden on them. Even when they have done immense work to maintain good relations with their family, this pressure from the outside can ruin that." **- Bosibori Christine Nyandoro, LGBTIQ+ Peer Counselor, Kenya**

12. "The COVID-19 shadow pandemic: Domestic violence in the world of work." https://www.unwomen.org/en/digital-library/publications/2020/06/brief-domestic-violence-in-the-world-of-work
13. Remote consultation with HRDs in Eswatini, May 2020.
14. Due to the violence and isolation that LGBTIQ+ people often face in their biological family units, many LGBTIQ+ people use the word "family" to refer to their chosen community of friends, colleagues, and partners with whom they build homes, celebrate holidays, mark life events, mourn and create community care spaces, despite not being biologically related. For communities who use "family" primarily to reference these chosen communities, the phrases "biological family" or "family of origin" are sometimes used for differentiation.
15. Remote consultation with gay male HRDs in Malawi, May 2020.

During COVID-19, defenders are forced to stay at home with already violent families, compounding this daily struggle of "putting our sexuality in front of them." In families in which defenders would have previously been out of the house for most of the day and able to manage tense family relations for a few hours at night, the near constant contact with homophobic, transphobic and biphobic family members has led to more reports of physical and emotional abuse.

During consultations with HRDs in multiple countries, defenders reported physical, emotional, and sexual violence from intimate partners, parents, siblings, in-laws, and other family members in their homes and larger family networks.

As such, HRDs named domestic violence, intimate partner violence, inability to safely and privately take medications such as antiretrovirals (ARVs) or birth control, and being "disowned" by their families as key fears exacerbated by staying inside with their biological families for extended periods of time during COVID-19.

2b. Lack of HRD Access to Domestic Violence Services and Counseling

It is common across the LGBTIQ+ community to be rejected from care services and domestic violence counseling due to homophobic discrimination. It is also common for LGBTIQ+ people and sex workers to fear reporting domestic violence to the police because their identities are already criminalized.

For HRDs, identity-based rejection from domestic violence services and the risk of reporting to the police is amplified by their well-known status. LGBTIQ+ HRDs are less likely to be closeted than other members of the queer community; they are therefore more likely to be denied care on the basis of their sexuality. Homophobic and transphobic discrimination is magnified for HRDs by their status as "famous gays" in the community.[16] Similarly, female sex worker rights defenders rarely feel able to report domestic violence to the police, given that their identity as a sex worker puts them at risk of violence and arrest.

"Even therapists don't want to be seen associating with LGBTIQ+ people. And we are very known as gay, so they can't deny that's who they are treating. This was true before COVID-19. Now, there is more domestic violence, and even less access to services."[17]

"Just like with counseling for anything else, we often get told by domestic violence service providers that they don't know how to deal with LGBTIQ+ couples, so they can't help us. For defenders in violent relationships or with violent family members, this means we have to live in violent homes or go be homeless, because the shelters and care centers aren't open to us."[18]

16. Remote consultation with gay male HRDs in Malawi, May 2020.
17. Remote consultation with lesbian, bisexual, and transgender WHRDs in Zimbabwe, May 2020.
18. Remote consultation with lesbian, bisexual, and transgender WHRDs in Zimbabwe, May 2020.

2c. Increased Need for HRD Shelters

The increased threat of homelessness faced by LGBTIQ+ and sex worker rights defenders during COVID-19 due to family violence and rejection makes community-run shelters and group homes even more critical than before the pandemic. Due to the preexisting precarious nature of funding available to LGBTIQ+ groups, these shelters are struggling to afford food, clean water, and rent payments.

HRDs from Eagle Wings, an LGBTIQ+ organization in Tanzania, run two shelters in the cities of Mwanza and Mbeya. The shelters house LGBTIQ+ and sex worker rights defenders, community advocates, and peer educators. When they have space, they also provide shelter for community members facing threats or recovering from physical and sexual attacks.

Eagle Wings HRD shelters ordinarily give defenders three months of relative safety while looking for another residence. It is a respite from the immediate physical danger they face, which is exacerbated by homelessness and constant street visibility. Often, HRDs and community members facing particularly heightened risks will be granted permission to stay longer than three months. While there, HRDs have access to psychological support, counselors, and risk assessment coaching; "the time they are here is designed in way to, in three months time, to have time to reflect on work and risks, have a place to stay while looking for other alternatives while in extreme danger."[19]

As a result of the COVID-19 pandemic, the shelters run by Eagle Wings are struggling to afford food and rent payments, while counselors from Dar Es Salaam can no longer travel to the shelters to provide support to HRD residents. Additionally, Eagle Wings does not have funding to provide secure transportation for at-risk defenders from other provinces to shelter locations forcing them to rescind previously accepted applications if the HRDs cannot raise their own travel costs.

As of June 2020, Eagle Wings is housing approximately 10 people at one shelter, half of whom are LGBTIQ+ defenders and the other half cisgender, straight-identified female sex workers. In the other shelter, the 10 residents are both transgender sex workers and cisgender female sex workers.

Shelters and other forms of group housing are critical to community survival in the context of widespread economic marginalization and violence against LGBTIQ+ people and sex workers. Shelters also involve a wide variety of risks including threats from public and police, inability to social distance, and lack of privacy for self-care and well-being. HRDs describe many of these risks in Section 3: Defamation & Blame for the Spread of Disease, Section 4: Attacks on HRD Homes, and Section 6: Raids, Arrests, and Police Violence. HRDs interviewed for this report are simultaneously advocating for funding and security for shelters, and for long-term systemic change to address chronic homelessness and lack of access to health services within their communities.

"Most of the people staying at our shelters are involved in our human rights work. The way we define activist is a bit different. For us, 'activist' means they are working with our LGBTIQ+ organisation, they've been on the front line when protecting the rights of other sex workers and LGBTIQ+ people, organizing meetings and dialogues with district officers. In the other shelter, we also house youth activists who work with an LGBTIQ+ youth collective. That shelter is critical for our reputation as HRDs who collaborate with other at-risk organizations and defenders." - Wenty, HRD with Eagle Wings, Tanzania

Case – Tanzania

"At our HRD shelter we know our fellow activists are safe, but suddenly we cannot feed them or get clean water. Things are becoming so expensive in Tanzania right now. Running out of food is especially a problem because, even for defenders who could go back to their families, especially during COVID-19, their families are getting more violent. It was easier when we were gone during day, but now have to be inside all day with our families and neighbors watching us, knowing about our sexuality and activism. Some defenders have been kicked out, and been told you cannot stay here at home if you are not working and gone all day. One defender's family said to him, 'we know you're gay and can only deal with it if you're gone all day.'" – Wenty, LGBTIQ+ HRD, Eagle Wings, Tanzania

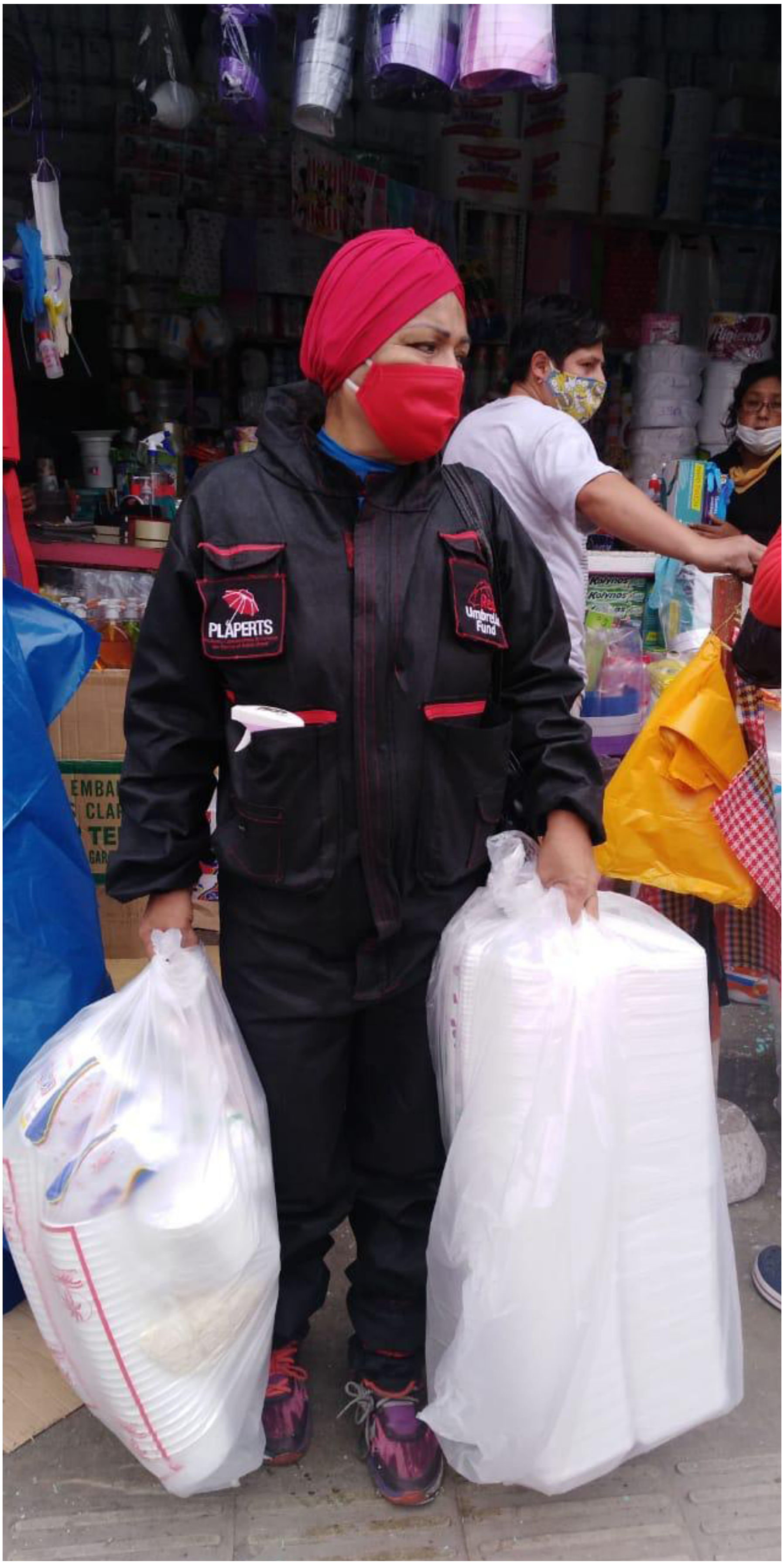
19. Remote interview with Wenty, Dar Es Salaam-based HRD from Eagle Wings, May 2020.

