PAN AFRICA ILGA

LESBIAN · GAY · BISEXUAL · TRANS · INTERSEX RIGHTS ARE HUMAN RIGHTS

VOICES OF RESILIENCE IN UNCERTAINTY

JUNE 2021

Highlighting the Impact of COVID-19 on the LGBTIQ+ Community and Organising in Eastern and Southern Africa

MEDICINE

ABOUT PAN AFRICA ILGA

Pan Africa ILGA (PAI) is the African regional organisation of the International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA). It gathers over 266 organisations throughout the continent working for human rights and equality for LGBTIQ+ people.

Our Mission
To unify and strengthen LGBTIQ+ organising in Africa to challenge state legislation that impedes SOGIESC-related work.

Our Vision
A Pan African movement promotes and respects bodily integrity and equal protection of human rights regardless of culture, faith, sexual orientation, gender identity and expression, and sex characteristics (SOGIESC).

What we do

1. To build a unified African movement and provide a forum to respond to members' needs through coordination and collaboration.

2. To devise advocacy strategies to hold governments accountable and advocate for the protection, promotion and respect of LGBTI rights in Africa.

3. To influence regional and international human rights institutions and ensure that the issues pertinent to the African region's diversity are well represented at regional and global platforms.

4. Promote research and documentation of human rights violations in collaboration with domestic LGBTI rights activists and other human rights organisations.

5. Contribute to the growth and capacity development of members by strengthening regional initiatives and capacity for advocacy.

6. Be a communication hub of information exchange and information resources through the website and social media to support and link members.

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ACKNOWLEDGEMENTS

To Africa's LGBTIQ+ persons, whose hopes, pain, and dreams continue to inspire the identification of challenges and barriers facing our communities today, thank you for driving our commitment to change that matters. Your stories are valid, your experiences count, and most importantly, you matter. Through this publication, your voices will reach corridors and arenas you never thought possible.

This report represents our commitment to walk by your side on our journey to make change happen by moving toward evidence-based action. In this publication, we highlight the Impact of COVID-19 on our communities and organising initiatives in Eastern and Southern Africa. A special thank you goes to Mulshid Eleas Muwonge Jr., who authored this report. His assistance has been an invaluable component in helping us bring compelling voices to life.

Lastly, this publication would not have been possible without the exceptional funding from Arcus Foundation. Special recognition to the leadership of dedicated staff of Pan Africa ILGA who, through their networks, disseminated the regional survey and assisted in hosting the virtual workshop on the: Impact of COVID-19 on the LGBTIQ+ Community and Organising in Eastern and Southern Africa.

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FOREWORD

When the COVID-19 **cases started to increase in many African countries rapidly – and the mitigating measures deployed by states to combat the spread of the virus, the LGBTIQ+ community in Africa, which was already experiencing stigma and discrimination, was further exposed to significant risk.**

Consequently, Pan Africa ILGA recognised that the enforcement of these measures could impose a hefty toll on **marginalised groups across the African continent. In addition to the evident negative economic and material impact of COVID-19, the lockdowns also allowed governments across the world to increase repression against already vulnerable groups.**

In response, PAI engaged with groups from Eastern and Southern Africa to understand the real and immediate challenges facing the community in these two regions of the continent – explicitly highlighting community-related difficulties related to organising initiatives.

In this way, it would be possible for PAI to work out how it could give better support to communities at risk.

As a result, this report – **VOICES OF RESILIENCE IN UNCERTAINTY:** Highlighting Impact of COVID-19 On *the LGBTIQ+ Community and Organising in Eastern and Southern Africa,* **has been developed to highlight the implications of COVID-19 on the LGBTIQ+ community and organising in the two regions.**

Pan Africa ILGA especially thanks Mulshid Eleas Muwonge Jr. – the Consultant and Technical Lead through this process, for capturing all the valuable and salient points from the workshop. We are grateful for Arcus Foundation, who generously supported this process.

We want to thank all the participants, facilitators and the PAI staff involved in organising this study. Your contributions made this critical engagement a success. I wish to call upon our networks and donors to scale up responsive interventions geared towards mitigating the evolving needs of the LGBTIQ+ communities and organising efforts, calling for a more sophisticated approach as countries enter the next wave of the pandemic.

Thank you!

Nate Brown
Executive Director
Pan Africa ILGA

ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral drugs
CDDPs	Community Drug Distribution Points
COVID-19	Corona virus disease
DIC	Drop-in Center
ESA	Eastern and Southern Africa
GALZ	Gays and Lesbians of Zimbabwe
HIV	Human Immunodeficiency Virus
ICT	Information and Communications Technology
ILGA	International Lesbian, Gay, Bisexual, Trans and Intersex Association
KP	Key Populations
LASPs	Legal AID Service Providers
LBQ	Lesbian, Bisexual, Queer
MMD	Multimonth Dispensing
MSM	Men who have Sex with Men
PAI	Pan Africa ILGA
PHEs	Public Health Emergencies
PREP	Pre-exposure prophylaxis
SOGIE	Sexual Orientation, Gender Identity, and Gender Expression
SOGIESC	Sexual orientation, Gender Identity, Gender Expression and Sex Characteristics
SRHR	Sexual and Reproductive Health and Rights
TB	Tuberculosis
TG	Transgender
UNAIDS	Joint United Nations Programme on HIV/AIDS

EXECUTIVE SUMMARY

COVID-19 has compounded pre-existing challenges in the daily lives of LGBTIQ+ communities in Eastern and Southern Africa (ESA), which range from economic, social, mental and psychological implications. In response to the pandemic, African countries joined the rest of the world to impose several COVID-19 prevention and control measures such as; suspension of community gatherings, suspension of public and private transport (except for essential services authorised by mandated government authorities), restriction of movement with motorcycles and bicycles, closure of businesses that are deemed not to provide essential services, instituting a night-time curfew. While the scale and severity of the COVID-19 spread presents a public health threat that could justify the measures imposed in various countries, there have been far-reaching implications on the livelihoods of LGBTIQ+ populations that has magnified their already existing vulnerabilities.

Although these steps are theoretically very successful in minimising human-to-human infections, considering the general legality of restricting and derogating human rights during public health emergencies (PHEs), some of them raise latent legal and human rights controversies.[1] The region's fragile social and economic conditions increase the vulnerability of its population to abuses or failures of human rights due to highly restrictive and burdensome public health policies, posing a significant challenge to access to services by LGBTIQ+ persons in Eastern and Southern Africa.[2]

Besides, responding to the pandemic has overtaken other health priorities, which could have far-reaching implications on the global response to other public health concerns, including HIV and AIDS – a timeless imperative regarding LGBTIQ+ organising and service delivery. UNAIDS projects, for example, that over a potential six-month interruption in HIV treatment programmes could cause more than 500,000 additional deaths in sub-Saharan Africa, taking the region back to the AIDS-related mortality level of 2008.[3]

LGBTIQ+ communities often have to deal with numerous challenges that increase their vulnerability. For example, regarding essential prevention services and treatment adherence support; Some face repression from community members, including security agencies resulting in hiding, arrests and detention. Those that are on long durations of treatment (ARV/

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[1]For example United Nations Economic, Social and Coincil. Siracusa principles on the limitation and derogation provisions in the international covenant on civil and political rights. UN Doc E/CN. 1985;4(1985):4.; See also Laws Sum Uganda, Chapter 281: The Public Health Act, (1935).

[2]McKinsey and Company "Finding Africa's path: Shaping bold solutions to save lives and livelihoods in the COVID-19 crisis" (2020) Available at https://www.mck-insey.com/featured-insights/middle-east-and-africa/finding-africas-path-shaping-bold-solutions-to-save-lives-and-livelihoods-in-the-COVID-19-crisis (Accessed 25 March 2021)

[3]UNAIDS. (2020). Seizing the moment: Tackling entrenched inequalities to end epidemics.

TB medicines) have increased demands of healthy feeding. The majority are low wage earners and live hand to mouth, deriving their livelihoods from lodges, bars, clubs, hotels and streets/roadside businesses. Some have dependents and take care of orphaned children.

This report notes that LGBTIQ+ communities are experiencing the worst economic impacts of COVID-19 lockdown, including loss of income and lack of basic treatment adherence support for themselves and their household members.

Furthermore, the enforcement of COVID-19 preventive measures had adverse effects on community organising across the ESA region. For instance, the lockdown revealed significant gaps regarding the extent to which organisations had sufficient capacity to navigate any disruptions caused by COVID-19, such as a public health emergency. Many LGBTIQ+ organisations struggled to quickly adapt their operations to the new normal, leading to trial-and-error strategies. Whereas organisations reasonably adjusted to the lockdown as months progressed, the majority reported prior development of a contingency plan to guide operations continuity in such circumstances. For example, shelters that remained operational during the lockdown period lacked specific guidelines on response to instances where residents test positive for COVID-19 or require testing incoming residents.

For service organisations that used their offices as primary points for accessing services – for example, distribution of consumables such as condoms and lubricants, drop-in-centres and in some cases clinics for cases requiring medical attention, the president's directive to close all offices in the initial phases of the lockdown, caused significant disruption in their supply chains of several health-related commodities. Additionally, most organisations lacked business continuity plans to help them pivot to the new reality leading to temporary disruption of service provision for more than one month – in some cases.

