

Report on Interactive Discussion with Women Engaged in Sex Work and People Living with HIV

Prepared by :

Md. Nipun Afridi

Programme Assistant

Social Security Policy Support (SSPS) Programme

UNDP Bangladesh

Takia Islam Toma

Programme Assistant

Social Security Policy Support (SSPS) Programme

UNDP Bangladesh

Background and Rationale

This report documents an interactive consultation held with women engaged in sex work and people living with HIV. The engagement was organized to inform the ongoing update of Bangladesh's National Social Security Strategy (NSSS) and to contribute evidence from lived experiences to the formulation of future social protection action plans.

At the outset of the consultation, participants were provided with an overview of Bangladesh's social security system and the range of programmes currently in place. The National Social Security Strategy, formulated in 2015 as a ten-year framework, positions social security as a universal entitlement and explicitly recognizes people living with HIV as eligible for benefits on an equal basis. The strategy adopts a lifecycle approach, with programmes designed to support individuals at different stages of life, including pregnant women and infants, school-going children, youth, working-age adults, and older persons. In addition to these lifecycle-based programmes, the social protection system includes interventions for persons with disabilities, victims of natural disasters, and individuals facing other forms of vulnerability.

Participants were informed that these programmes are implemented by multiple ministries and agencies, reflecting the cross-sectoral nature of social protection. For example, pregnancy and early childhood interventions are led by the Ministry of Women and Children Affairs, maternal and neonatal health services fall under the Ministry of Health, school-age programmes are implemented by the Ministry of Primary and Mass Education, youth-focused initiatives are delivered through the Department of Youth Development, and old-age allowances are managed by the Department of Social Welfare. While this architecture is extensive, it also presents coordination and implementation challenges.

The consultation further acknowledged that despite the breadth of existing programmes, persistent challenges remain, including inclusion and exclusion errors, limited effectiveness, and low awareness among potential beneficiaries. The Government of Bangladesh has recognized these gaps and has therefore initiated the formulation of a new social protection policy for the next ten years. Within this context, the discussion aimed to understand how current systems function in practice for highly marginalized groups, to identify barriers to access, and to ensure that the perspectives of women engaged in sex work and people living with HIV meaningfully inform the next phase of social security reform.

Session One

Interactive Engagement with Women Engaged in Sex Work

Access to Social Protection and Structural Exclusion

Participants shared that despite being among the most economically and socially vulnerable, women engaged in sex work are largely excluded from social protection programs. While national strategies emphasize inclusion and support for vulnerable populations, participants described systems that are structured around assumptions of stable housing, fixed family units, and permanent residence.

These assumptions do not reflect participants' lived realities. Many participants explained that they are mobile due to safety concerns, economic necessity, or harassment. As a result, they are frequently absent from household listings and beneficiary databases. Participants stressed that exclusion is systemic and predictable, rather than accidental, and that existing targeting mechanisms consistently overlook their circumstances.

Identity Documentation and Administrative Challenges

The absence of formal identity documentation was identified as a foundational barrier affecting access to nearly all public services. Participants described repeated attempts to obtain national identity cards, often requiring documentation or local verification they cannot provide due to their living conditions. Without identity documents, participants are unable to access health services, social welfare benefits, or legal protections. This lack of documentation also limits mobility, increases vulnerability to harassment, and restricts engagement with formal institutions. Participants emphasized that identity is not merely a bureaucratic requirement but a gateway to recognition as citizens entitled to basic services.

Impact on Children and Intergenerational Exclusion

Participants expressed particular concern about the impact of systemic exclusion on their children. Birth registration was repeatedly cited as a major challenge, with administrative requirements such as hospital records or parental documentation proving difficult to obtain.

Without birth registration, children face barriers to school enrollment, healthcare, and nutrition programs. Participants feared that these obstacles increase the risk of children being pushed into informal labor or precarious livelihoods. Many participants stated that their primary motivation for seeking inclusion is to prevent the transmission of vulnerability to the next generation.