2d. Decreased Funding for HRD Shelters

Funding for Eagle Wings shelters is typically through short-term (three to six month), repeated grants from international donors. One donor recently told Eagle Wings HRDs they could not continue short-term funding of the shelters due to increased emergency demand from other LGBTIQ+ groups globally during COVID-19. This sudden withdrawal of funding demonstrates the precarious financial situation of many local organizations and queer HRD collectives globally, who often do not have long-term, sustainable program funding.

In response to the funding stoppages, Eagle Wings ceased accepting new requests from at-risk HRDs to stay at the shelters. This occurred exactly as many defenders in the community were facing increased risks, as documented in this report, and needed access to the shelters.

Local LGBTIQ+ and sex worker rights organisations are often excluded from mainstream human rights, development, and humanitarian aid funding, and seldom have long-term, sustainable funding. When COVID-19 began, many large donors put out statements encouraging grantees to use existing program funds however they needed to during COVID-19 to support the emergency needs of their communities. However, these solidarity statements making funding more flexible did not reach the vast majority of local LGBTIQ+ and sex worker rights defenders, because most of their funding did not come from these donors.



3. Defamation & Blame For COVID-19

"Things are getting harder for LGBTIQ+ people during COVID-19, particularly visible activists, trans people, flamboyant and feminine gay men and butch lesbians. Our community is directly associated with, and accused that we are the cause of, this disease. People say we are cursed and God is punishing the world because of our sinful life. We are disgraced and humiliated. LGBTIQ+ activists are the most obvious recipients of this increased hatred against the whole community." - Transgender WHRD and Sex Worker Rights Defender, East Africa

LGBTIQ+ and sex worker communities in more than 10 countries reported defamation and verbal attacks from public officials and religious leaders related to COVID-19. In Uganda, Kenya, the United States, Israel, Turkey and Mexico, religious figures with large public followings (and state endorsement, in the case of Uganda, Kenya, and the US), have explicitly named homosexual acts, homosexual behavior, and marriage equality as a cause of COVID-19.[20]

Visible HRDs from LGBTIQ+ and sex worker communities have become targets for this defamation. Their activism, already seen as "promoting" immoral life styles and behaviors in many countries, is now seen to be contributing to the spread of disease.

HRDs reported a range of violent physical attacks against themselves and their communities (see Sections 4, 5 and 6) which appear tied to the defamatory rhetoric that sex workers and LGBTIQ+ people are responsible for the spread of COVID-19. This analysis, (that physical attacks are linked to defamation), builds upon the historic portrayal of LGBTIQ+ and sex worker populations as an unclean, dangerous public health threat, whose alleged sexual deviance either causes or disproportionately contributes to the spread of disease.

"Rampant defamation makes it even more likely that HRDs cannot go home to their families. This leads to isolation, loneliness, stress, and further exclusion during an already solitary time." **- Bosibori Christine Nyandoro, LGBTIQ+ Peer Counselor, Kenya**

"The defamation that LGBTIQ+ and sex worker rights defenders spread COVID-19 directly links to previous accusations that we are responsible for floods, for draught, for locusts... Queerphobic people use LGBTIQ+ people as scapegoats. The trauma of that defamation is so close to the surface for many of us, and has been hugely triggered by the latest plague we are blamed for. One of the reasons LGBTIQ+ and sex worker rights activism makes people uncomfortable is because then they have to deal with their own connections to it. Most people have a connection, and HRD's who make these rights visible force them to think about it." **- Bosibori Christine Nyandoro, LGBTIQ+ Peer Counselor, Kenya**

20. United Nations OHCHR. COVID-19 and the Human Rights of LGBTI People. 17 April 2020. https://www.ohchr.org/Documents/Issues/LGBT/LGBTIpeople.pdf

4. Attacks on HRD Homes

"All this hatred during COVID-19 puts visible LGBTIQ+ activists hugely at risk, especially activists who host other LGBTIQ+ people in our homes. By providing safe spaces for people who would otherwise be homeless and probably assaulted by police, we are seen to collect or gather disease. Even though we are helping people do exactly what is asked – shelter in place. Our community is desperate and the streets are so dangerous, but now people are attacking HRD houses, too." – Clara Devis, Transgender WHRD and SWRD, Executive Director, TACEF, Tanzania

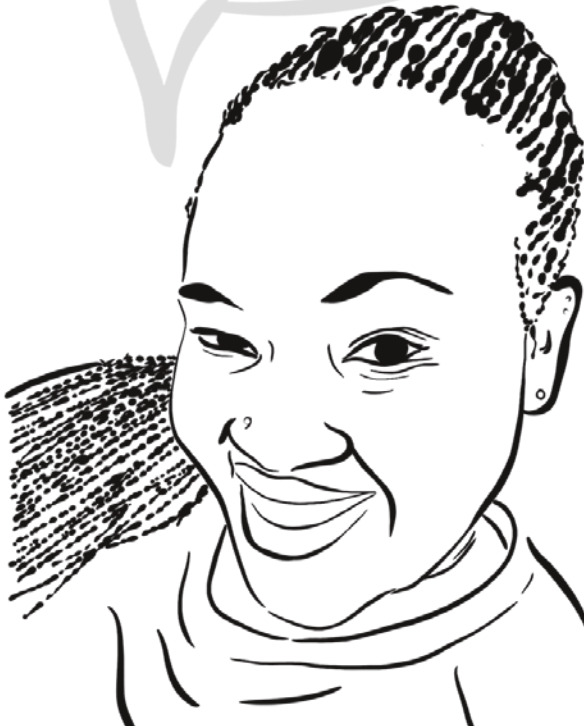
One month after providing this analysis, based on a trend of attacks in Tanzania, Clara's own home was brutally attacked and two community members staying with her were sexually assaulted. (See below)

HRDs in several countries have reported physical attacks on their homes after it became known locally that they were housing LGBTIQ+ people or sex workers at risk of homelessness, hunger and police violence on the streets. In April 2020, in Arusha, Tanzania, three human rights defenders and three community members they were hosting were physically assaulted during a break-in on the HRDs' home. During the attack, the perpetrators shouted homophobic slurs and accused the HRDs of spreading COVID-19 and promoting homosexuality. The HRDs were hospitalized and had to temporarily relocate from the city.

The attacks on HRD homes have several psychological and physical consequences for the defenders. Defenders feel immense guilt for not being able to protect the community members staying with them during COVID-19. They rarely have access to psychosocial care or adequate time and space to process the trauma, and are left with graphic, violent memories of their homes bloodied after the attacks.

In the immediate aftermath of such attacks, defenders also face security decisions that put their own protection and visibility in conflict with the immediate medical needs of the victims. Temporarily quieting their work and reducing their visibility could aid the defenders immediate physical security (and therefore potentially, the long-term security of the people staying with them). But victims of these physical and sexual attacks need immediate medical attention. Defenders feel a responsibility to accompany victims to the police and hospital because the attacks occurred in their homes. In doing so, the HRD raises their own profile and is seen to be taking on a new advocacy case. It raises the visibility, and therefore possibly the vulnerability, of a defender directly following a violent attack on their home.

"There are multiple distinct things happening at once: the physical risk of attack that is raised by welcoming people into our homes, the feeling that we 'failed' to protect people when these attacks happen, and psychological trauma of seeing our own homes turned into sites of sexual violence against the very community members we're trying to protect. HRDs feel trapped between bad options. This burden is compounded by the lack of financial resources to buy medication or transport to quality medical centers far away in big cities. One rape case in my village was sent to three free clinics and turned away from each one due to homophobia. Defenders couldn't find funding to pay for quality, non-discriminatory care for the victim, which was located hours away." - **Bosibori Christine Nyandoro, LGBTIQ+ Peer Counselor, Kenya**



Case – Tanzania

On 20 June 2020, two men broke into the Dar Es Salaam home of transgender WHRD Clara Devis and brutally assaulted two LGBTIQ+ community members staying with her while she was out of the house. The attackers beat the victims, a gay man and transgender woman, on their arms and legs, and cut their heads with machetes. They tied their arms and legs together, gagged them, and sexually assaulted them with plastic bottles.

Clara has offered shelter to at-risk and homeless LGBTIQ+ and sex worker community members in her home for years, people who are now experiencing even higher risk of homelessness during COVID-19 due to family violence, job insecurity, police raids, and loss of clients.

On 20 June, Clara was out of her home when the attack occurred. She received a phone call at around 8:00pm from one of her friends at her home. When the attackers broke in, they forced one of the victims, a transgender woman, to call Clara and "beg" her to come home. Clara heard unfamiliar voices in the background and then the line went dead. When Clara arrived home approximately a half hour later, she yelled for a neighbor to help her and accompany her into the house. She then saw two men jump over the garden wall of her house onto the next street and run away.

Inside, Clara found her friends, a transgender woman and gay man. One was tied to the bed frame in Clara's bedroom. One was tied to the bathroom shower pipe. The bed frame had been broken and Clara's clothes and furniture were thrown around the room. The victims were bleeding profusely from their legs, arms, and heads.