The restriction of movement, directives to close offices, and the ban on group gatherings disrupted various services at nearly all organisations participating in this exercise. For instance, organisations reported halting face-to-face meetings, including adherence clubs, awareness creation sessions, or mental health counselling services. Faced with this challenge, some organisations quickly adopted online tools to provide awareness to their beneficiaries on mental health, safety and security, among others. Despite the challenges associated with such digital transitions, online channels provided service delivery by some organisations.

Therefore, the LGBTIQ+ movement in Eastern and Southern Africa needs new impetus in its journey towards safeguarding the communities' lives and ensuring continuity in advancing the much-needed access to and provision to critical interventions in the region.

Making progress will require a concerted effort in four priority areas across a range of actions by Pan Africa ILGA, LGBTIQ+ Networks and Donors as highlighted below:

A. Investment in strengthening organisational strategic and technical capacities to address contemporary challenges

🔴 Midterm 🟢 Immediate to Midterm 🟠 Midterm to long-term 🔴 Immediate

Ref	Intervention Areas	Priority	Responsibility
	Financial support to emerging and leading organisations in the region – geared towards financing contemporary challenges amplified by the pandemic, such as mental health	🔴	PAI, Donors, Development Partners
	Scaling up financing to LGBTIQ+ networks and consortia to cover capability gaps – especially in managing considerable financial resources to facilitate timely response to emerging challenges	🟢	PAI, Donors, Development Partners
	Design and influence flexible and more unrestricted funding for responding to emerging challenges informed by contextual factors across the region	🟠	PAI, Donors,LGBTIQ+ Networks, Development Partners
	Capacity strengthening for post COVID-19 recovery initiatives, especially in disaster preparedness and risk management.	🟢	PAI, Donors, Networks

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B. Scaling up advocacy engagements at national, sub-regional, regional and international levels

● Midterm ● Immediate to Midterm ● Midterm to long-term ● Immediate

Ref	Recommendation	Priority	Responsibility
	Development and implementation of a regional advocacy strategy for addressing cross-cutting issues	●	PAI, Networks
	Align regional advocacy strategy to national and sub-regional contexts for maximising impact for achieving country-level priorities.	●	PAI, Networks, Donors
	Leveraging on diplomatic strength to pushback against discrimination and violence targeting LGBTIQ+ communities and organising efforts	●	Donors, Development Partners, PAI, Networks
	Influence and enforce mechanisms, policies and legislation geared towards protecting LGBTIQ+ communities and organisations	●	Networks, PAI, Development Partners, Donors

C. Addressing LGBTIQ+ data gaps towards enhancing evidence-based advocacy

🔴 Midterm 🟢 Immediate to Midterm 🟠 Midterm to long-term 🔴 Immediate

Ref	Recommendation	Priority	Responsibility
	Development of LGBTIQ+ data agenda 2030 to collect empirical evidence on lived realities and experiences of LGBTIQ+ communities in the region.	🔴	PAI, Donors, Networks
	Strengthening national and regional LGBTIQ+ research initiatives enables organisations to design, develop, produce and disseminate evidence-based narratives.	🟢	PAI, Donors, Networks
	Allocating resources towards collecting empirical data on contemporary issues and challenges facing the LGBTIQ+ community today	🟢	PAI, Donors, Development Partners
	Designing and development an LGBTIQ+ data resource hub to act as a repository for data collected from across the region	🟢	PAI, Donors

D. Documenting key lessons and best practices for sustaining service delivery during public health emergencies

● Midterm ● Immediate to Midterm ✳ Midterm to long-term ● Immediate

Ref	Recommendation	Priority	Responsibility
	Organise knowledge and experience sharing platforms across the region to document lessons learnt and best practices from the pandemic vs service delivery to LGBTIQ+ communities	●	PAI, Networks Donors
	Conduct an in-depth assessment of the most successful pandemic-response strategies adopted by organisations and communities	●	PAI, Donors,
	Facilitate the development of relevant materials, tools and resources to guide LGBTIQ+ communities and organisations during COVID-19 like public health emergencies	●	PAI, Donors, Networks
	Organise and support regional efforts to popularise the developed resources and materials	●	PAI, Networks

METHODOLOGY

Scope of the Analysis

The analysis covered the period from mid-March 2020 (the intensive phase of most countries' public health response) to April 2021 (when communities were surveyed and engaged in a workshop). Furthermore, information was reported from fifty (50) organisations from Eastern and Southern Africa.

List of Countries

- Botswana
- Burundi
- Ethiopia
- Eswatini
- Kenya
- Malawi
- Namibia
- Rwanda
- South Africa
- Tanzania
- Uganda
- Zambia
- Zimbabwe
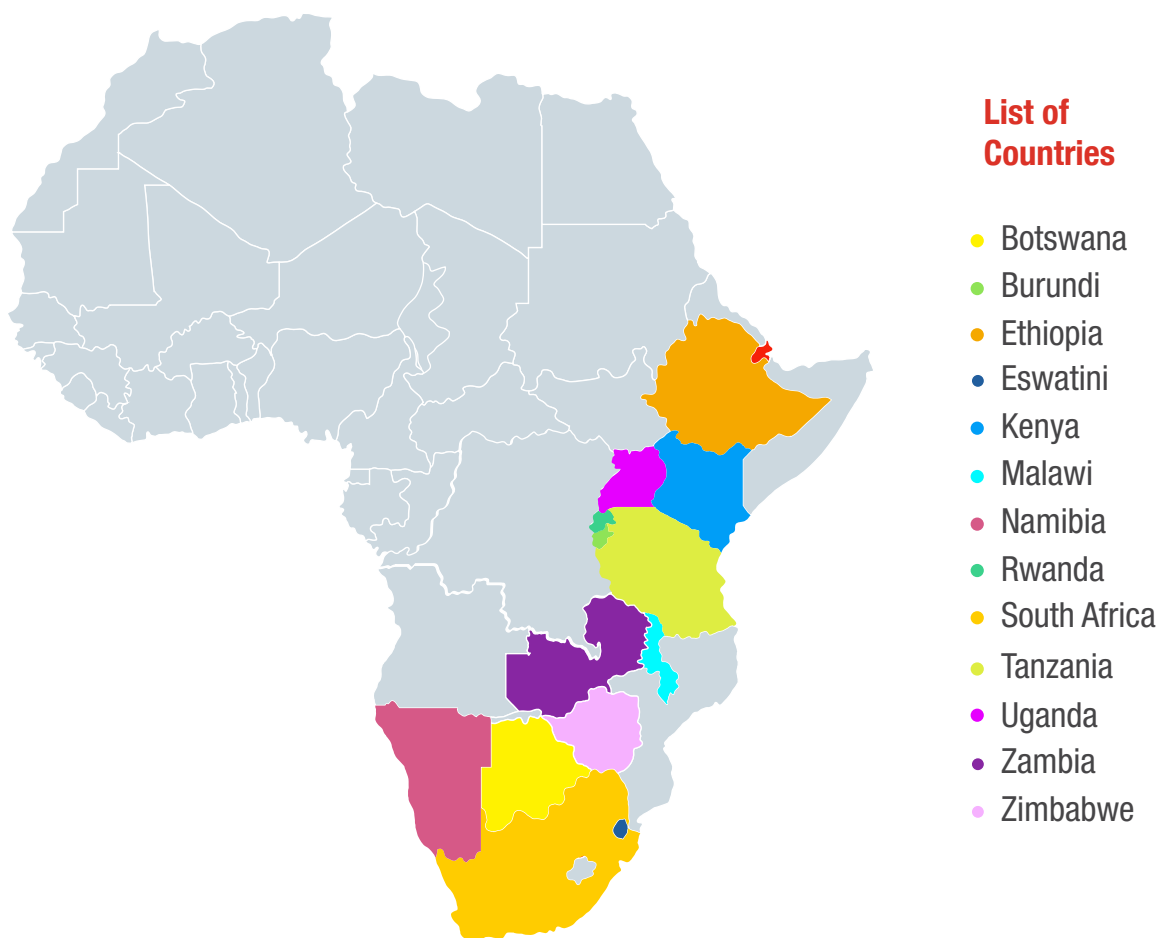
Participants

A total of 76 participants representing 50 organisations involved in providing services to members of LGBTIQ+ were reached in the process of collecting data for this report. All participants were identified from PAI's membership and network considering the balance between Eastern and Southern Africa countries and inclusion of all LGBTIQ+ clusters. They reported challenges that affected communities and organising efforts in their respective countries. **ANNEX A** provides for an exhaustive list of organisations reached.

Data collection methods and tools

Data collection involved using an online survey, a two-day virtual workshop, and informant interviews conducted online and in person. For physical engagements, the collection was completed in full compliance with prevailing public health directives for COVID-19 prevention that were in place at the time. Specifically:

a) Development of data collection tool

A specific data collection tool was developed for the analysis to ensure consistency in data reporting and documentation. The tool focused on elements relating to communities and organising. For communities, it explored various challenges and disruptions that affected LGBTIQ+ communities and the different ways through which communities navigated these realities. For organising, it explored the nature of service disruptions, the challenges reported by organisations and the various strategies they adopted to continue providing services to communities.

Before deploying the newly developed tool, the Consultant carried out a stakeholder consensus meeting and liaised with PAI to address any issues with the proposed framework. All relevant adjustments were made to the tool. This process ensured that all partners engaged in the process had a shared understanding of the related objective and the objectives for which it was designed to achieve.