Barriers to Healthcare, Public Services, and Emergency Support

Participants identified healthcare access as a critical area of concern, closely linked with broader exclusion from public services. Many reported experiencing discrimination in public health facilities, including denial of services, prolonged waiting times, and disrespectful treatment once their background became known. These experiences have discouraged individuals from seeking care even when services are officially available. Unmet needs were particularly evident in sexual and reproductive health, mental health support, and management of chronic conditions. Long-term exposure to violence, insecurity, and social rejection has resulted in significant psychological distress, while access to mental health services remains extremely limited.

Participants also highlighted systematic exclusion from national health campaigns and emergency response mechanisms. Vaccination drives, public health outreach, and disaster relief efforts often bypass brothel-based and street-based communities, reinforcing a sense of invisibility and abandonment. This exclusion becomes especially harmful during public health emergencies and climate-related shocks, when timely access to information, healthcare, and assistance is essential for survival and well-being.

Housing, Safety, and Mobility

Housing insecurity and safety concerns were central to participants' experiences. Participants explained that remaining in one location often exposes them to harassment, extortion, or violence from local actors. To mitigate risk, many adopt mobile living arrangements.

However, mobility further restricts access to services that rely on geographic targeting. Participants described a cycle in which insecurity leads to mobility, and mobility leads to deeper exclusion from social protection systems.

Structural Barriers, Stigma, and Limitations of Development Interventions

Participants reflected on their experiences with development and support programmes and noted that while such initiatives exist, they are often short-term and lack continuity. Many programmes were described as being designed without meaningful consultation, and in some cases, benefits were allocated in participants' names without their knowledge. One participant emphasized that "our visibility is important," highlighting that limited engagement reinforces exclusion and mistrust. Participants therefore stressed the need for sustained engagement, transparent processes, and stronger accountability to ensure interventions respond to community priorities.

Structural barriers were described as particularly severe for elderly and persons with disabilities among women engaged in sex work (WESW). Participants explained that declining health and income loss often begin much earlier than formal eligibility for old-age benefits. As one participant noted, "we lose income by the age of 40," while another added that "we are dying before reaching 40 years." Occupational stigma further limits access to support, reflected in statements such as "my occupation is my challenge," and reports that "people say we should identify as disabled" to access services.

Across these experiences, social stigma emerged as a cross-cutting barrier shaping institutional practices, access to services, and social relationships. Participants also raised concerns about perceived inequalities in support across marginalized groups, reflected in the observation that "Rohingyas get more advantage than us." While economic hardship was acknowledged, participants emphasized that stigma and social exclusion remain the most persistent challenges. Without addressing stigma at systemic and societal levels, they felt that inclusion, dignity, and long-term well-being would remain difficult to achieve.

Session Two

Interactive Engagement with People Living with HIV

Policy Context and Objectives

The afternoon session focused on people living with HIV and was conducted within the broader process of updating Bangladesh's National Social Security Strategy. Participants were informed that people living with HIV are explicitly recognized within existing social security policy documents, particularly under provisions addressing socially excluded and vulnerable groups. The revised strategy aims to further strengthen inclusion by addressing implementation gaps and ensuring more equitable access to government services and benefits.

The session was designed to create a safe space for participants to share their lived experiences across multiple domains, including healthcare access, employment, social welfare programs, and legal protection. Particular attention was given to understanding how stigma, discrimination, and structural barriers affect access to existing systems.

The discussion also sought to identify practical challenges and areas requiring improvement so that these insights could inform future policy revisions and contribute to a more inclusive and responsive social protection framework.

Healthcare Access, Stigma, and Economic Vulnerability

Participants acknowledged that access to HIV treatment services has improved compared to the past, particularly in terms of availability of antiretroviral therapy within government facilities. However, access remains constrained by structural limitations, including the requirement to receive medicines from designated treatment centers in only 12 districts. For many participants, the costs and time associated with travel, along with fear of stigma and unwanted disclosure, make regular treatment difficult to sustain. Diagnostic and monitoring tests were also described as expensive and challenging to access, especially for individuals without stable income or formal employment.

Stigma related to HIV status continues to significantly affect participants' economic security. Many shared experiences of job loss, workplace discrimination, and denial of employment once their HIV status became known. As a result, participants often rely on informal or insecure livelihoods, increasing their vulnerability. Participants emphasized the importance of skills development opportunities, livelihood support, and income assistance to help mitigate the economic impact of discrimination and enable greater stability and self-reliance.