When Clara removed the cloth from her friends' mouths and untied them, they told her that the attackers said they knew about Clara's work "promoting homosexuality" and "keeping homosexual people in this house." Her friends told her that the attackers had demanded to know where Clara was, where she kept her laptop, and threatened to come back and repeat the assault if Clara did not stop her activism. The attackers explicitly referenced Clara's advocacy to include transgender rights in Tanzania's internationally funded HIV programmes, but did not tell the victims how they knew Clara did this work.

Clara asked her neighbor, a village leader, to help her accompany the victims to the police station to file reports and to the hospital to receive medical care. Transgender people and HRDs often receive violent, discriminatory treatment at police stations and are frequently refused care at mainstream hospitals if not accompanied by a prominent community member. Clara left the community leader and victims at the hospital, and went to file the report at the police station. She returned to the hospital with the report, which is necessary to receive medical care after an attack. The victims received medical care. Clara has not been informed of any police investigation into the attacks.

5. Increased Need for Emergency Response Work

A central component of SWRDs work is responding to emergency calls from sex workers that have been detained or physically attacked. SWRDs receive calls through hotlines and personal phone numbers. They mobilize as individual HRDs and as collectives to aid sex workers in police custody who have been arrested, detained, denied due process rights, and/or assaulted by police or other state officials. They also respond to emergency calls from sex workers who have been physically or sexually assaulted in a wide range of locations by clients, the public, police and other security forces.

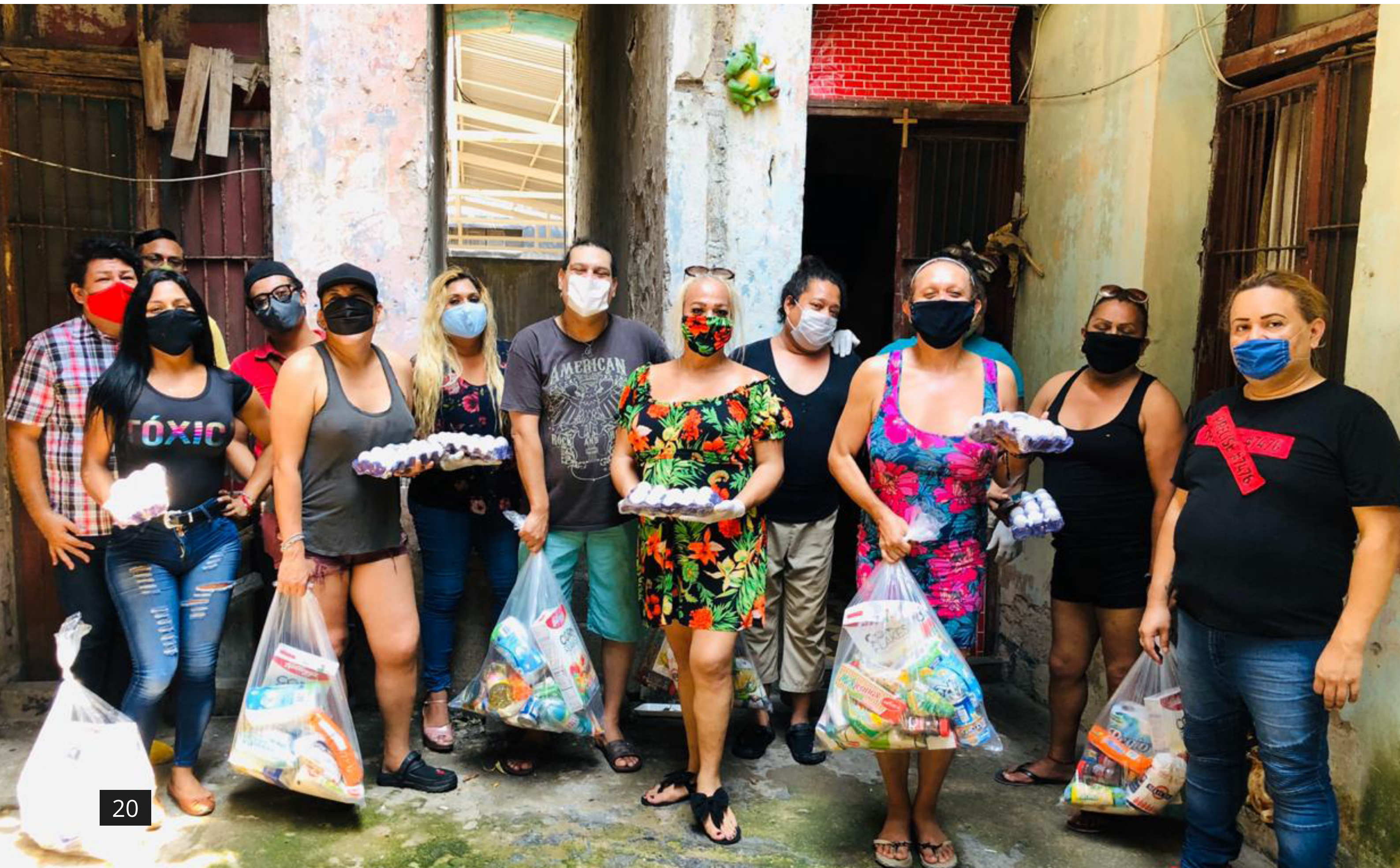
LGBTIQ+ and SWRDs report receiving (and feeling compelled to respond to) more emergency calls from sex workers working in dangerous locations during COVID-19.

The extreme economic hardship caused by COVID-19 forced many sex workers to accept client bookings they would normally refuse for security reasons. Some are now accepting bookings in dangerous locations, with clients known to be violent, or for unprotected sex. This increases the demand for emergency response coordination carried out by HRDs.

Attacks on Defenders During Emergency Response Work

Prior to COVID-19, attacks on SWRDs who run emergency hotlines were common. Often SWRDs are attacked while responding to medical emergencies. In the course of traveling to the attack site, SWRDs are perceived by attackers to be sex workers traveling alone at night (either home or to a client booking, for example), and subjected to the same attacks they would have been exposed to if they were actually selling sex that night.

In that moment, usually at night, the attacker perceives the SWRD responding to an emergency, to be actively selling sex. As such, by responding to emergencies, SWRD increase the hours per week that they, as sex workers themselves, are in public spaces, gaining visibility, and utilizing public transport. In effect, doing human rights work increases the number of hours that SWRDs are exposed to existing violence experienced by sex workers in general. This, as with criminalization, demonstrates another way in which violent discrimination against sex workers at large puts HRDs from this community at risk.



Why HRDs Are Receiving More Requests for Emergency Support During COVID-19

The following changes in sex work have directly impacted HRDs by increasing the number of emergency calls they receive from dangerous locations.

- Sex workers are shifting to street-based work for a variety of reasons, including hotel and brothel closures. (HRDs in Tanzania report police raids on known sex work establishments. In Mexico, WHRDs report targeted closures of hotels known to be frequented by local sex workers, while tourist hotels in the same neighborhood were allowed to remain open.) As formal work spaces are closed or subjected to increased harassment, workers based in those established are forced to work on the streets. This puts them at an increased risk of a range of violence including sexual assault and arrest by police during street sweeps, which have increased in many countries during COVID-19. This means that HRDs receive more emergency calls from the streets; in responding, they too risk these same assaults by police.

- Many sex worker communities report stopping their security measures related to client screening. Client screening happens in a wide variety of ways, including websites, text message alerts, and community WhatsApp chains where information about violent clients is shared. Out of financial desperation, sex workers and SWRDs are accepting clients with known assault histories. Many are also agreeing to bookings for services they would normally refuse.

- HRDs report that some sex work clients are using the COVID-19 pandemic as an opportunity to refuse safe sex and condom usage. Knowing that sex workers have been forced to reduce their safety standards out of financial need, some clients are coercing sex workers into unsafe practices. Others are weaponizing the existing criminalization sex workers face, which has been exacerbated by COVID-19 curfews, (where sex work is already illegal, workers now break two laws if they work after curfew). Knowing that sex workers can rarely call the police for support if they are denied payment or abused by a client, some clients have suddenly begun refusing to pay and become violent when sex workers demand payment.

- Front Line Defenders has received reports from several countries and partners, including in Peru, South Africa and Tanzania, of sex workers experiencing violence after being directly accused of being “spreaders” of the disease.[21 22]

The first call a threatened sex worker makes is often to local HRDs from their own community. By responding to these calls, defenders take on increased visibility and potentially life-threatening risks.

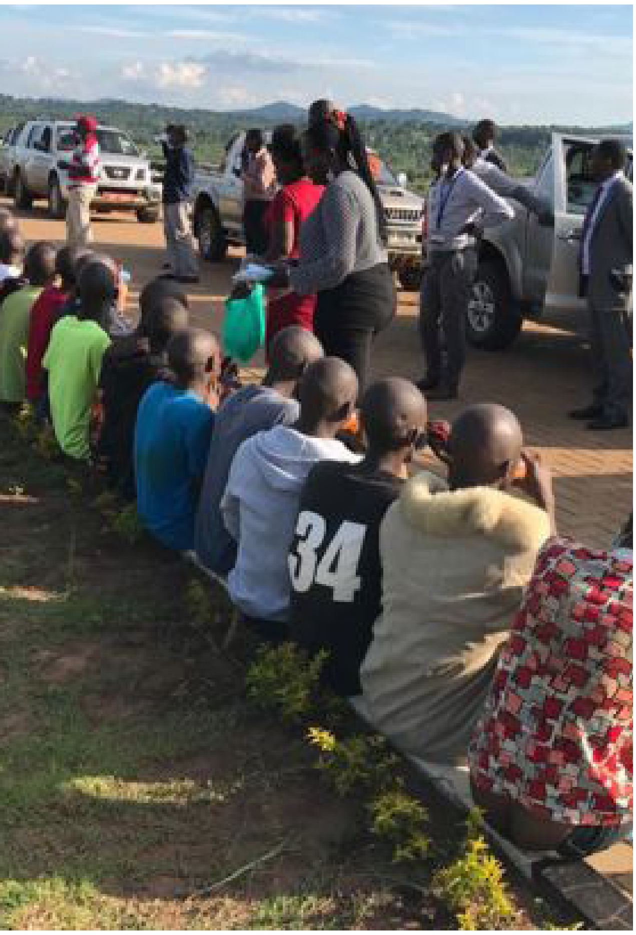
21. Phone interviews with Red Umbrella Fund and sex worker organisations in Tanzania, April 2020.