Data collection involved the following activities:

b) Online survey

The survey tool was deployed and administered online through a secure platform. Timely communication by PAI was shared across its membership and network. The analysis in this report explores aspects of intrusion, disruption, inconveniences, and human rights issues based on data supplied by survey respondents and interviews conducted with a selection of key informants – some of which is self-reported and could not be verified.

c) Document review

The Consultant also studied information related to the nature of public health guidelines issued by relevant authorities in various countries across the region. **ANNEX B** provides a non-exhaustive list of some of the reviewed guidelines and their issuing authorities. This process aimed at identifying problematic provisions that could accelerate rights violations targeted to LGBTIQ+ communities.

d) Key informant interviews

Key informant interviews were also conducted to deepen insights about the challenges, lessons learned and possible innovations adopted during the enforcement of COVID-19

lockdown measures in the focus countries. Five movement leaders from different countries were engaged in In-depth interviews to reflect on the overall developments surrounding the enforcement of public health guidelines and how they were affecting the LGBTIQ+ community and organising efforts. To uphold the do no harm principle, the circumstances of respondents were considered by empowering interviewees with the opportunity to share only such information that they were most comfortable providing.

e) Country case studies

The analysis is also based on country case studies based on organising challenges reported by select organisations and the unique interventions they implemented in response to the challenges brought about by COVID-19, and the various measures adopted by governments in response. Participants were requested to share intervention experiences which are especially highlighted in this report.

Data Analysis

The analysis involved a critical review of the information gathered to identify answers to the inquiry areas – based on the scope of the assignment. Data was transcribed, edited, summarised and analysed according to the objectives and variables set out in terms of reference and further refined using the study criteria. Key findings are presented using these criteria themes.

Ethical Considerations

Adequate measures were taken to ensure that the process responds to quality and ethical requirements. The Consultant was sensitive to the unique circumstances of respondents and organisations and acted with integrity and honesty in his relationships with all stakeholders. All respondents whose names appear in this report consented to publication.

INTRODUCTION

This report highlights the impacts of COVID-19 on LGBTIQ+ communities and organising in the Eastern and Southern Africa (ESA) region, and Pan Africa ILGA commissioned it with funding from Arcus Foundation. In addition to highlighting the reported experiences of communities, it offers insights on how COVID-19 impacted LGBTIQ+ organising interventions during the governments' enforcement of preventive measures. The main objective is to stimulate discussion among key stakeholders on how to safeguard the lives of LGBTIQ+ communities further and support their organisations as they adapt to this new reality. The rest of the chapter discusses the background to this engagement and the structure of the report.

Background

The COVID-19 pandemic is wreaking havoc on economies, households, and supply chains to deliver essential services to communities at risk. However, for most countries in the region, measures designed to respond to the pandemic – while enacted and enforced in good faith-were mostly hastily enacted and fell short in recognising the multifaceted implications on most at-risk communities LGBTIQ+ persons.

Although these restrictions affected the general population in most countries, the pre-existing stigma and discrimination experienced by LGBTIQ+ communities have consistently increased their exposure to attacks. Furthermore, reported legal threats and the challenges in accessing justice due to movement restrictions and closure of service points, for example, exposed some communities to additional layers of violence.

Besides, the hastily enacted emergency legislation and the routine alteration of orders further increased the risk of LGBTIQ+ communities being violated, primarily due to misinterpretation by law enforcement officials. Whereas this reality affected most of the general population, LGBTIQ+ persons and organisations mostly rely on friendly service providers and community efforts to access essential health services. Additionally, introducing these measures quickly led to limitations in planning and developing effective response mechanisms for organisations and disrupted access to community services.

Out of concern, Pan Africa ILGA, in February 2021, embarked on efforts to engage with the LGBTIQ+ communities in the ESA region to identify the unique

voices of the community concerning the prevalent challenges arising from COVID-19 and the impacts it had on service delivery and community organising. Subsequently, a data collection framework was developed, and an online survey was deployed to collect these voices – reaching fifty (50) organisations and more than seventy (70) respondents. To reflect on the preliminary findings from the survey, a two-day virtual workshop was organised to further amplify the voices by providing more details on country-specific experiences.

Structure of the report

This report highlights the impact of COVID-19 among the LGBTIQ+ community and organising in Eastern and Southern Africa:

1. Firstly, it explores general challenges, barriers and service disruptions reported by communities from the ESA region.

2. Secondly, it indicates six cross-cutting challenges to community organising – clustered into service; and voice and advocacy related challenges.

3. Thirdly, the report provides a snapshot of the general strategies adopted by communities and organisations to navigate the effects of COVID-19 across five thematic areas and identify three core areas where organisations reported the most success.

4. Lastly, the report concludes by highlighting four possible priorities for donors, PAI, development partners, networks, LGBTIQ+ communities, namely:

A. Investment in strengthening organisational strategic and technical capacities to address contemporary challenges;

B. Scaling up advocacy engagements at national, sub-regional, regional and international levels;

C. Addressing LGBTIQ+ data gaps towards enhancing evidence-based advocacy

D. Documenting key lessons and best practices for sustaining service delivery during public health emergencies

The Impact of COVID-19 among the LGBTIQ+ Community and Organising in Eastern and Southern Africa

Part I

2.1 General challenges, barriers and disruption reported by communities

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General challenges, barriers and disruption
reported by communities

2.1 General challenges, barriers and disruption reported by communities

2.1.1 Access to government relief

In the wake of the COVID-19 outbreak, many Eastern and Southern Africa governments rolled out relief packages to their citizens. Whereas this support was targeted at the general population, LGBTIQ+ communities reported shortcomings regarding this relief aid's administration.

For example, in some instances, transgender men and women who were visible in their communities before COVID-19 were discriminated against in the aid's registration and disbursement, which was in most cases in dry rations of food.

Furthermore, communities noted that the lack of targeted interventions for key populations further exacerbated the existing exclusion and discrimination of communities in urgent need of such relief.
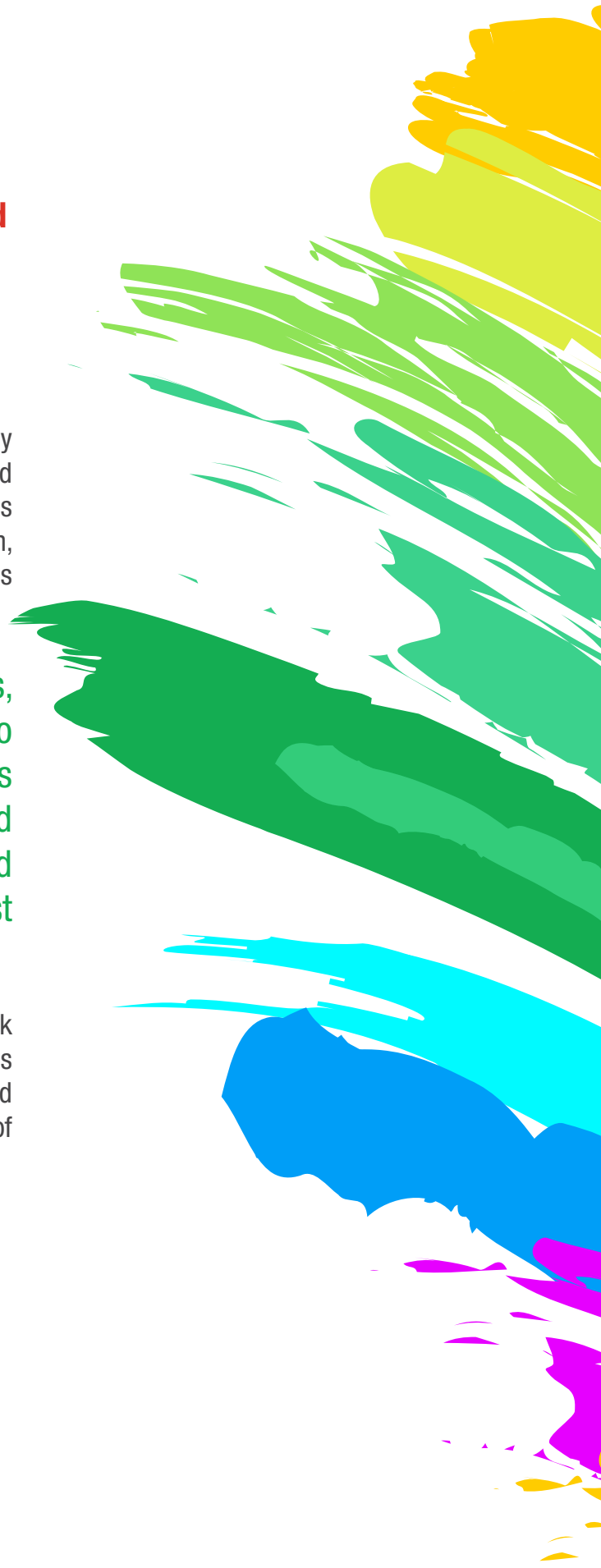
Gays and Lesbians of Zimbabwe (GALZ)
https://galz.org/

Zimbabwe

In response to growing COVID-19 infections, Zimbabwe went under preventative lockdown from March 28, 2020. This period saw the restriction of movement to slow the spread of the disease. A report published by GALZ after extensive research among members and with partner organisations revealed that under isolation, LGBTI persons faced challenges such as: living with homophobic families; loss of income; gender-based and intimate partner violence; mental distress due to lack of human contact; subsequent hunger due to the effects on livelihoods; limited access to LGBTI-friendly sexual and reproductive health facilities, which in turn affected access to PrEP, PEP and Anti-retroviral treatment.