Maternal Health and Mental Health Support

HIV-positive pregnant women were identified as facing distinct and heightened challenges within the healthcare system. Participants reported that while basic medical treatment is generally available, specialized counseling and psychosocial support for pregnant women living with HIV remain limited or absent. Emotional stress, fear related to disclosure, and anxiety about the health of both mother and child were described as common experiences, yet these concerns are rarely addressed within routine care.

Mental health support was highlighted as a critical but overlooked component of comprehensive care. Participants emphasized that access to counseling services is essential for treatment adherence, maternal well-being, and overall family stability. The absence of structured mental health support increases the risk of distress, isolation, and disengagement from healthcare services, particularly during pregnancy and the postnatal period.

Discrimination, Legal Challenges, and Emerging Vulnerabilities

Participants reported persistent discrimination within healthcare settings, particularly when seeking specialized services. Fear of unwanted disclosure of HIV status continues to delay or prevent care, while poverty further restricts access, with one participant noting that “many people living with HIV live below the poverty line and cannot afford to come to the ART center regularly.” Although antiretroviral therapy (ART), the standard treatment for HIV, is available, participants emphasized that adherence remains difficult without adequate support, stating that “ART adherence is challenging due to lack of counseling.”

Gaps in mental health and psychosocial care were repeatedly highlighted. Participants stressed that “mental health support is vital and hospitals are not well equipped to counsel,” adding that “simple ART dispensing is not enough.” Limited awareness of available support was also noted, including maternal and nutrition-related services, with one participant stating, “we didn’t even know about nutrition support for pregnancies.” Concerns were raised about continuity of care, as sensitized service providers are often transferred, weakening trust and service quality.

Participants also highlighted legal and social challenges, including property and inheritance issues and the treatment of families after death. Particular concern was raised for orphaned and vulnerable children and children affected by AIDS, who face barriers to education due to lack of support, while families sheltering them experience social stigma. Participants noted that changing HIV demographics, including more young people and children, point to gaps in prevention, early diagnosis, and long-term support systems.

Overall Expectations and Way Forward

Participants articulated clear expectations for a more targeted, responsive, and inclusive social protection system that addresses both economic vulnerability and social exclusion faced by women engaged in sex work (WESW) and people living with HIV (PLHIV). They emphasized the need for HIV-specific assistance, including regular allowances to address income insecurity, health insurance to reduce out-of-pocket medical expenses, and expanded access to treatment and diagnostic services across all districts to reduce travel-related barriers. Participants also highlighted the importance of opportunities for safer livelihoods through marketable skills development and support for small and medium enterprises. However, they stressed that livelihood interventions alone are insufficient without accompanying social support, as disclosure of HIV status or sex work history often leads to social backlash, loss of employment, and renewed vulnerability. Participants therefore emphasized the need for holistic approaches, supported by government officials, that combine economic empowerment with sustained social protection and stigma reduction.

Across both consultation sessions, participants highlighted a persistent gap between the intent of existing social protection frameworks and their lived realities. While national policies formally promote inclusion, rigid eligibility criteria, documentation barriers, limited institutional sensitivity, and fragmented service delivery continue to exclude marginalized populations from essential health, nutrition, livelihood, and social welfare services. Participants stressed the importance of strengthening system-level coordination and information management, including the use of management information systems (MIS) that can better capture data on national identity documentation, benefit access, and service utilization. They also emphasized the need for increased awareness among PLHIV and WESW regarding available programmes and the processes required to access social protection benefits.

Moving forward, participants underscored the need for a more integrated and protective social protection framework. This includes strengthening systems to support victims of trafficking, lost children, and other highly vulnerable groups; ensuring safe housing and shelter homes are permanent or linked to clear pathways for self-sustenance before exit; and sensitizing multiple layers of service providers across health, education, nutrition, social protection, financial, and legal sectors, as well as private entities that can support employment and enterprise development. Introducing flexible eligibility criteria within existing programmes was viewed as essential to enable meaningful access for WESW and PLHIV. Participants emphasized that without coordinated, rights-based, and stigma-sensitive implementation, social protection measures will continue to fall short of their potential to ensure dignity, inclusion, and long-term well-being, underscoring the need to translate policy commitments into tangible outcomes in line with the principle of leaving no one behind.