22. According to reports received by the Red Umbrella Fund, a member of a local sex work community was sexually assaulted by a client in April 2020 after he verbally named her one of the “reasons” for the spread of COVID-19.

6. Raids, Arrests and Police Violence

LGBTIQ+ and SWRDs in several countries report that police are using COVID-19 curfews and social distancing requirements to justify increased violence against LGBTIQ+ communities, sex workers, and the urban poor. This has included mass arrests of LGBTIQ+ people, raids of community centres, public humiliation, and beatings in the street.

Evening curfews imposed by several states in response to COVID-19 disproportionately affect poor and working class communities who do shift work. Many have no means of private transportation home from work, and are necessarily in the street past curfew because they are walking home due to the public transportation shut downs. As with defenders from many other economically and socially marginalized groups, LGBTIQ+ and SWRDs report that police are capitalizing on the pandemic to harass, physically assault, verbally insult, and detain without charge visible community activists.



Case – Uganda

On 29 March 2020, Ugandan security forces and local residents of Kyengera, Wakiso district, raided a shelter for LGBTIQ+ youth operated by Children of the Sun Foundations (COSF). Security forces arrested 23 people at the shelter, including three HRDs. At least two of the 23 were beaten upon arrest; all the rest were subjected to taunts from the community due to their perceived sexual orientation. Three were released, but 20 were imprisoned for 59 days and subjected to cruel, inhumane treatment and torture. One was subjected to anal exams.

Prior to the attack, neighborhood leaders including the Mayor of Nsangi Municipality, Hajj Abdul Kiyimba, threatened HRDs working with COSF. Kiyimba stated that homosexual behavior would not be tolerated in the area. He led the group that raided the shelter, accompanied by officers from the Local Defence Unit and the Uganda Peoples Defence Forces (UPDF). According to HRDs, the mayor personally assaulted at least two of those arrested as he questioned them about their homosexuality.

Security forces also arrested two HRDs who responded to the raid after receiving an emergency call from COSF. During the raid, the Executive Director of COSF placed an emergency call to Human Rights Awareness and Promotion Forum (HRAPF). An HRAPF lawyer and Community Paralegal went to the shelter, but found that the 23 people had already been arrested and taken to Nkokonjeru Police Post. A Local Defence Unit member informed the two HRDs that he had instructions to arrest anyone who came to the shelter. The two HRDs were arrested and taken to Nkokonjeru Police Post.

At the police station, the Officer in Charge released the two HRDs because he knew them to be HRAPF lawyers. A crowd gathered outside the station and threatened the HRDs. Police conducted a search of the shelter in order to find evidence of "homosexuality," according to HRDs, and confiscated medical supplies that the community can no longer use after their release from prison.

"Police confiscated and kept as evidence lots of important medications, including antiretroviral (ARV) drug regimens, Pre-Exposure Prophylaxis (PREP), two oral HIV self-testing kits, and several condoms in their foil packs. The loss of these medications has devastating health and financial consequences for the arrested LGBTIQ+ community members." - Justine Balya, WHRD, Head of the Sexual Minorities Unit at HRAPF, and the lawyer arrested while responding to the raid

Case – Zanzibar, Tanzania

LGBTIQ+ and sex worker rights defenders in Zanzibar are struggling to house and relocate Peer Educators and other HRDs in their networks as police conduct sweeps, raids, and searches of homes alleged to have large numbers of people staying in them.

In late April 2020, an HRD in Zanzibar reported to Front Line Defenders that the Regional Commissioner of Zanzibar held a meeting with local police and some citizens to announce upcoming searches and raids on houses of more than 5 malaya (derogatory term for sex workers), as part of nationwide enforcement of COVID-19 social distancing requirements. The presence of HRDs in a group house makes the house more visible for a number of reasons, increasing the odds that both the HRDs and the broader community will be targeted if they remain in the group homes during the raids.

On 22 April, several SWRDs in Zanzibar received warnings that raids would begin the following Monday. In response, HRDs in Dar Es Salaam worked with the WHRD leaders of the sex worker rights organisation YOSOA in Zanzibar to organize emergency housing for 20 HRDs and Peer Educators working with YOSOA, to mitigate their risk of arrest during the raids.

On 27 April, Zanzibar police began neighborhood sweeps. HRDs report that two cars of between five and seven officers each searched more than 30 houses, targeting those known to be occupied by LGBTIQ+ people and sex workers. "Neighbors pointed them towards known queer community spaces and brothels to target," one HRD told Front Line Defenders. Police forced 15 sex workers to evacuate their homes, claiming they violated COVID-19 social distancing requirements. At least two of those forced out of the home were WHRDs and Peer Educators with YOSOA. They took emergency shelter in the organization's office, while others moved temporarily in with other community members.

"We need to talk about these 'other community members.' They are increasingly at risk also for sheltering well-known HRDs, and one another. Here again we have a physical risk of attack, taken on by people willing to provide shelter to activists and others. In the short term this may get people off the street and mitigate the guilt of not helping, but it introduces a wide range of other future traumas like the attacks in Section 4." - **Bosibori Christine Nyandoro, LGBTIQ+ Peer Counselor, Kenya**

Learning From the 2018 Tanzania Crisis

Tanzania received major international condemnation in 2018 after the Regional Commissioner of Dar Es Salaam called on the general public to assist police in hunting down members of the LGBTIQ+ and sex worker communities.[23] HRDs say that time, Regional Commissioners usually no longer invite journalists to attend when they deliver homophobic speeches to police departments or the public. LGBTIQ+ people and sex workers now depend on allies present at these talks to know what was discussed and when raids are planned.

In October 2018, Regional Commissioner Paul Makonda announced the creation of a surveillance task force to identify and arrest members of the LGBTIQ+ community and sex workers. Makonda appeared on national television and radio threatening the public to report names, warning that those who failed to report a person later arrested for homosexuality would also face punishment. The task force reportedly received thousands of messages naming less than 300 allegedly LGBTIQ+ people, indicating that the same names were repeatedly reported. LGBTIQ+ rights defenders, who are often the most visible members of queer communities due to their public human rights work, were at particular risk of arrest.[24]

As Front Line Defenders reported during the 2018 crisis, HRDs were forced into hiding at a critical moment for their community.[25] Many of those forced to flee were the leaders of emergency response, countering police violence, protection trainings, advocacy for medical services, and community building activities.

That experience in 2018 – of losing critical defenders at a moment of rising community need – motivated defenders in Zanzibar to work on creative, collective security plans to keep HRDs away from the planned COVID-19 raids. These included trying to relocate the 20 sex workers, including defenders, in advance of the sweep. Since the raids intended to target known brothels, queer spaces, and houses with more than five people, defenders sought to spread out the community to keep the number of residents per house at five or below.

HRDs staying out of prison and able to respond to those who have been detained during periods of mass arrest is critical. Police sexually assault the vast majority of LGBTIQ+ people and sex workers who are detained in raids and sweeps." Often, sexual assault perpetrated by police occurs on the street, in police vehicles, or in the homes in which they conduct raids.

Of the more than 80 LGBTIQ+ people and sex workers interviewed in Tanzania by Front Line Defenders in June 2018 for an upcoming report about sex worker rights defenders, all but two had been sexually assaulted by police.[26] The majority were severely beaten; several were subjected to degrading and inhumane treatment. Many sexual assaults by police occur during the first hours of arrest, either at the point of arrest or within a few hours of being in the detention cell. The temporal nature of assault likelihood makes it critical that HRDs remain out of detention and able to respond by coordinating lawyers, medical care, and doing advocacy at the police stations.

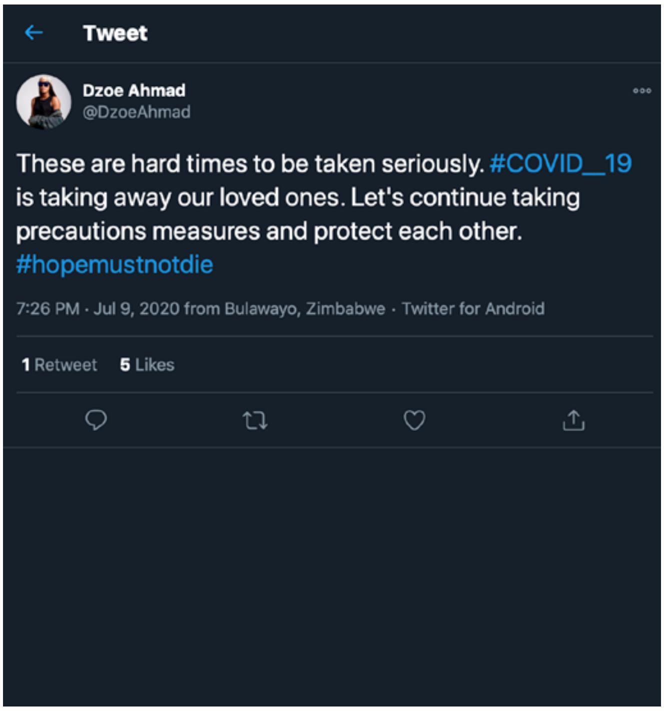
23. https://www.frontlinedefenders.org/en/statement-report/tanzania-targeting-LGBTIQ+-defenders
24. https://www.theguardian.com/global-development/2018/nov/01/thousands-living-in-fear-after-tanzania-calls-on-public-to-report-gay-people
25. https://www.frontlinedefenders.org/en/statement-report/tanzania-targeting-lgbt-defenders
26. https://www.frontlinedefenders.org/en/statement-report/tanzania-targeting-lgbt-defenders

7. Transgender Health & The Burden of Care

"Health care is an essential service. If the hospitals can stay open, we should be able to stay open. We just need support to do it safely. We need sufficient space, masks, running water and soap. When the police came and told us to close our clinic, what they're saying is that trans people don't deserve protection from COVID-19, because this is the only place trans people will come if they think they are sick. Or, they are saying they deserve to die from AIDS in the middle of another pandemic, because it's the only place our community can get HIV-treatment." – LGBTIQ+ Defender and organizer of community health centre, East Africa

The systemic exclusion of transgender services from mainstream healthcare puts HRD's physical and psychological health at risk. These risks have been exacerbated during COVID-19 by the closure of local transgender health clinics and by the closure of international border crossings.[27]

- The closure of local transgender health clinics and greater presence of security forces in the streets limit HRDs' abilities to care for the physical health of their communities, in turn affecting their own stress, guilt, and psychological well-being. (7a.)
- The indefinite closure of international border crossings mean that HRDs who personally travel to other countries to access their own Hormone Replacement Therapy (HRT) have been left without hormones for months. This has resulted in severe physical changes to their bodies, depression, and drastically reduced ability to engage with their communities and carry out their human rights work. (7b.)