GALZ mandate is to look out for the welfare of the membership. With that in mind, the following interventions were set up between March and April 2020:

1. Capacitation of Counselling Unit to sustain 24/7 digital availability for therapy sessions. GALZ social media channels also serve as a support function in this regard, channelling member enquiries to relevant departments

2. Set up a KP outreach clinic at GALZ Harare offices to provide essential health services to members. This clinic operates for 3 hours on Tuesday and Friday mornings under strict COVID-19 prevention protocols. Services include HIV testing, STI treatment, warts treatment referrals, access to PrEP/ART, and access to barrier methods. Members can also make special arrangements with GALZ if they require transport to and from the clinic

3. Distribution of food aid packs to identified members in need. Kicking up efforts to aid community members, a donation call was made to members requesting assistance to help other members in need. Within a fortnight, members and other well-wishers had generated $4,200. This was then used to acquire food and other necessities in bulk, to be sorted for nationwide distribution. This is coordinated by the sites in various regions across Zimbabwe.

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General challenges, barriers and disruption
reported by communities

2.1.2 Access to primary health, HIV/AIDS and SRHR Services

Across Eastern and Southern Africa, LGBTIQ+ communities mostly have access to primary health care and SRHR services through friendly service providers. The lockdown measures implemented by states disrupted such friendly, reliable and non-judgmental access and disrupted the pace of uptake of essential services. According to reports, due to lockdown measures, restriction of movement limited most clients' ability to access drop-in centers (DICs). Furthermore, service providers reported challenges regarding timely access to required authorisation to provide door-to-door services to communities, such as PEP/PREP refills and ART refills. For economically disadvantaged communities, reports highlighted challenges to afford health care – even for primary ailments such as malaria and typhoid.

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General challenges, barriers and disruption
reported by communities

Besides, other HIV services like viral load monitoring, testing, and treatment enrollment were significantly impacted since there was a limited capacity to carry relevant materials due to restricted movement. Organisations also reported challenges in providing referral and linkage services to communities in need, especially regarding mental health.

In some cases, like most organisations, referral partners were also adjusting to the realities of the pandemic and registered limited staffing – in compliance with COVID-19 requirements regarding group gatherings.

Consequently, communities reported either delayed or disrupted access to these services and the fear of accessing alternative care in mainstream health centres – resulting from fear of violence and discrimination due to SOGIE.

Similarly, reports also indicated instances where clients (on ART/PREP) could not access refills on time, which could have resulted in poor health outcomes. According to reports, some clients either resorted to non-daily intake of medication to save for more extended periods, affecting response to treatment and adherence.

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2.1.3 The digital divide and access to information

In most countries, LGBTIQ+ communities primarily access various types of information and capacity enhancement – for example, on security and safety, awareness of laws impacting them, and attending workshops organised by their member organisations or implementation partners. However, reports indicate the pandemic highlighted the existing digital dividend amongst LGBTIQ+ communities and organisations throughout the region – mainly characterised by disproportionate access to ICTs, especially among communities in rural areas.

As a result, there were limitations in accessing relevant updates from service organisations and friends within the community. Similarly, organisations reported limited digital capabilities that were necessary for navigating the pandemic. Besides, even where organisations attempted to organise online activities, there were either limited internal capacity or varying digital literacy levels amongst the communities they serve.

The Kingdom of Eswatini
Eswatini Sexual and Gender Minorities
https://eswatiniminorities.org/

E-swatini

Eswatini's recent slow growth has manifested in high poverty, unemployment and uneven distribution of wealth and opportunities. This was harsher for the LGBTI community, who had previously been disenfranchised by the system economically or in socio-politics.

Once the first case of COVID-19 was reported in the middle of March 2020, Eswatini introduced emergency measures to contain the spread of the virus. The government responded quickly by partially limiting the movement of persons and closing down many businesses. Besides, the government gazetted only 'essential services' which were permitted to continue. As a result, vulnerable groups often left behind or at risk of being left behind were intensely affected by the COVID-19 pandemic. These groups included the LGBTI community, Persons living with Disability, Informal sector workers, and People affected and Infected by HIV.

In line with the objectives and values of ESGM, the organisation endeavoured to contribute through food donations.

With the generous support of All Out, the organisation provided members with hampers that included a food parcel, essential toiletries, PPE, which included sanitisers & face masks. These hampers were distributed in all four regions of the country, covering at least three areas in each region.

We relied on the membership to quickly identify those greatly affected by the pandemic for a great reach. We also reached out to other stakeholders to help us identify LGBTI persons who had been greatly affected by the pandemic. Again, it was a great success as the members played a significant role in ensuring that while we appreciate how everyone was suffering, this particular assistance benefited the LGBTI community.

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reported by communities

2.1.4 Legal Aid Access

Whereas most LGBTIQ+ communities in the region reported existing legal aid service providers' efforts to facilitate access to justice, the lockdown measure disrupted the already fragile value chain. For instance, organisations noted that most organisations lack in-house capacities to directly represent their clients in court, save for paralegals' limited roles. Furthermore, most service providers are located in urban areas and were equally constrained by the lockdown measures and restrictions imposed by various states.

Although these restrictions affected the general population, the pre-existing stigma and discrimination experienced by LGBTIQ+ communities have consistently increased their exposure to attacks and legal threats – and the challenges in accessing justice exacerbated some communities to additional layers of violence. Furthermore, some organisations also noted difficulties to interpret the implications of some of the government directives to their constituencies – which in some cases ended up violating the guidelines – as for the case for some sex workers.

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General challenges, barriers and disruption
reported by communities

2.1.5 Livelihoods

Across the continent, LGBTIQ+ communities are mostly exposed to structural and systemic violence, which in most cases exposes them to lifelong effects of inequality – for example resulting from lack of access to formal education or the inability to fully participate in the labour market – due to perceived and actual SOGIE. Reports from various countries indicate that most LGBTIQ+ persons mainly work in the leisure, hospitality and entertainment sectors – which were nearly in all cases locked down for several months and have not yet re-opened in some countries.

Recognising the socio-economic profile of LGBTIQ+ communities and the significant sectors in which they could attain meaningful employment (with limited employment discrimination). Before the imposition of lockdown measures, the economic effects of COVID-19 cannot be understated. Consequently, there was a significant loss of employment – especially among communities working in most affected sectors. Reports indicate that communities experienced challenges in paying rent and an alarming food insecurity rate, among others. To date, most LGBTIQ+ persons in the region are either unemployed or not fully participating in the labour market. For LGBTIQ+ sex workers, the closure of entertainment spaces and restriction of group gatherings led to a significant decline in business activity and, in some instances, exposed them to unsafe spaces and other forms of violence in pursuit of prospective clients.

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Community and Organising in Eastern and Southern Africa

Livelihoods and economic wellbeing

Henok
Ethiopia

During the COVID-19 global pandemic, most livelihoods were negatively affected as many lost their sources of income and capital, and our members' economic wellbeing was severely affected.

Sugar
Namibia
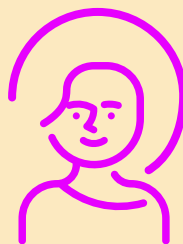
Many of our trans women members lost their jobs, and even those that were doing sex work stopped due to COVID-19 restrictions.

Lucill
Uganda
Health and Rights Initiative

There is a lack of income since most people lost their jobs and small businesses. Also, lack of funding to support activities that foster economic wellbeing.

Likwasi
Zambia
Womens Alliance for Equality Limited (WAfE)
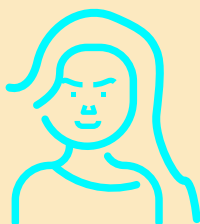
Due to many businesses downsizing or closing during the pandemic, income and livelihood was affected with little to no relief efforts from the government or the private sector.

