



nswp

Global Network of Sex Work Projects
Promoting Health and Human Rights

COMMUNITY
guide

Mapping and
Population Size
Estimates of
Sex Workers





Introduction

The practices of mapping the places where sex workers live and work, and creating population size estimates, are becoming more routine. Community-based organisations, programmers and epidemiologists use mapping and population size estimates for creating individual local programmes and at a national level to inform strategic planning. This is often done without any plan to create or improve services. This uses up precious resources which could be used to provide services which actually have an impact upon HIV incidence and prevalence.

Sex worker-led organisations have been using local mapping to plan programmes for decades. However the creation of national and local population size estimates, and mapping done by non-sex worker organisations, often has a negative impact upon the safety, confidentiality and well-being of sex workers.

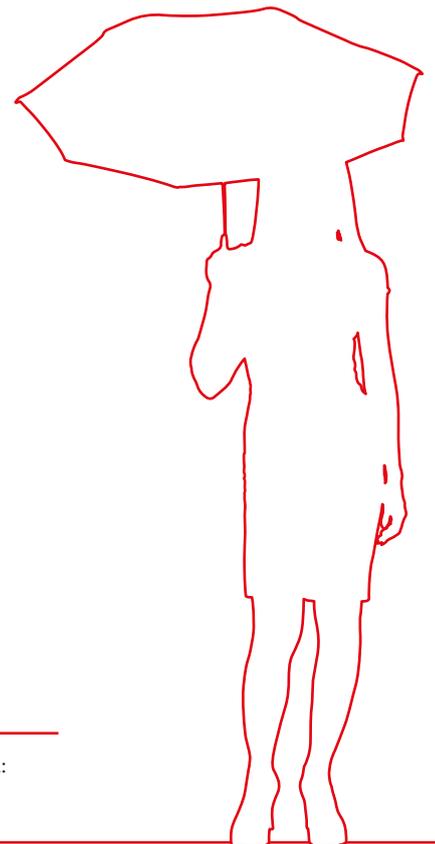
Organisations such as The Global Fund, the World Bank and government ministries in Asia and West Africa have used **geographical mapping** and counting (**'enumeration'**) of key populations to inform HIV funding decisions. This includes documenting the specific places and times where sex workers live and work, and where 'risky' behaviours occur.

This community guide is an overview and critique of mapping, population size estimates and **unique identifier codes** and how they are used.

Definitions

- **Epidemiology:** "Studies of the way diseases are distributed in populations and of the factors that influence this distribution".¹ To identify risk factors and health outcomes, epidemiology uses statistical and screening tools to monitor health conditions and diseases in certain populations.
- **Epidemiological mapping:** A set of techniques that show demographic, environmental, behavioural, socio-economic, genetic, and infection risk factors in relation to physical space and populations. This can be geographical mapping of cases of diseases, of locations where high-risk activities may occur for a specific illness or disease, or of locations where health services providers are located.
- **Geographical mapping or Geo-mapping:** A type of epidemiological mapping that links specific geographical locations to health outcome, risks or status. For example, a neighbourhood where the population generally has fewer economic resources may be related to poorer health outcomes. When it comes to sex workers, epidemiological mapping has been used to indicate on maps where sex workers work, and sometimes where they live, in an effort to locate places where people are at 'high risk' for HIV and other STI transmission.

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1 Gordis, L. (2009). *Epidemiology*. Philadelphia: Elsevier/Saunders, pp: 3



- **Population size estimates and enumeration:** Measures that estimate the size of a group of individuals in a specific geographical location. This is for the purpose of health monitoring and surveillance, using specialised mathematical methods. The word 'enumeration' is often used to describe the counting of each member of a population. That information can be used to plan programmes and service delivery.
- **Unique identifier codes (UICs):** Unique code made of numbers and/or letters. It is used to link individual data to demographic information and other information like health status or health services use. Some variations of unique identifier codes have included biometrics such as fingerprints and retinal scans, which are human rights violations.
- **Hotspot:** Locations where 'high-risk' activities take place identified through the process of geographical mapping.