7a. Closed Clinics & Greater Security Presence

HRDs in several countries report forced closures of community-run health clinics following state directives to social distance, quarantine, or shutter non-essential business. Many transgender communities can only access health care at centers organized by HRDs. Physical violence, outright denial of care, misgendering, physiological trauma, transportation, and financial cost all prevent transgender people from accessing mainstream health care. Community-run health centers are a literal life-line for people around the world.

The forced closure of an HRD-run transgender health clinic due to an alleged violation of social distancing policies – while mainstream hospitals and clinics remain open – sends the message that only cisgender lives deserve access to health in the midst of a pandemic. HRDs are left with immense logistical and psychological burdens.

In several countries, defenders have reported extreme stress and emotional burden due to the "inability" to continue providing health services for their communities, who are now forced to either risk their lives without health care or endure extreme humiliation attempting to seek care at mainstream hospitals.

COVID-19 has particularly deepened the emotional burden shouldered by defenders regarding the health of the high number of HIV-positive and immune-compromised members of their communities. People living with HIV not only face higher risks related to COVID-19, including developing AIDS-stage HIV if they cannot safely access antiretroviral treatment (ARVs). LGBTIQ+ and sex worker rights defenders report that many members of their communities have less access to ARVs due to clinic closures during COVID-19.

The increased presence of police and security forces in public streets during COVID-19 has, in many countries, led to more attacks on transgender people (see Sections 5, 6 and 8). This has raised fears from the community about leaving home to access healthcare in large cities, and increased the logistical and emotional burden of protection work shouldered by transgender HRDs.

27. Movement restrictions and other governmental COVID-19 response measures referred to by HRDs are those that applied at the time interviews were conducted, between April and August 2020.

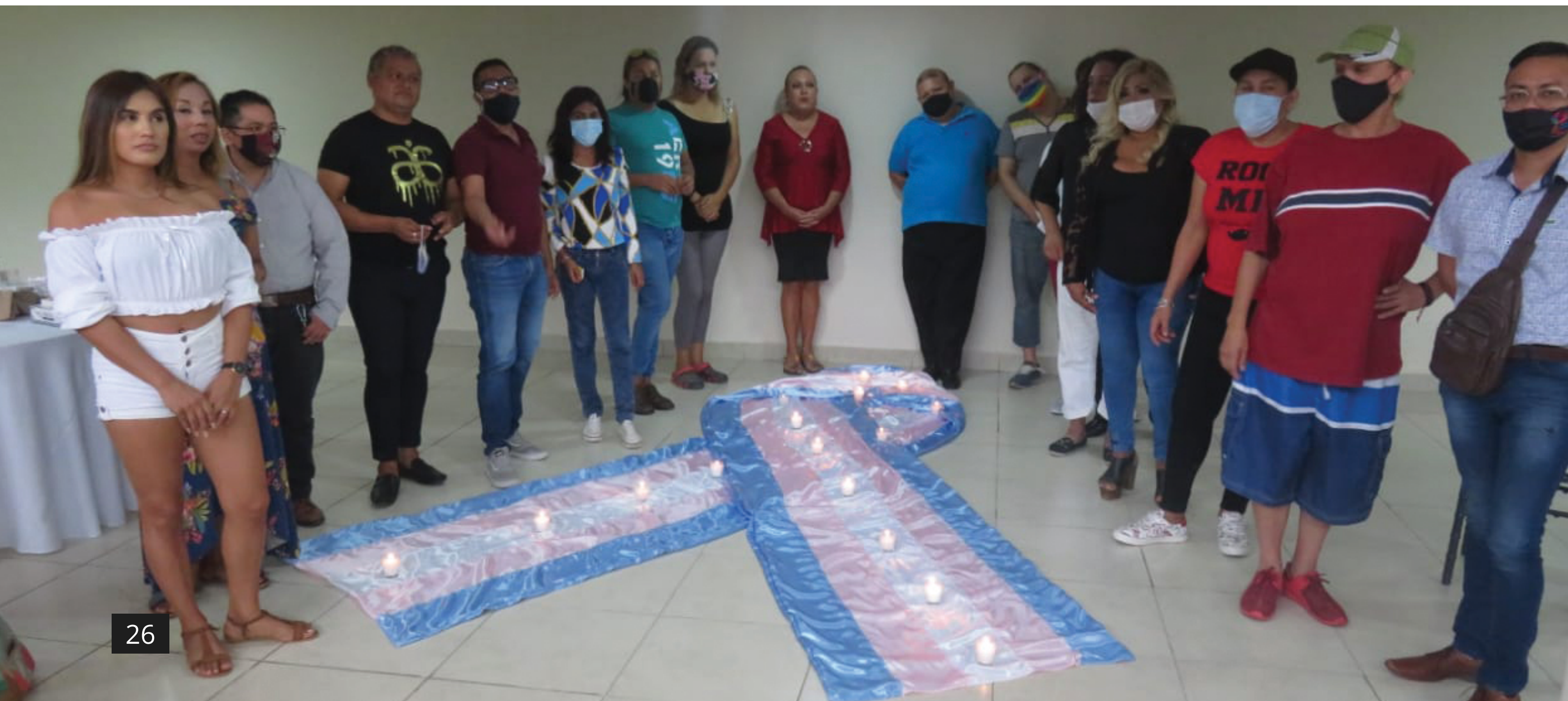
"The violent treatment of our communities by medical professionals is a major source of increased stress for LGBTIQ+ and sex worker rights activists during COVID-19. Community members are desperate for non-discriminatory medical care that simply is not available. HRDs were forced to close their community-run clinics, but people beg them to stay open despite government directives to close." - **Bosibori Christine Nyandoro, LGBTIQ+ Peer Counselor, Kenya**

Transgender WHRD Dzoe Ahmad, TREAT, Zimbabwe

"Two trans girls have been attacked by soldiers in the street in the past week alone. Others are scared to leave home to seek medical treatment; trans healthcare is limited anyway, and only available in bigger cities. A lot of my work is about helping trans people map safe routes and streets to travel on, to avoid crowds and police, but soldiers are everywhere now. This makes it very complicated, and you're always worried you're unknowingly sending someone to be attacked by the military just by directing them to a clinic."

LGBTIQ+ Defender, Tanzania

"We used to have drop-in centers in Tanzania created specifically to facilitate LGBTIQ+ people accessing health care in a friendly and comfortable manner. People were comfortable with regular testing, enrolling for ARV initiation, STI medication and minor surgeries for infections. The government shut down the drop-in centers because of the pandemic. General public hospitals and clinics are full of stigma and discrimination and violence. This brings fear and creates obstacles for us to comfortably access health care services, particularly for those who need confidentiality for HIV and STIs. People are dropping out from their HIV services because of this violence, meaning AIDS cases will go up."



Testimony – Sri Lanka

Thenu Ranketh is the Founder and Executive Director founder of Venasa, which provides support, mentoring and protection for transgender people, focusing on FTM-identifying people.[28] When members of the community are attacked or threatened by family members or the police, Venasa connects them with lawyers, accompanies their cases, provides support with temporary accommodation, and in some cases helps the person find employment.

The organisation connects health professionals and service providers to transgender communities. These service connections are critical in situations in which police often fail to protect, and in many instances worsen, the risks faced by transgender victims of violence. For example, transgender persons who try to report sexual harassment and assault by family members have often had cases filed against them by those same family members or by the police. Police have forced transgender victims to undergo internal physical examinations to "prove" their experience of violence at home, as a method of harassment and humiliation.

Thenu explained that the government's response to COVID-19 has exacerbated existing issues with access to healthcare and hormones, which impact the well-being of transgender HRDs and their communities in many ways. In addition to being personally unable to access the healthcare they need, transgender defenders working to secure access to medication for the community bear the emotional and psychological burden of being expected, but unable, to provide their communities with critical health services.

"The State's pandemic response has damaged the health, safety, livelihood and well-being of transgender HRDs in our network. It exploits and worsens existing vulnerabilities including safety in the family, access to health care, informal livelihood sources and relationship with local government and decision makers.

The manner in which Covid response and quarantine process is being handled, raises serious concerns and stress for transgender people and activists. If a trans person were to be contact traced or infected, there is a worry about how they would be treated and the effect on their well-being.