Bright
Malawi
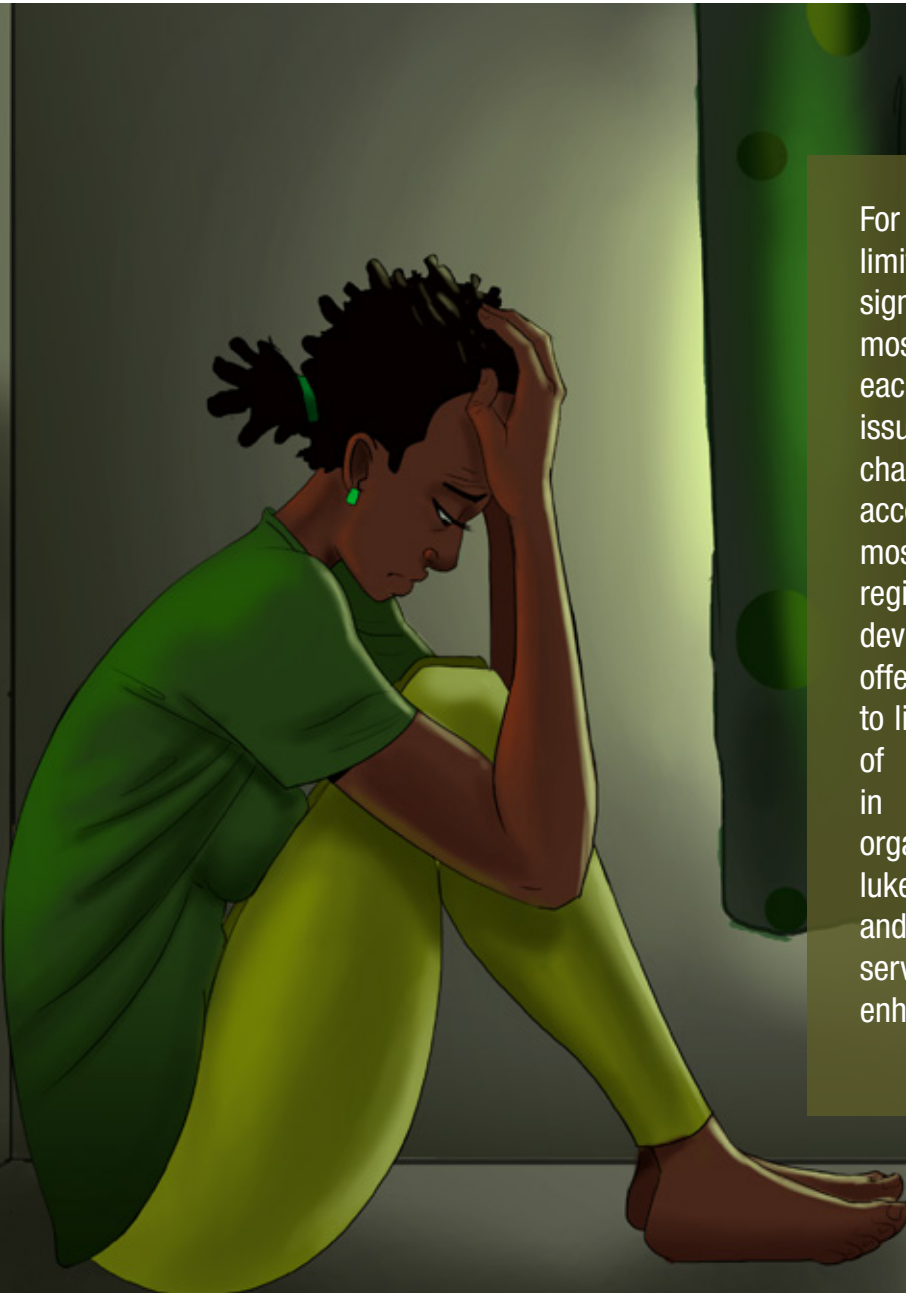
LGBTIQ+ persons lost jobs, even those who had a daily income lost it. With the pre-existing unemployment challenges, the pandemic has just made it worse

VOICES OF RESILIENCE
IN UNCERTAINTY | The Impact of COVID-19 among the LGBTIQ+ Community
and Organising in Eastern and Southern Africa | General challenges, barriers and disruption
reported by communities

2.1.6 Mental health services

LGBTIQ+ persons in most parts of the world experience increased mental health challenges – mainly resulting from years of stigma, discrimination and violence they experience from childhood, and in some cases, throughout their entire existence. Unhealthy drug use, stress, anxiety, suicidal ideation, and trauma are some of the prevalent challenges faced by communities even before COVID-19. Unfortunately, the lockdown measures adopted in various countries further exposed some LGBTIQ+ communities to worsened mental health outcomes.

For instance, the lockdown limited social interaction – a significant means through which most communities engage with each other to discuss general issues affecting their lives and challenges – as a support system, according to reports. Besides, most organisations across the region reported a lack of readily developed mental health service offerings to communities leading to limited reporting and response of mental health challenges in some instances. Similarly, organisations highlighted a lukewarm development, design and uptake of mental health services pre-pandemic, which enhanced an existing service gap.

Mental Health Services

Nina
Zimbabwe
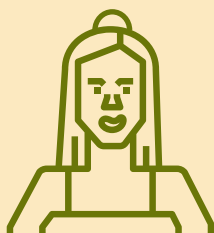
Many LGBTIQ+ members suffered mental health problems, and many resorted to a life of substance and drug abuse as an escape and coping mechanism.

Rethabile
South Africa
Pan Africa ILGA

Some telephone counselling services are available in South Afica. Some of these services are free of charge, whilst others require airtime or data, which is sometimes a challenge to access.
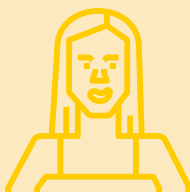
Sylvester
Uganda
Tranz Network Uganda

This is one of the rampant issues that arose with the lockdown. Many people were affected by mental distress, and most couldn't even have access to the help they needed with most of the COVID-19 directives.

Flora
Namibia
Young Feminists Movement (Y-Fem) Namibia Trust

Mental health has been drastically impacted as some community members were locked down with abusive partners or family members that were trans/homophobic

Kenaye
Zambia
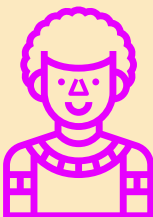
The Isolation made mental health worse for LGBTIQ+, with no social gatherings and no one to speak to.

VOICES OF RESILIENCE
IN UNCERTAINTY

The Impact of COVID-19 among the LGBTIQ+ Community
and Organising in Eastern and Southern Africa

General challenges, barriers and disruption
reported by communities

2.1.7 Access to shelter services

Reports also indicated that group gatherings' restriction significantly impacted their capabilities to provide safe shelter spaces to their communities at risk, most of whom have been ostracised by families or escaped intimate partner violence. Consequently, shelter operations were temporarily suspended, which left the most vulnerable LGBTIQ+ persons at risk with almost no accommodation alternatives – especially transgender women and men.

Annet
Uganda
Soroti women
health support
initiative (SWHSI)

Most of our community members were residing in hotels. When the hotels were closed during the lockdown, they were chased away since they had no money to pay for the services. The landlords also threw out those renting – due to inability to raise payments, or utility services like water and electricity were disconnected from them.

Bradley
Botswana
LEGABIBO
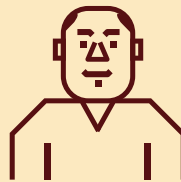
Botswana does not have LGBTIQ+ affirming shelters, which made it hard to have safe spaces for LGBTIQ+ who needed them.

Raj
Malawi

There were evictions from places of rented accommodation and residence forLGBTIQ+ members since they were no longer able to contribute financially or pay rent, and there were also many cases of disownment mostly experienced by LGBTIQ+ minors.

As earlier noted, the socio-economic realities of LGBTIQ+ communities in the region exposed them to disproportionate effects of the COVID-19 lockdown measures leading to failure to meet their rent obligations. Where shelter services existed pre-pandemic, disruptions were reported – due to compliance requirements concerning gatherings. Furthermore, organisations reported a lack of clarity insofar as the application or violation of COVID-19 guidelines relating to residential premises accommodating relatively larger occupants. Consequently, shelters registered an upsurge in demand for accommodation services but were mostly constrained in responding to all individual requests – where LGBTIQ+ shelter options exist. In some countries, such services were not available to communities, further enabling additional layers of violence.

Kenya
Nyanza Rift Valley and Western Kenya (NYARWEK NETWORK)

Nyarwek network conducted a survey to understand COVID-19 on the LGBTI population with Rural, Peri-urban and Urban of western Kenya. The study was a sample size of the LGBTI individual from Siaya, Kisumu, Bungoma, Busia, Homabay and Kakamega. The findings of the study included:

• A total of 105 responses were recorded, about ¾ from the LGBTIQ+ community, with age variable classified into three categories: 18-24yrs, 25-30yrs and 31-35yrs.

• Only a sample of 102 disclosed their age groups, out of which 27, 41 and 34 samples fell within 18-24yrs, 25-30yrs and 31-35yrs groups, respectively.

• The report also shows that most about 52 responses stay alone, out of which 23 of them are within the age bracket of 25-30yrs. The rest stay with other people (relatives, friends, partners and parents)

• Most people have lost their job(s) or source(s) of income due to the COVID-19 pandemic, supported by 69.31% of the responses translating to 70 individuals out of 101 sample in the same group.

• Just about 24.75% of the respondents have retained their jobs or source(s) of income.

• As response measures are put to reduce the spread of COVID-19 virus, most respondents (50.48%) are not yet able to easily access face masks, food supplies, sanitizers, SRHR services, and rent.

• 93 out of 105 respondents have gone a day or more hungry due to the COVID-19 pandemic. This represents a proportion of 88.57% of the total population. Further, 94 out of 105 respondents, representing 89.52%, have faced rent payment challenges due to the same pandemic.

• There is a significant 99.999% relationship between the number of those who lost their jobs and those who currently face problems paying their rent due to the COVID-19 pandemic. 76.67% of those who lost their jobs faces rent problems.

• 0.001% of those who lost their jobs or source(s) of income are not facing problems paying their rents.

• 18.89% of the respondents have not lost their jobs or source(s) of income, but they also face a problem paying their rent due to other confounding factors.

Kenya

Additionally, shelter facilities noted a lack of technical capabilities to develop COVID-19 specific guidelines to be in use until the end of the pandemic. To date, there are no clear answers or guidelines on 1) What happens when a resident test positive? 2) How shelter facilities ensure that all residents are safe? 3) Whether to test all residents and using which resources? among others. Therefore, the lack of clearly defined guidelines and procedures is anticipated to limit timely access to shelter services across the region.