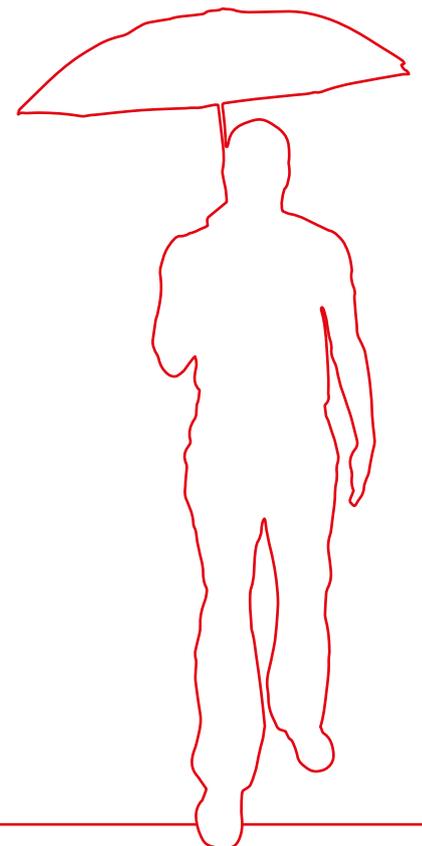
The Threats to the Rights of Sex Workers

- Disclosing the precise locations where sex workers work and live can lead to harassment and police raids or unwanted attention from government officials.
- Disclosing even general information about where sex workers live and work leads to increased risks of violence, harassment, and social problems such as loss of housing and involvement of social services if the worker has children or other dependants. This can also lead to a loss of income.
- Tracking of sex workers by law enforcement or other agencies.
- Breaches of confidentiality about identification, health status, being a sex worker.

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Common Uses of these Tools

- Programmes and service planning:
 - To provide an estimate of population size, including the different sub-groups of the population.
 - To identify groups of the population that are not being reached by organisations and programmes.
 - To keep service providers informed of changes in the ways in which sex workers work.
- Accountability to funders, members and supporters.
- Including precise information that can help to secure funding.





Recommendations for Reducing Risk

Unique identifier codes:

- There is a lack of evidence that the information provided by linking demographic and health data (service use or health status) is the only or the best way to design programmes that benefit sex workers. It is unclear that the direct benefits to sex workers of UICs outweigh the risks associated with their existence.
- If they are used, the control of the data and the 'master list' (where confidential information that could lead to the identification of sex workers is kept) must be placed with the sex workers' organisation.
- If they are used, do not link data sets (describing personal identity and demographics and describing health information) together.
- If they are used, UICs should not contain personally identifying information such as birthdates.
- If they are used, biometrics measures, such as fingerprints, should not be used.

Consider context in data collection, analysis and dissemination:

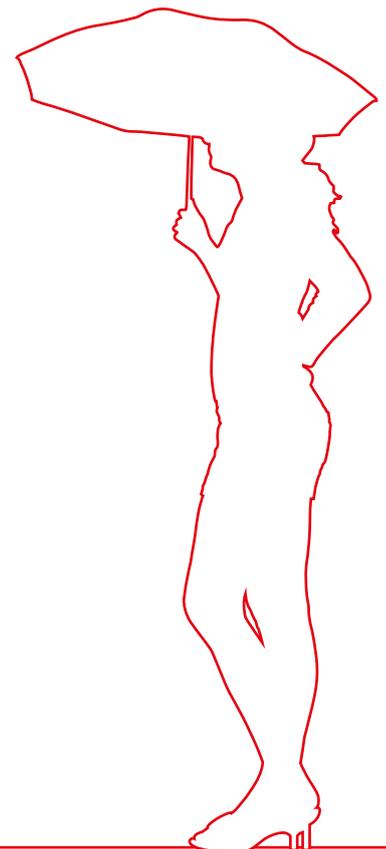
- Sex workers must fully understand and have control and input over all processes. This includes data collection, analysis, and dissemination of the information.
- Use of qualitative data (stories) should be included in data collection to improve the quality of the data, and help to assess the risks of collecting this information.

Accountability to sex workers and sex worker-led organisations means focusing on safety and protecting the rights of sex workers.

- Mapping and population size estimates should serve to create or improve services and support offered to sex workers.
- Only information that directly informs service provision and safety of sex workers should be collected.
- Data collection, analysis, use and dissemination of the information must be controlled by sex worker-led organisations.

Population size estimates and mapping have the potential to be very dangerous to sex workers and their communities. They must be approached with extreme caution and with strict rules around ownership of data and confidentiality. The use of these methodologies is increasingly seen as essential to develop national strategic plans and concept notes for The Global Fund and other international donors. It may be difficult to avoid participating in them or using them, even if that may not be the ideal solution for your organisation. However, it is possible to refuse to participate altogether and to propose alternative ways of collecting and managing data safely.

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This community guide is the result of desk research and gathering case studies from NSWP members.



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NSWP is part of Bridging the Gaps – health and rights for key populations.

Together with almost 100 local and international organisations we have united to reach 1 mission: achieving universal access to HIV/STI prevention, treatment, care and support for key populations, including sex workers, LGBT people and people who use drugs.

Go to: www.hivgaps.org for more information.