In February, Venasa conducted a survey of 50 trans persons. Mainly those identifying as trans men responded. There had been a shortage of essential drugs and hormones for nearly 7 months pre-dating COVID-19. There was an Indian drug available in a pharmacy in the capital Colombo, but they were unwilling to deliver outside the capital. This too is now out of stock. Venasa contacted the head of the pharmaceuticals association, who informed them that due to COVID-19 response, all imports into the country including medicines have been stopped and any new shipments will take several months. On 16 April, the Government announced a ban on imports of nearly all items, excluding medicine. But hormones are apparently not considered essential and are not being brought in. Skipping doses of this medicine has an effect on health and mental well being – more so for those who have undergone surgery. Nonessential surgeries have been stopped and no new dates being given by government hospitals. There was difficulty accessing specialists such as psychiatrists, endocrinologists, gynecologists, plastic surgery, etc. We resolved some of this through online consultations, but that is a huge barrier for many." - Thenu Ranketh, HRD, Founder and Executive Director, Venasa

28. "FTM" refers to "female-to-male" transgender people, indicating someone who was assigned female at birth and now identifies as a man. Some masculine-identified transgender people avoid this terminology, as it can be seen to reinforce the gender binary. Venasa uses "FTM" to specify which specific transgender identities they aim to visibilize and support. https://www.facebook.com/VENASA.TN/

7b. Closed Borders

Transgender HRDs have been personally impacted by the sudden lack of access to Hormone Replacement Therapy (HRT). In countries where trans-affirming clinics exist, most have been closed to in-person clients for months. Defenders from countries without trans-affirming healthcare, who formerly traveled to other countries for HRT consultations and prescriptions, can no longer do so because of COVID-19 border closures. As of August 2020, transgender defenders in Zimbabwe who formerly received care in Botswana had not been able to take their hormones in five months since the border closed.

Medical studies have found a range of risks associated with abruptly stopping HRT, including that "withholding hormone therapy or not providing the proper referrals for care may increase the suicide risk" for transgender people.[29] Since stopping HRTs during COVID-19, HRDs report extreme changes in their physical appearance, such as facial hair returning and breasts shrinking, as well as severe psychological trauma, stress, shame and depression.

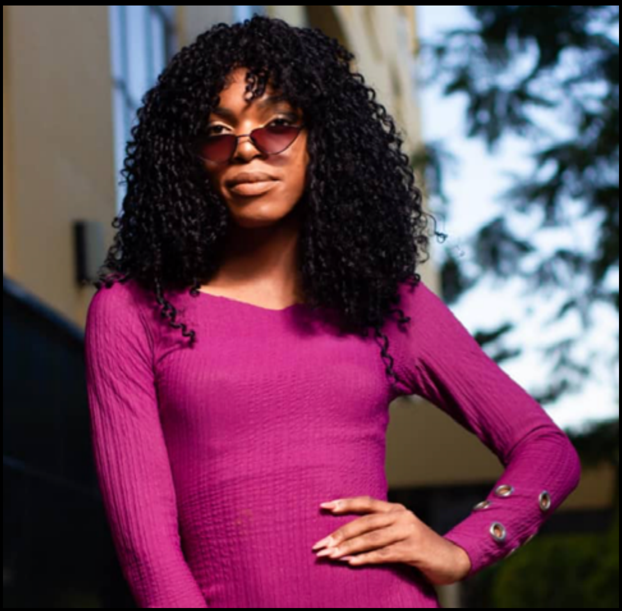
Case – Zimbabwe

Dzoe Ahmad is a 22-year-old transgender WHRD and Programmes Coordinator at Trans Research, Education & Training (TREAT), Zimbabwe's first transgender-led organization. She conducts sensitization trainings for medical practitioners, parliamentarians, and the general public. Dzoe is also a content creator, visual activist, and model who builds trans-positive social media campaigns.

Because of her work fighting for transgender rights, particularly her documentation and advocacy related to physical attacks and killings of transgender people, she has been threatened and harassed by the police and public. Prior to the pandemic, Dzoe accessed Hormone Replacement Therapy (HRT) by crossing the border to Botswana because trans-affirming health care is not available in Zimbabwe. She told Front Line Defenders that "friends in medical school in Harare tell us the professors literally skip the chapter on transgender health, saying it is not relevant in our country."

Since the border between Zimbabwe and Botswana was closed due COVID-19, Dzoe has been unable to access her doctor and medicine for more than five months (as of August 2020). Dzoe says the extreme, rapid, and "masculine" changes to her body have severely impacted her psychological health, emotional well-being, and performance at work with TREAT. She feels guilty for no longer being able to present as a "strong, femme trans woman that others can look up to," and fears "people seeing me sad, depressed, and with facial hair."

"It's been five months without medicine. My beard is coming back. I am trying to shave and put foundation on my face but it still shows in the sunlight. My boobs are changing, they're basically gone. My shape is so different now. I've worked so hard to build this body and I have nothing to show for it. I can't stop thinking about how much money I spent, and now there is nothing to show for it. I feel like I don't even want to go outside. Honestly I am going through so much depression over it. It is really affecting my work. I don't want to go into the community and have them see me like this. The other trans women are always telling me how much it means to them to see my transition, to see me feminine and presenting beautifully. This is why I create so much beautiful content like a model – it matters to the community. It matters just as much as our research and advocacy honestly. We need to see someone, an activist, happy and femme and transitioning. They don't want to see me sad and like this. I can't be in the community like this."



29. "Safety of transgender hormone therapy." VinTangpricha, MD, PhD. Journal of Clinical & Translational Endocrinology. 21 September 2015. https://www.sciencedirect.com/science/article/pii/S2214623715000630

8. Transgender HRDs & Gendered Movement Restrictions

During COVID-19, some governments implemented policies aimed at enforcing social distancing by restricting which parts of the population could be outside on certain days. Many of these policies were based on officially recorded sex or gender, and put transgender HRDs at severe risk of police violence and sexual harassment at check points.[30]

Globally, transgender HRDs face extreme economic, legal, linguistic, and other discriminatory barriers to acquiring identity documents with their correct gender. As a result, most either do not have official identification or are forced to use ID cards that incorrectly state their gender. Peru, Colombia, and Panama implemented gender-based restrictions on movement. According to these policies, men were only allowed to leave home on some days and women on others. The Colombian and Peruvian systems include clauses aimed at protecting the rights of transgender people, but in Panama the policy resulted in police and security forces targeting transgender people accused of leaving the house on the "wrong" day.[31] [32]

Transgender people were subjected to violations including arrest, sexual harassment by police and security forces, fines, and denial of movement to purchase essential goods. Among those subjected to this violence were transgender HRDs, who were traveling to conduct their human rights activities.

Case – Panama

Bárbara Delgado is a transgender WHRD in Panamá. She leads health and human rights education projects for her transgender community with multiple organisations including Asociacion Viviendo Positivamente, Asociacion Trans de Panamá, and Asociación Nuevos Horizontes. At Asociación Nuevos Horizontes, she works as a volunteer at a regional health center.

In Panama, modifying legal gender on official documents requires undergoing sex reassignment surgery. This places extreme emotional, physical and financial requirements on transgender people in Panama. As a result, most transgender people, including Barbara, do not have an official document or identification card stating their correct gender.

On 1 April 2020, Delgado left her home on Wednesday, a "women's day" under the COVID-19 movement policy, to go to the medical center where she is a health outreach worker. Two police officers stopped and detained Delgado for "violating quarantine restrictions." According to her identification card, she was not allowed to leave the house that day. The police had also stopped three cisgender people for violating the quarantine guidelines, but let them all go with a warning. The police took Delgado to the police station and detained her for three hours. During the detention, a justice of the peace told her that she was not a woman, that she deserved to be detained, and forced her to pay a US $50 fine.

"I was going to the Health Center that is near my house where I do health and rights education. Because of the emergency, that day I was going to be handing bags of food to low-income people who live near the center. Before I arrived, the police stopped me and asked me for my document. The first officer let me go, but his partner looked at me again, called me back and asked me again to see my document. He said, 'This document tells me you are a man.' I said, 'No, I am a trans woman,' and I explained to him that Panama does not have an identity law so that the trans population can change their name and photo in their document. The officer told me, 'I don't care about any of this. Women are allowed to come out on Wednesdays, not men like you.' Even after detaining me, they forced me to pay a fine of 50 dollars to be able to leave detention, a fine for leaving the house on a woman's day. The Justice of the Peace also decided I was a man.

That day I felt my world was falling. I know my rights, but they were violated. Not just by the detention and fines, but the offensive words they said to me."[33]

30. Movement restrictions and other governmental COVID-19 response measures referred to by HRDs are those that applied at the time interviews were conducted, between April and August 2020.
31. https://bogota.gov.co/mi-ciudad/salud/coronavirus/conoce-el-decreto-106-y-las-nuevas-restricciones-para-salir-la-calle
32. https://redaccion.lamula.pe/2020/04/02/martin-vizcarra-el-primer-presidente-que-incluye-a-los-trans-en-un-mensaje/albertoniquen/
33. Remote interview with WHRD Bárbara Delgado. 15 June 2020.

Case – Sri Lanka

In Sri Lanka, one stage of COVID-19 mobility restrictions was based on the last digit of identity card numbers, regardless of gender. However, transgender HRDs from the organisation Venasa report that this policy still disproportionately put their community at risk. At any check point, traffic stop, hospital appointment, bank transaction, food distribution or any other wide range of incidents in which people may encounter police in Sri Lanka, people are asked to demonstrate proof that they were out of the house on the correct day. The policy therefore forced defenders to show police ID cards which list their gender incorrectly, exposing them to sexualized, transphobic harassment.

"The easing of lockdown is based on a system where you are allowed to step out one day of the week depending on the last digit of your National Identity Card number. Government offices that issue ID cards and amendments to birth certificates have stopped these services or are working at reduced capacity. So transgender people and activists are left with cards that don't match their identities, and if stopped by the police, even if they're out on a day that matches their number, they have to show the police a card with the wrong gender which of course leads to sexual harassment and violence." - Thenu Ranketh, Founder and Executive Director, Venasa Transgender Network

9. Infection & Death from COVID-19

LGBTIQ+ and sex worker communities are systematically marginalized from state-run social services, including unemployment benefits, medical care, and testing. As a result, HRD-run mutual aid, medical care, and emergency distribution of food and masks is often the only support these communities are receiving during COVID-19.