VOICES OF RESILIENCE
IN UNCERTAINTY

The Impact of COVID-19 among the LGBTIQ+ Community
and Organising in Eastern and Southern Africa

General challenges, barriers and disruption
reported by communities

2.1.8 Stigma and Discrimination / Targeted human rights violations

Organisations also reported cases where their communities were blamed for being the sole cause of the COVID-19 pandemic.[5] Besides registering an increase in homophobic and transphobic rhetoric, mostly from religious leaders, police used COVID-19 directives to attack LGBTIQ+ organisations – for example, in Uganda.[6] In one isolated incident that led to the arrest of 23 MSM and TG persons, KP individuals reported an increased risk of arrest by law enforcement under public health and order laws, specifically for breaching restrictions or exposing others to COVID-19.

Bradley
Botswana
LEGABIBO
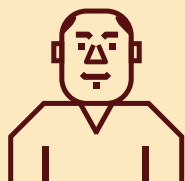
At the beginning of the State of Emergency, some politicians blamed COVID-19 as a punishment from God because the Botswana High Court decriminalised consensual same sex-sexual relations in Botswana. This heightened violent threats towards LGBTIQ+ persons. There was loss of employment, resulting in no income, no food, and no money for rent or medication. There was an increase in GBV and IPV experienced by LGBTIQ+ persons. There were also challenges towards access to essential SRHR services due to the movement restrictions. LGBTIQ+ affirming safe spaces were not there to accommodate LGBTIQ+ people.

Job
Rwanda

Human Rights First
Rwanda Association

The LGBTIQ+ community has suffered a lot in Rwanda in terms of increased discrimination, violence and stigma. We have seen them lose livelihoods, thrown out of rented houses and family homes because of their sexual orientation. The clergy community has also continued to increase hate speech targeted to the community stating that the COVID-19 virus results from God punishing humanity for same-sex relationships. Some of those infected with HIV/AIDS positive have complex difficulties accessing Health care services due to the lockdown and strict movement restrictions. Given most of these factors and poor nutrition, they can't take their antiretroviral medicines properly. Societal prejudice and increased alarming violence and discrimination targeted the LGBTIQ+ community because of misbelief that the pandemic has been a curse from GOD because of same-sex relationships.

In Uganda, for example, shelters had to advise more than 17 pre-lockdown residents to seek alternative accommodation due to fear of violating presidential directives prohibiting gatherings of more than ten people in the same space. It is worth noting that the directives did not provide clear guidance on whether residential spaces such as shelters would be guilty of deliberately spreading an infectious disease.[7]

[5] Isiko, A. P. (2020). Religious construction of disease: An exploratory appraisal of religious responses to the COVID-19 pandemic in Uganda. Journal of African Studies and Development, 12(3), 77-96. Available at https://academicjournals.org/journal/JASD/article-full-text-pdf/3186D6D64695 (Accessed 17 January 2021)
[6] See for example, N Ghoshal 'Uganda LGBT Shelter Residents Arrested on COVID-19 Pretext' (2020) https://www.hrw.org/news/2020/04/03/uganda-lgbt-shelter-residents-arrested-on-COVID-19-pretext#
[7] See forexample, Ministry of Health "COVID-19 GUIDELINES FOR SAFE MASS GATHERINGS" (2020) Available at https://www.health.go.ug/covid/document/COVID-19-guidelines-for-safe-mass-gatherings/

The Impact of COVID-19 among the LGBTIQ+ Community and Organising in Eastern and Southern Africa

Part II

2.2 Challenges to community organising

Malawi

Malawi
Malawi Network of AIDS Service Organizations (MANASO)
https://manaso.org/

On the 27th of May 2020, FHI360 contracted the Malawi Network of AIDS Service Organizations (MANASO) to implement critical COVID-19 IPC and community mobilization activities in the seven districts of Mzimba, Rumphi, Nkhata-Bay, Likoma, Chitipa and Karonga. MANASO implemented these activities through its structure of community-based organizations (CBOs), support groups, youth organizations, disability and women-led organizations. 250 CBOs and 130 community leaders (local leaders, religious leaders, market leaders, Health Surveillance Assistants and Child Protection Workers) in total were identified to implement IPC and community mobilization activities throughout the seven districts. The CBOs were selected from the MANASO database and the support of the Ministry of Gender Community Development and Social Welfare.

MANASO is under this contract achieved the following:

• Developed monthly plans for key COVID-19 IPC and community mobilization activities to be implemented and implement them
• Monitored feedback and reach of COVID-19 IPC and community mobilization activities
• Documented and disseminated lessons and best practices
• Attended planning and coordination meetings at the district level

As a result, community structures have played a significant role in the COVID-19 response. Through their activities, communities have adopted best hygiene practices, promoting positive health-seeking behavior through handwashing with soap, wearing face masks in public places, social distancing and self-quarantine and isolation for suspect cases, and those entering the country other countries. The existing relationship between community structures and the HPTWGs in all the districts ensures information sharing will continue even beyond the four months of implementation. Community structures have been positioned to disseminate accurate information on HIV/COVID-19 and other health-related messages. They have also been trained in report writing and data collection, enabling them to report in time accurately.

A. Service-related challenges

2.2.1 Community outreach and service delivery

i. Movement restrictions and non-classification of community services as essential

In all countries, there was no special consideration for LGBTIQ+ services to be listed as essential. Whereas general health services were classified as such, it is worth noting that the prevalent forms of violence and discrimination encountered by communities in accessing health services cannot be understated. As a result, service organisations reported challenges in reaching out to communities in need, primarily due to mobility restrictions and lack of essential classification.

ii. Offline implementation models

Furthermore, most LGBTIQ+ organisations were fully operating offline service delivery models which had not been designed to be responsive to an ever-changing operating landscape – as was the case of a public health emergency – such as COVID-19. As a result, most services were temporarily or are still disrupted. Besides, reports indicate an existing digital capability gap at both the service providers (organisations) and the service users (the community). These gaps limit the demand for essential health services and expose the inherent organisational development challenges facing LGBTIQ+ organisations in the region – especially in today's volatile, uncertain, complex and ambiguous operating landscape. Similarly, organisations reported a lack of integrated HIV/AIDS – SRHR integrated services, with majority noting that emphasis is mostly placed on either one or the other, which limited the scope and availability of assistance when they were primarily needed.

iii. The plight of rural LGBTIQ+ communities

Rural communities in Eastern and Southern Africa are where some LGBTIQ+ persons call home. However, reports indicate that social barriers and other facets of rural life affect LGBTIQ+ people uniquely, which intensifies rejection and acceptance. What's more, the rural social and political system makes LGBTIQ+ communities more vulnerable to discrimination. Besides, rural areas' geographical distance and isolation make it more difficult to mobilise politically and socially. Specific challenges and experiences are also increasingly common in rural areas, including the ongoing economic hardships; addiction and substance abuse, homelessness; fewer or more distant options for quality health care, among others. Amidst these unique challenges, many states' lockdown measures in the region further widened the already prevalent service access and provision gap.

Reaching out to communities

Ronie
Zimbabwe
Intersex Community of Zimbabwe (ICoZ)
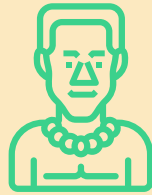
Due to the COVID-19 lockdown restrictions, some smallerLGBTIQ+ organisations found it very difficult to reach out to their members since there were lockdown restrictions that barred many incapacitated smallLGBTIQ+ organisations from reaching out to their community members. Some of the limits included very high mobility reasons and clearance letters from security forces, government departments, and ministers.

Flora
Namibia
Young Feminists Movement (Y-Fem) Namibia Trust

The only way we could reach our communities was through telephones, social media, and it was a challenge as not everyone has a smartphone or a primary phone, so critical communities were left out.

Innocent
Uganda
WERAIN
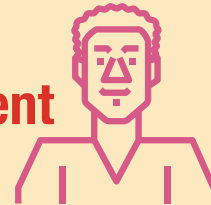
Service delivery became very hard until now because most of the lockdown has not been lifted. Organisations resorted to home visits voluntarily, and this was very tiresome, economically and emotionally draining.

Mumbejja
Uganda
MAHIPSO

It was hard to reach communities, as mobile transportation such as cars, bikes, buses, etc., were banned, and the allowed transport means, for example, bicycles, could only go for immediate areas.

2.2.2 Continuity of service provision

i. Insufficient risk management and disaster preparedness systems

Organisations reported technical capabilities to navigate the disruption of service delivery channels caused by COVID-19 lockdown measures. All organisations reported a lack of prior development of business continuity plans – that would have facilitated disaster preparedness and risk management. Consequently, organisations responded to the new reality using Adhoc or try and error strategies – which limited the quality-of-service delivery, according to reports.

ii. Restricted or lack of reasonable flexibility in active grants

Organisations reported a disproportionate allocation of financial resources to key issues specific to the unique realities of LGBTIQ+ communities in the region. For example, in most cases, there are no organisational development budgets to develop key resources such as risk management plans. Even where contingency funds are provided to organisations, they are tied to a specific project. They can barely cover a significant percentage of essential costs. Similarly, some donors were not entirely receptive to the reallocation of project funds that had been approved to cater to specific pre-COVID activities.

Where organisations collaborated with donors to shift resources, the extent to which they addressed their members' needs mainly was limited compared to the reported demand. Whereas organisations reported various calls for funding at the peak of COVID-19, reports noted that some applications were lengthy in form and waiting times, which limited, timely response to communities' emerging needs at the time. In some cases, organisations reported stringent eligibility requirements, mostly LGBTIQ+ organisations at an advantage on technical grounds.

