



# CVA CASE STUDY



## Cash Assistance for Female Sex Workers during the COVID-19 pandemic: Indonesia

# SUMMARY OF PROGRAM

The COVID-19 pandemic heavily impacted sex workers in Indonesia: their incomes decreased dramatically, they encountered greater difficulty accessing healthcare, and many of them could not access the government cash assistance that was set up to help Indonesians during the pandemic.

This CVA pilot provided cash assistance for transportation directly to female sex workers (FSWs) living with HIV so that they could access antiretroviral (ARV) therapy at health service centres. It was implemented by the Indonesian Organization for Social Change (OPSI), a national network of sex workers that is trusted and well-known by sex workers at district levels.

A total of 155 FSWs with 459 ARV visits in 88 districts received cash assistance between July and December 2020, which allowed them to access their ARV treatments by providing money specifically to pay for transportation to the health centres where they received treatment. OPSI provided the same individuals with food assistance during the same period.

## Context

With a population of 263 million, Indonesia has been ranked as a middle-income country since 2010, although the rapid pace of economic growth has led to increased inequality with more than 25 million people living below the poverty line. The Government has strong national policies with regard to development, social assistance and health; however, not all policies have translated into action at the local level, and marginalised groups – such as sex workers – have trouble securing any of this state assistance.

While sex work is not technically illegal in Indonesia at the national level, a range of local laws, regulations and by-laws are applied to sex workers and the sex industry at the sub-national level. These vary from strict prohibitions on sex work to regulations for officially tolerated brothel complexes.

Indonesia is facing a concentrated HIV epidemic, one which is significantly affecting female sex workers (FSWs). Due to the harsh social stigma that they face, Indonesian sex workers increasingly rely on each other for help. Several organisations have been created in recent years, including the Female Sex Workers Association in the Special Region of Yogyakarta and the Indonesian Organization for Social Change (OPSI), with the goal of empowering and advocating for sex workers through training programs and reproductive education.

In April 2020, large-scale social restrictions, closures of hotspots, and limitations on movement meant a sharp decrease in earnings and even more marginalisation and vulnerability for FSWs. Although the government launched a social safety net program designed to help vulnerable citizens during difficult economic times, many

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FSWs were not able to access that aid. This was largely due to the mobility of FSWs, who are not granted ID cards because they do not have a fixed domicile.

## Cash Assistance Pilot

UNFPA launched a cash assistance pilot for FSWs living with HIV whose vulnerability had been exacerbated by COVID-19. UNFPA partnered with OPSI, a national network with a strong community presence amongst FSWs, to implement this pilot. OPSI's presence at district level meant that they could identify beneficiaries through their network, and disseminate and monitor the assistance distributed.

A total of 155 FSWs in 88 districts received cash assistance that could be used to secure transport in order to receive antiretroviral (ARV) treatment. From July to December 2020, as many as 459 ARV visits were supported by this assistance. This assistance was given in parallel with food and cash assistance delivered by OPSI.

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# DESIGN



### Assessments

OPSI conducted three rapid assessments during the COVID-19 pandemic to gather information on how FSWs were affected by the emergency situation and to identify what kind of assistance was needed. The assessments were completed via phone through OPSI networks and showed FSWs were not in a position to cover their most basic needs (such as food) due to the loss of their incomes and that FSWs living with HIV had difficulties accessing health centres to receive ARV treatment. For example, they lacked the money necessary to pay for transportation to health centres, and were also negatively impacted by the reduced opening hours and patient quotas of those centres. Therefore, food assistance as well as cash assistance for transport were identified as the best ways to support FSWs, who were not receiving these from other humanitarian agencies.



### Eligibility Criteria and Targeting

FSWs living with HIV who had been receiving ARV treatment for at least 3 months were eligible for the cash assistance. The cash assistance was meant solely to support the transport cost to the healthcare provider. Assistance was provided only to FSWs who were members of OPSI.

Targeting of beneficiaries was done through the wide networks of OPSI, using a peer-to-peer approach. The districts recommended OPSI branches at the provincial

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level or other individual members of the OPSI network. This approach made it possible to identify the FSWs most in need of assistance.



### Transfer Amount and Delivery Mechanisms

As most of the FSWs do not have ID cards, they are also unable to access bank accounts. Therefore, the chosen cash transfer **method was e-transfer via mobile phone and bank transfers for those who have a bank account.** Beneficiaries were required to show their ARV card. One-off cash assistance of IDR 150,000 (approximately USD \$10-15), or the OPSI internal standard for one roundtrip to access ARV treatment.



### Monitoring

Monitoring was conducted on the CVA pilot in two steps by OPSI and UNFPA Indonesia implementing partners on the CVA pilot in two steps. Verification was done on the phone to check that the beneficiary had received the money. Second, a close monitoring was conducted by OPSI provincial staff to check that the assistance was actually used for transportation to ARV treatment in the following month.

In terms of accountability frameworks, **formerly established community-based feedback mechanisms were used.** These feedback mechanisms have already proven their relevance in the past. Cases of corruption, discrimination, and misuse of assistance, among others, were raised against NGOs by OPSI members at the provincial level, and key stakeholders – including UNFPA and the national secretariat of OPSI followed some of these cases up at the national level.

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*One-off cash assistance of **IDR 150,000** (approximately USD \$10-15) was distributed to each beneficiary using e-transfers and bank transfers.*  
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## CHALLENGES AND LEARNING

The large-scale social restrictions during the COVID-19 pandemic limited the ability of OPSI provincial staff to conduct door-to-door assistance delivery. As a result, the delivery took longer than anticipated. Assistance was provided only to FSWs who were members of OPSI; therefore, there was an exclusion error of FSWs who were not members of OPSI. In addition, although beneficiaries showed ARV cards, 18 FSWs were unable to receive the assistance due to inactive or invalid account numbers. A more inclusive approach will be considered in future. Ongoing discussions are taking place to replicate this pilot program and increase its coverage, with goals of strengthening the coordination between UNFPA, OPSI and local implementing partners that are part of the national Female Sex Workers outreach programme.



*Delivering a world where every  
pregnancy is wanted, every childbirth is  
safe and every young person's potential  
is fulfilled*

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