HRDs take direct personal health risks by continuing and expanding this life-saving work during the pandemic. HRDs in Mexico, the US, Ecuador, and other countries have contracted COVID-19 after choosing to continue their work, and several have lost their lives to the disease.

These defenders and the communities they come from experience multiple layers of vulnerability to COVID-19. LGBTIQ+ and sex worker communities often have historic mistrust of government and mainstream health services due to their experience of systemic violence and discrimination. HRDs from these communities chronically lack personal protective equipment while doing health outreach. They come from spaces that are systemically excluded from public health information distribution, and are impeded from benefitting from life-saving knowledge regarding COVID-19. An HRD who is made vulnerable to COVID-19 due to not having access to information and services is at heightened risk of contracting the virus due to their leadership roles in communities that are economically marginalized and homeless, (see Section 1: Economic Violence). The intersections between public health, economic justice, and sexualized defamation are inextricably linked to the security of HRDs.

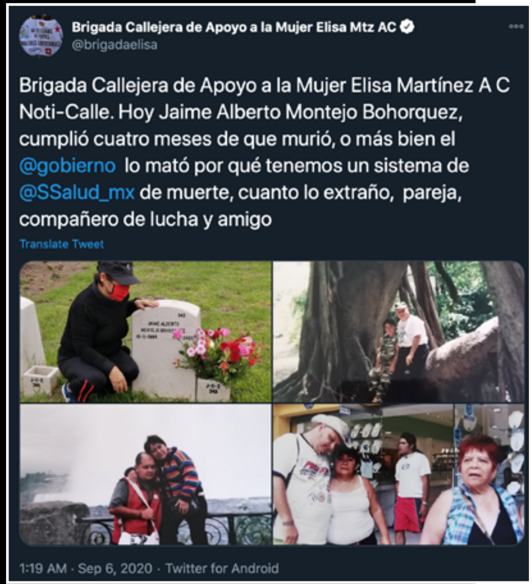
Lorena Borjas, "Mother of the Trans Latinx Community in Queens"

Lorena Borjas was a pillar of trans Latinx community resistance in New York City. She died of COVID-19 on 30 March 2020 after decades of fighting for the rights and survival of her transgender community, sex workers, undocumented people, and people living with HIV/AIDS. Typically, those she fought for occupied most of those identity groups. In the decades she spent in struggle, Lorena was charged with prostitution numerous times, and dedicated her life to pursuing justice for transgender women accused of sexualized, defamatory "crimes" linked to their gender presentation, citizenship, and economic status. Her work ranged from middle-of-the-night emergency response after sex worker arrests, to long-term immigrant justice and systemic change advocacy. Her death rocked the community. In the words of community member Javid Syed, "She died protecting her community. Losing her is a tragic example of how class, race, gender, and sexuality create conditions that require transgender sex worker HRDs to take risks as activists that make them vulnerable to the biomedical impacts of COVID."[34]

34. Email with Javid Syed, American Jewish World Service, October 2020.

Case – Mexico

Jaime Montejo was a human rights defender and co-founder of Brigada Callejera "Elisa Martínez" (Elisa Martinez Street Brigade in Support of Women) in Mexico City. Mexico is estimated to have more than 70,000 sex workers. Jaime and other members of his organisation continued and amplified their support to sex workers as the pandemic spread. He helped lead the organisation's emergency response to the drastic increase in life-threatening risks facing sex workers, including homelessness, hunger, and contracting COVID-19. They designed and distributed drawings to show workers how to protect themselves from the disease while taking clients. When dozens of newly-homeless sex workers began living together outside a subway station, Jaime and other HRDs from Brigada brought food, face masks, and tarps to shelter them from the rain.



Jaime contracted and died of COVID-19 after choosing to continue his human rights work. Colleagues report that he was denied entry to 16 hospitals in México City, which they feel was a direct result of the stigma associated with sex work.

Case – Ecuador

Multiple WHRDs from Plataforma Latinoamericana de Personas que Ejercen el Trabajo Sexual (PLAPERTS) in three of the provinces of Ecuador most affected by the pandemic tested positive for COVID-19. Karina Bravo is the regional coordinator in the southern border province of El Oro; Reina Mantena leads PLAPERTS in Guayas province; and Chavica Moreira is a transgender WHRD and national coordinator of PLAPERTS based in Manabí. In July 2020, all three were recovering from COVID-19 but lacked adequate financial and social resources to access necessary healthcare.

"During quarantine, our populations do not have access to food, supplies for cleaning and preventing COVID-19, housing payments, shelters, health care, condoms, antiretrovirals, information, and protection from police. Our solidarity campaigns ensure that people who do sex work have basic resources to strengthen pandemic prevention.

But it has had negative effects on the health of PLAPERTS leaders and activists who have contracted COVID-19. For now, we are three companions who are affected and require greater care for our health and survival. Especially during COVID-19 confinement, we still have organizational responsibilities so that our processes that save lives and protect rights do not decline.

This situation has brought two consequences of great physical risk and insecurity to us as defenders, which are:

1. As members of the sex worker community, we are experiencing more discrimination, xenophobia and violation of our rights, since we have had to leave our homes to look for food, medicines, urgent supports, carry out sex work for clandestine survival, in the worst conditions. It also means entering this work at direct risk of acquiring and transmitting COVID-19, HIV and other diseases, as well as suffering institutional, social and gender violence.

2. As defenders in this community, we are exposing ourselves to police, local and regional government officials, state-run health organizations, and social service institutions when we go to address state violations of people's rights. This includes responding to harassment by police and municipal guards, lobbying for food distributions and health care in neglected areas so our companions and their families can remain at home.

As activists we are more visible than ever, at exactly the time when as sex workers we are most hated. We are fighting to make these rights violations visible. We are trying to influence the state to better its rights protection policies for our people. This is very dangerous. The time we are most vulnerable to societal hate, because sex workers are accused of spreading disease, is the same moment we, as HRDs, are becoming even more visible to protect our companions." - WHRDs of PLAPERTS, Ecuador

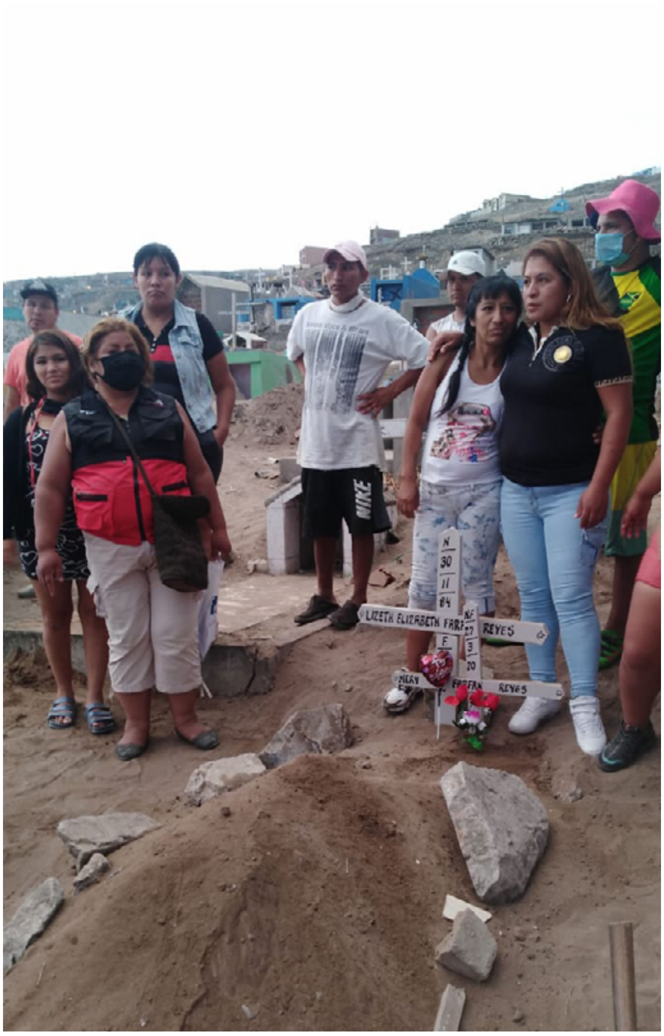
Case – Peru

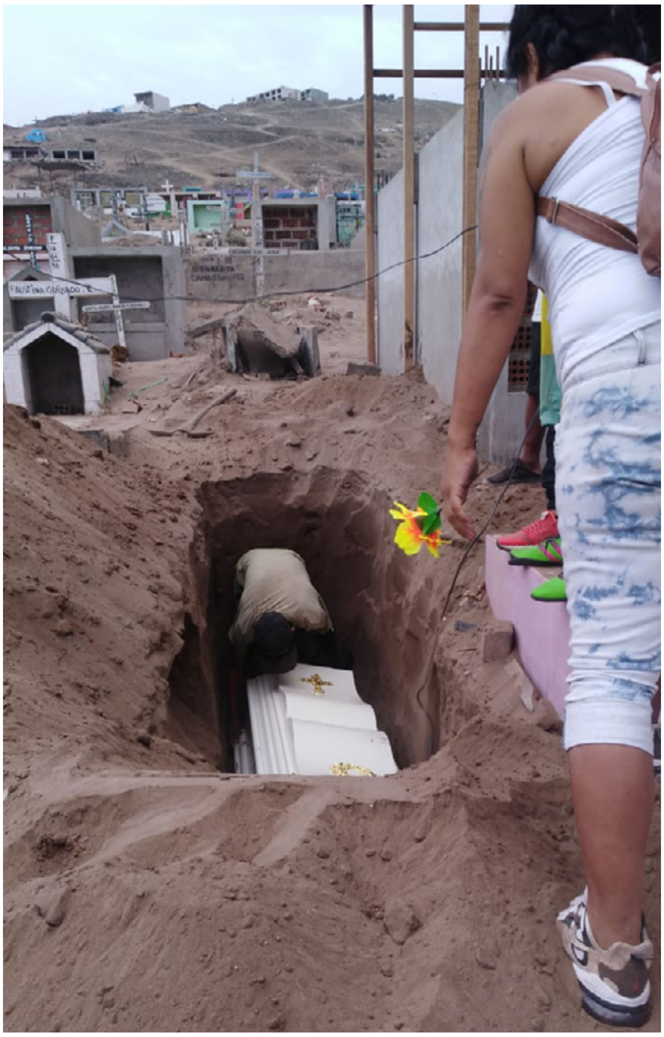
In Lima, Peru, WHRDs from Asociación de Trabajadoras Sexuales Miluska Vida y Dignidad run a shelter and safe space for sex workers who are survivors of various forms of violence. Sex workers in Peru, as in many countries, have been forced to accept more dangerous clients and booking locations in order to continue feeding their families during COVID-19. Additionally, police closures of certain streets, hotels, and other sex work locations change daily and without notice, such that sex workers are at risk of attack or arrest even when working in previously permissible locations. As a result, some sex workers are staying home and left without state assistance for food or water. WHRD coordinators of the shelter have shifted their programming budget, including allocations for their own salaries, to fund emergency aid distribution. WHRDs now bring bags of food to sex workers and their families around the city, but lack basic safety equipment such as gloves and masks.