Reaching out to communities

Flora
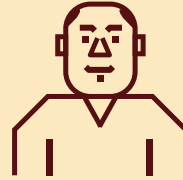Namibia

Young Feminists
Movement (Y-Fem)
Namibia Trust
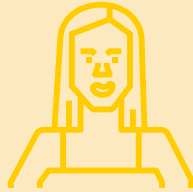
The lockdown made it hard for us to provide essential services as we were not recognised as essential workers in some aspects. In some cases, we lacked the correct information on applying to have become an essential worker.

Bradley
Botswana

LEGABIBO

Availing services to communities was limited; we could only reach a certain number of people. Lack/limited transport, movement permits made it difficult.

Melusi
eSwatini

Eswatini Sexual and Gender Minorities

We were restricted in bringing services closer, especially the service that is not related to HIV, as the government and international development partners only support the HIV work.

Uganda

Let's Walk Uganda
https://letswalkuganda.wordpress.com/

A few days after the directive for a total lockdown and a stay-at-home decree, a sister shelter organization was raided, and 20 residents were arrested and remanded to prison without a fair hearing. For an organization like ours, this caused alarm and panic. We had to think fast about a preventive measure because we equally had a significant number of people occupying the shelter.

We discussed several measures, including total closure of the shelter; however, we recorded more cases of people seeking shelter with over 20 new cases during this period. In conclusion, we considered reducing the number of homeless people by temporarily housing the shelter occupants into smaller apartment houses or at staff houses until the strict lockdown is lifted. This helped us avoid a probable raid, and the visits made by the local council to ensure that we are not flaunting presidential directives were disappointing to their side because we had kept a fewer number of people at the shelter.

However, this approach saw many shelter residents become more creative and start-up small groups to save and start up small businesses to maintain the small apartments we had temporarily relocated them. Our work continued, and after the lockdown, members were able to return to the shelter successfully.

2.2.3 Needs assessment and identification
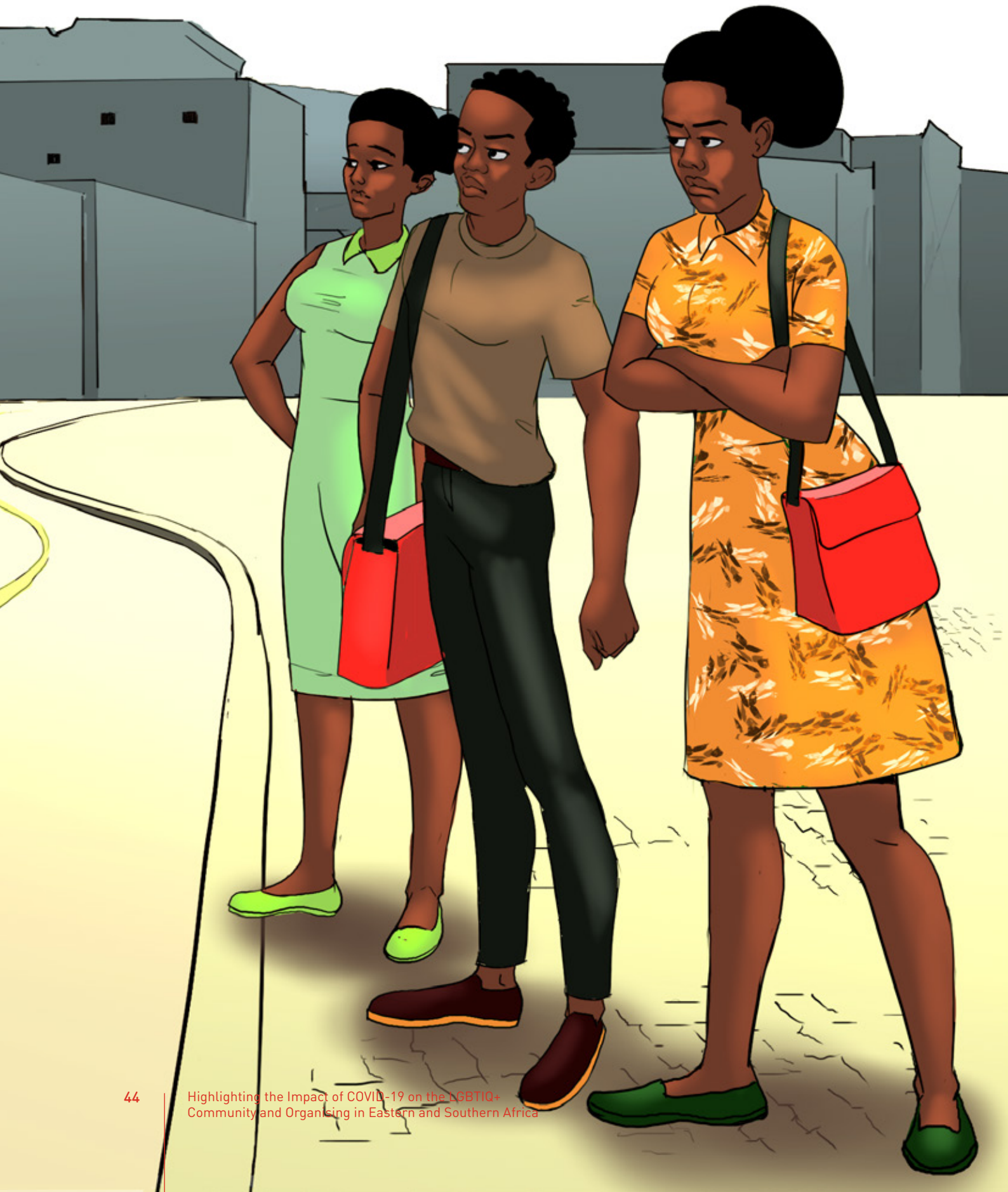
i. Technical challenges to design, develop and deploy rapid needs assessment tools

According to reports from across the region, most organisations naturally embarked on devising Adhoc – mostly informal and agile strategies to respond to communities' emerging needs. However, there were reports of limited technical capabilities for developing and deploying rapid needs assessment tools geared towards informing responsive interventions.

ii. Lockdown related movement restrictions

In addition to technical challenges, reports highlighted challenges in mobilising communities for collective reflection on critical needs, mostly the case pre-COVID 19. Therefore, these specific guidelines limited community organisers' scope and ability to identify context-specific needs across various regions in their respective countries.

iii. Diversity of community needs

Whereas the lockdown measures affected general populations in various countries across the region, the diversity of the LGBTIQ+ communities brought about unique challenges relating to tailored and concerted service delivery. For instance, transgender persons were reported to have been at most risk during the enforcement of lockdowns in their respective countries. Whereas both trans-men and trans-women experienced challenges accessing and adhering to gender-affirming therapy, unique challenges exist for each group. Other contrasting scenarios included LGBTIQ+ persons living in heterosexual relationships or were parents and the individual realities of People Living with HIV within the community. As a result – and in cognisance of financial and technical limitations at the time, reports indicated challenges in conductive comprehensive and bespoke identification of and response to the specific needs of the various clusters within the broader LGBTIQ+ community.

Reaching out to communities

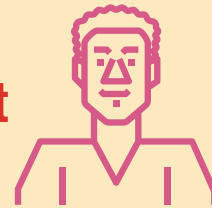### Ronie
Zimbabwe

Intersex
Community of
Zimbabwe (ICoZ)

It was challenging to engage
with local authorities
on issues affecting our
community members since
our local authorities are
unwilling to listen to the
problems of theLGBTIQ+
community, even during times
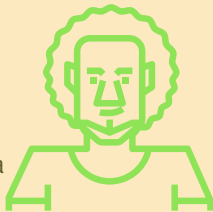before the COVID-19 global
pandemic.

Innocent
Uganda

WERAIN

Because most of the local
authority members were
absorbed in the task force,
they became overwhelmed,
which affected regular
engagements.

Eric
Uganda

Let's Walk Uganda

The Local authorities were not
willing to listen toLGBTIQ+
challenges; they claimed they
have better things to attend to.

B. Voice and advocacy related challenges

2.2.4 Engagement with local authorities

i. The unwillingness of local authorities to engage

According to reports, despite the progress made in engaging local authorities on issues relating to LGBTIQ+ persons across the region, deeply held negative sentiments are still prevalent. Where individual members were targeted due to their perceived or actual SOGIE, some police authorities were reported to uphold such detainees' human rights and freedoms. Some of these sentiments were further escalated by the rhetoric promoted by some religious actors, accusing the LGBTIQ+ community of being the reason for the emergency of COVID-19.

ii. Fear of infection by local communities and conflicting priorities

Organisations further reported that the general fear of infection – which was generally prevalent among the public further limited any possible efforts to engage with authorities on any LGBTIQ+ issues at the height of a pandemic in various countries. Besides, government authorities were primarily involved in multiple preventive and response campaigns. They lacked sufficient time dedicated to issues of a limited segment in society instead of state-wide public health and safety priorities.