Leida Portal is a WHRD and coordinator of Asociación de Trabajadoras Sexuales Miluska Vida y Dignidad, as well as an active member of PLAPERTS, a sex worker rights network in Latin America.[33 34]

Vera Roderiguez of the Red Umbrella Fund described the situation of Leida in Lima:

"Leida is one woman trying to be there for many mothers with many kids. It is impacting her health, not just physically but also emotionally and psychologically. She is exhausted, there is no end to the work, and she is having a really hard time knowing where and when to stop."





35. https://www.facebook.com/Asociaci%C3%B3n-de-Trabajadoras-Sexuales-Miluska-Vida-y-Dignidad-243039242376485/

36. "Leida Portal, PLAPERTS, on the impact of COVID-19," NSWP. Accessed 15 June 2020. https://www.youtube.com/watch?v=iSmod_8ztZ0

IV. Recommendations

1. Recommendations to Governments and state security agencies

- Cease all defamatory statements about LGBTIQ+ HRDs and SWRDs, including but not limited to baseless claims that HRDs spread COVID-19, and incitements to violence against HRDs who are known to be sheltering homeless community members;
- Cease targeted, discriminatory raids and arrests at the offices, shelters, and community centers of LGBTIQ+ and sex worker rights organisations;
- Ensure HRDs who report attacks and threats to local police are not further physically, verbally, or sexually assaulted by police officers, and are able to file complete incident reports without fear of retaliation or abuse;
- Cease the abuse and harassment of transgender HRDs at security checkpoints set-up to enforce COVID-19 social distancing measures;
- Ensure social distancing policies do not disproportionately impact transgender HRDs or criminalize those unable to access properly gendered documentation, and immediately train security forces to respect the gender identities of transgender HRDs;
- Examine and take concrete measures to rectify the exclusion of LGBTIQ+ and sex worker communities from state support during COVID-19, including the distribution of food and medical supplies; include and prioritize the analysis and recommendations of HRDs from these communities during reform efforts;
- Proactively include HRDs from LGBTIQ+ and sex worker communities in the design and implementation of public health programming related to COVID-19;
- Adopt and implement mechanisms protecting tenants and people at risk of evictions;
- Organize meetings with national networks and anchor institutions of the LGBTIQ+ and sex worker movements, which are best placed to analyze community needs, raise advocacy goals in a coordinated manner to the national, sub-national, local decision makers, and assist government support to reach under-served areas.

2. Recommendations to the European Union and its Member States

To European Union Member States, the European Commission, European External Action Service and EU Delegations:

- Ensure emergency funding – including for core activities – for LGBTIQ+ and sex workers' rights defenders carrying out COVID-19 response work, especially in countries where LGBTIQ+ and sex workers' rights defenders and communities are targeted by hate speech and defamation campaigns by government officials or influential public personalities blaming them for the spread of COVID-19;
- Ensure funding for utilities, rent, salaries, shelters, food, masks, gloves, transportation, and securing defenders' homes and offices;
- Engage with LGBTIQ+ and sex workers rights defenders, organizations, and communities in the design, implementation, and evaluation of funding allocated to them;
- Urge third country authorities to effectively address the physical, economic, legal and psychological risks that LGBTIQ+ and sex workers rights defenders are facing for their human rights work;

- In collaboration with and under the guidance of defenders, publicly support the work of LGBTIQ+ and sex workers' rights defenders as a means of protection, and in order to increase visibility for the important human rights work they carry out for the benefit of their communities;
- Utilize diplomatic engagement with third country legislatures, judiciaries and other officials to create and cultivate local champions for HRDs defending the rights of stigmatized and marginalized communities;
- Provide funding and capacity support for national networks and anchor institutions of the LGBTIQ+ and sex worker movements, which are best placed to analyze community needs, raise advocacy goals in a coordinated manner to national, sub-national, local decision makers, and assist government support in reaching under-served areas;
- Make funding accessible to grassroots organisations, to enable this vital base of social movements to respond quickly and effectively to local emergencies and to engage with longer-term work at the national level.

To the European Parliament, especially its Subcommittee on Human Rights:

- Hold an exchange of views with LGBTIQ+ and sex workers rights defenders to hear how their work has been impacted by COVID-19 and discuss ways in which the EU and its Member States could better support them to continue to carry out their legitimate and peaceful human rights work, with a view to adopting a European Parliament resolution on the subject.

3. Recommendations to Donors

- Ensure that funding for local human rights organisations includes budget lines for HRD security, and explicitly ask local organisations what their risks and protection needs are to make clear that HRD security is a priority;
- Where security permits, offer physical spaces for HRDs to gather for meetings and community building;
- Offer support for capacity building and private networking between grantees, to enable HRDs to directly share strategies for movement building and protection across organisations, collectives, and movements;
- Support HRDs' general operating costs to ensure defenders are not forced to choose between conducting emergency response work and paying their own salaries;
- Support programs and services for HRD well-being and psychosocial care, and explicitly ask local organisations what their psychosocial needs are to make clear that HRD well-being is a priority in donor funded programming;
- Continue to support organizations that are already active and experienced with current capacity in providing services or conducting research for a public health and financial crisis. A crisis is not the best time to help an after-school program start providing support for benefits applications, for example. Look for organizations, like nonprofit hospitals, that are already adept at working with the public sector.
- Prioritize participation in funder collaboratives to provide HRDs with larger, single grants instead of multiple smaller grants to simplify tracking and reports;
- Examine and take concrete measures to rectify the systematic exclusion of LGBTIQ+ and sex worker communities from COVID-19 response funding, including the distribution of food and medical supplies; include and prioritize the analysis and recommendations of HRDs from these communities during reform efforts;
- Provide flexible and sustainable funding that strengthens LGBTIQ+ and sex worker HRDs abilities to advocate for their rights, build networks of solidarity with state and non-state actors, and safely coordinate emergency response.

4. Recommendations to Development Finance Institutions

Development Finance Institutions (DFIs) have earmarked more than US$100 billion for over 900 COVID-19-related projects globally, as of December 2020.[37] Many governmental responses to the COVID-19 crisis are dependent on this financing. Recognizing DFI commitments to prioritize the "vulnerable" in their COVID-19 responses, as well as existing commitments to LGBTIQ+ rights such as the World Bank "taking concrete steps to foster LGBTIQ+ inclusion both in our development work worldwide and within the institution," these banks are urged to:[38 39 40]

- Examine and take concrete measures to rectify the systematic exclusion of LGBTIQ+ and sex worker communities from COVID-19 response funding, including the distribution of food and medical supplies; include and prioritize the analysis and recommendations of HRDs from these communities during reform efforts;[41]
- In recognition of the impacts of COVID 19 response measures on LGBTIQ+ and sex worker communities, as part of the assessment process for COVID-19 projects, systematically screen for these impacts and include LGBTIQ+ HRDs and SWRDs as key stakeholders for COVID-19 response projects;[42]
- In collaboration with HRDs, publish model approaches to respond to the pandemic with particular attention to those facing significant vulnerability to disease and death due to COVID-19, including the distribution of loans, financial and technical support.

37. Where is development bank money going for the COVID-19 response? Early Warning System COVID-19 DFI Tracker. 30 November 2020. https://public.tableau.com/profile/iaptableau#!/vizhome/EarlyWarningSystemCOVID-19ProjectsbyDevelopmentBanks_16049749996170/Main?publish=yes
38. World Bank Group COVID-19 Crisis Response. 17 November 2020. https://www.worldbank.org/en/news/infographic/2020/11/17/world-bank-group-covid-19-crisis-response
39. Walking the talk on LGBTIQ+ inclusion. World Bank, 19 May 2019. https://blogs.worldbank.org/walking-the-talk-LGBTIQ+-inclusion-idahot
40. SOGI Task Force, World Bank: Leadership group on Sexual Orientation and Gender Identity (SOGI), 2015. https://blogs.worldbank.org/team/sogi-task-force
41. For example, World Bank's US$300 million COVID-19 crisis response project in Uganda, despite a tagline commitment to "support the most vulnerable," makes no reference to LGBTIQ+ rights, protections, support for, safeguarding, or ongoing attacks against LGBTIQ+ communities. https://projects.worldbank.org/en/projects-operations/project-detail/P173906
42. For example, the project documents for the Asian Development Bank funded project "Addressing and Preventing Domestic Violence in Mongolia during the COVID-19 Crisis" make no reference to domestic violence faced by LGBTIQ+ communities. https://www.adb.org/projects/documents/mon-54209-001-tar

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