2.2.5 Deficiencies in organisational Documentation systems and practices

Reports revealed weaknesses and significant shortcomings of the existing documentation systems and practices at nearly all participating organisations, mainly manifesting in the following ways:

Documentation Gap	Description
Lack of organisational data collection frameworks	Some organisations had basic systems for capturing information about service requests and violations registered by their communities. However, such systems were not regularly updated or did not capture comprehensive information about the different aspects and actions taken on a case and any related violation.
Un-consolidated data collection and processing	Furthermore, very few organisations exhibited sufficient clarity on the steps taken in such cases, which they referred to other partner organisations. Respondents attributed this to limited uptake of a centralised violations documentation framework that could provide organisations with real-time system updates on referrals' progress.
Documentation-specific resource limitations	Furthermore, very few organisations exhibited sufficient clarity on the steps taken in such cases, which they referred to other partner organisations. Respondents attributed this to limited uptake of a centralised violations documentation framework that could provide organisations with real-time system updates on referrals' progress.

Rwanda

Human Rights First Rwanda Association
http://www.rightsrwanda.com/

Human Rights First Rwanda Association (HRFRA) **conducted research** on the impact of COVID-19 on the LGBTIQ+ Individuals in Rwanda. After the study, the organization used the research finding to advocate for the wellbeing of the LGBTIQ+. Individuals in the country and to be treated equally during and after the pandemic. The organization has also provided legal aid services to the Members at risk whose rights were violated during the pandemic.

The COVID-19 pandemic has directly affected the source of income and opportunities for LGBTIQ+ people, causing them to go back and stay with their abusive family members, increasing the levels of discrimination targeted at the community. The organization has also organized different workshops on how LGBTIQ+ People can address such challenges.

2.2.6 Voicing issues affecting communities

i. Limitations of the general focus on COVID-19 prevention messaging

Organisations reported that the nature and scale of COVID-19 necessitated the deployment of stringent guidelines by states in combatting the disease's spread – for example, through the use of mass and other forms of media communication. Whereas the messaging reportedly reached LGBTIQ+ communities, there were limitations on organisations to pivot from the prevalent messaging at a sensitive time where the general concern of the population was worried about combatting the spread of the virus. Unfortunately, the lived experiences and daily challenges faced by LGBTIQ+ persons never disappeared with COVID-19 messaging.

ii. Sensitivity of some issues affecting the community

Additionally, respondents noted that some of the issues faced by communities resulting from COVID-19 lockdown measures were mostly sensitive and could not be publicly communicated for safety and security reasons. In some cases, community leaders worried about the wellbeing of individuals who were at a higher risk of experiencing violence in their communities; or providing mass communication on the existence of shelter services to communities in need, or the need for vulnerable LGBTIQ+ persons to apply for livelihood assistance grants to support rent and food assistance. Reports highlighted that whereas security and safety considerations were relevant, organisations could have missed providing information to the most vulnerable beneficiaries due to communication gaps.

iii. The digital dividend within the community

As noted earlier, restriction of movement was one of the most common measures adopted in almost every country in Eastern and Southern Africa to combat the spread of COVID-19. In response, the internet provided an opportunity for organisations to engage with their communities through various ICTs, mainly internet supported platforms. Unlike various mainstream organisations with advanced digital capabilities, most LGBTIQ+ organisations had not attained a reasonable level of digital maturity to design, deploy and sustain effective digital communication strategies – according to reports. Whereas varying digital literacy levels were/are prevalent within communities, organisations recognise the lost opportunity and urgent need to leverage digital to ease communications, knowledge sharing and flow, among others – from organisers to the community.

Community responses to COVID-19 measures

3

Part III

3.1 Classification of strategies

3. Community responses to COVID-19 measures

3.1 Classification of strategies

Ref	Category	Adopted Strategies
	Access to primary health, HIV/AIDS and SRHR Servicers	• Peer to Peer initiatives • Referrals and linkages • Use of alternative transportation means, e.g., bicycles and motorcycles • Increasing uptake of digital media to provide telehealth services.[8] • Travel authorisation for mitigating limitations due to movement restrictions • Partnerships with the ministry of health authorities for fast-tracking necessary authorisation and collaboration on joint messaging • Door to door refills • Community Drug Distribution Points (CDDPs) • Virtual social clubs for social support and adherence clubs • Local grants through consortia for strengthening and scaling up adherence support • Scaling up of Multi-Month Dispensing approaches
	Access to Information	• Use of ICTs, e.g., WhatsApp, Facebook and Phone calls • Leveraging on existing toll-free helplines operated by LGBTIQ+ organisations (pre-pandemic) • Organising Online meetings and training workshops via zoom and similar platforms
	Legal Aid and Violations Tracking	• Partnership with legal aid-service providers • The use of community paralegals – an already existing mechanism in most of the countries in the region • Applying and advocating for a travel authorisation in countries where the movement was restricted to only essential workers • Embarking on various initiatives for documenting COVID-19 specific violations

Mental Health	• Online awareness workshops for LGBTIQ+ community members • Outsourcing counsellors – where resources allowed, and for scaling upon existing capacities pre-COVID. • Capacity building for staff to enhance internal capabilities to provide counselling services • Leveraging on existing community outreach channels, e.g., patient navigators	
Economic Wellbeing	• COVID-19 relief funds and packages – mainly accessed through working in consortia • Acting through membership organisations • Virtual entrepreneurship training. • Starting income-generating activities – in high demand during peak COVID-19 seasons.	

[8] Telehealth is the use of digital information and communication technologies, such as computers and mobile devices, to access health care services remotely and manage your health care. These may be technologies you use from home or that your doctor uses to improve or support health care services. (Mayo Clinic)

Tranz network Uganda
https://tranznetwork.org/

Uganda

Tranz Network Uganda rolled out an online survey among member organisations to assess the effects of COVID 19 on the trans community. The study aimed to understand the challenges transgender persons in Uganda face due to the pandemic to inform the emergency response programming for trans persons during this pandemic. The preliminary survey responses indicated the adverse impact of this global novel on trans persons in Uganda. The following challenges were reflected:

i) Access to health care: 78% of respondents reported having constrained access to health care due to the lockdown. The main constraints reported was lack of money to buy medicines and lack of means of transport to the health facilities.

ii) Threats on trans persons safety and security: 50% of respondents cited increased security threats. The significant issues reported were fear of arrest due to several trans persons staying together in a house and fear of arrest for doing business on the streets during curfew time.

iii) Mental Health: A number pointed out that because of COVID and no income flow, they were forced to go back to their parental homes for shelter. They mentioned that they faced much torture and harassment from family members and neighbours because of their gender expression that significantly affected their mental health and well-being.

iv)   Access to food: 83% of the respondents reported to be food insecure. The major issues raised were lack of money to buy food raised by 67% of the respondents and lack of transport to access food markets for the remaining 33%.

v)   We also established from our survey findings the loss of livelihoods has occasioned these vulnerabilities; for instance, 83% of the respondents reported a loss of business income and a high likelihood of job loss. The key issues raised were the closure of business and loss of daily income for those in self-employment, loss of employment for those not legally contracted for work.

In response, TNU established focal coordination persons to continuously assess the effects of COVID 19, including the security situation and advise the members accordingly. TNU also provided bicycles to peer leaders in different country regions to respond to any emergency reported by trans persons in need and ART refills.

TNU also offered food and other basic COVID 19 prevention needs, including soap, sanitisers and masks to vulnerable trans persons.

One hundred twenty-seven (127) beneficiaries were provided with food and other necessities. One hundred three (103) of the beneficiaries were reached through our on-ground peer leaders identified from our member organisations, and a further twenty-four (24) distributed directly to our secretariat team. TNU still needs support to extend basic survival needs and strengthen the local structures to mitigate the effects of the COVID 19 on vulnerable trans persons, primarily those living with HIV/AIDS.

3.2 Cross cutting intervention strategies

Organisations shared familiar success stories in mainly three areas where similar strategies were reported to have achieved a significant impact on community organising, as highlighted below:

3.2.1 Community Services and Outreach

The existing peer to peer models played a significant role in bridging the gap between the scarce resources and matching vulnerable clients to service providers who were offering assistance at the time.

Similarly, patient navigators enhanced limited tracking and access to essential HIV services such as ART/PREP refills, condoms and lubricant distribution. Organisations that were documenting human rights violations relating to COVID-19 leveraged their existing paralegal structures to identify, report and follow up such cases.

Similarly, organisations also reported an increased uptake in digital technologies to provide services to communities, especially in the early stages of lockdown periods in their respective countries.

Reports reveal the online workshop organisation, provision of counselling and other mental health services using telehealth, and regular updates on emerging issues affecting communities. The most common tools adopted during this period were video conferencing tools such as zoom, blue jeans and Microsoft teams.

In some countries, organisations designed responsive income-generating activities in areas that provided market opportunities during the lockdown period – primarily the food sector. In Rwanda, for example, LGBTIQ+ persons who were unemployed were identified, skilled and supplied with tools and resources to carry out economic activities. In other instances, general livelihood support interventions were launched to assist community members with food relief and rent support.

3.2.1.1 Adherence support

Across the region, most organisations either re-allocated funds to complement their pre-existing adherence support initiatives or were able to apply and acquire funding to provide relevant relief support to the most vulnerable communities within their membership. Reports indicate that the support was geared towards ensuring that Clients on ART could continue with medication without disruption.

3.2.1.2 Virtual support groups

Most service organisations were already coordinating HIV Adherence clubs – which brought together newly diagnosed and existing clients to share their positive living experiences and encourage each other to adhere to treatment. Following the ban and restriction on group gatherings, such groups could not regularly engage in physical meetings. Organisations reported continued efforts to facilitate these engagements through WhatsApp groups and online meetings.
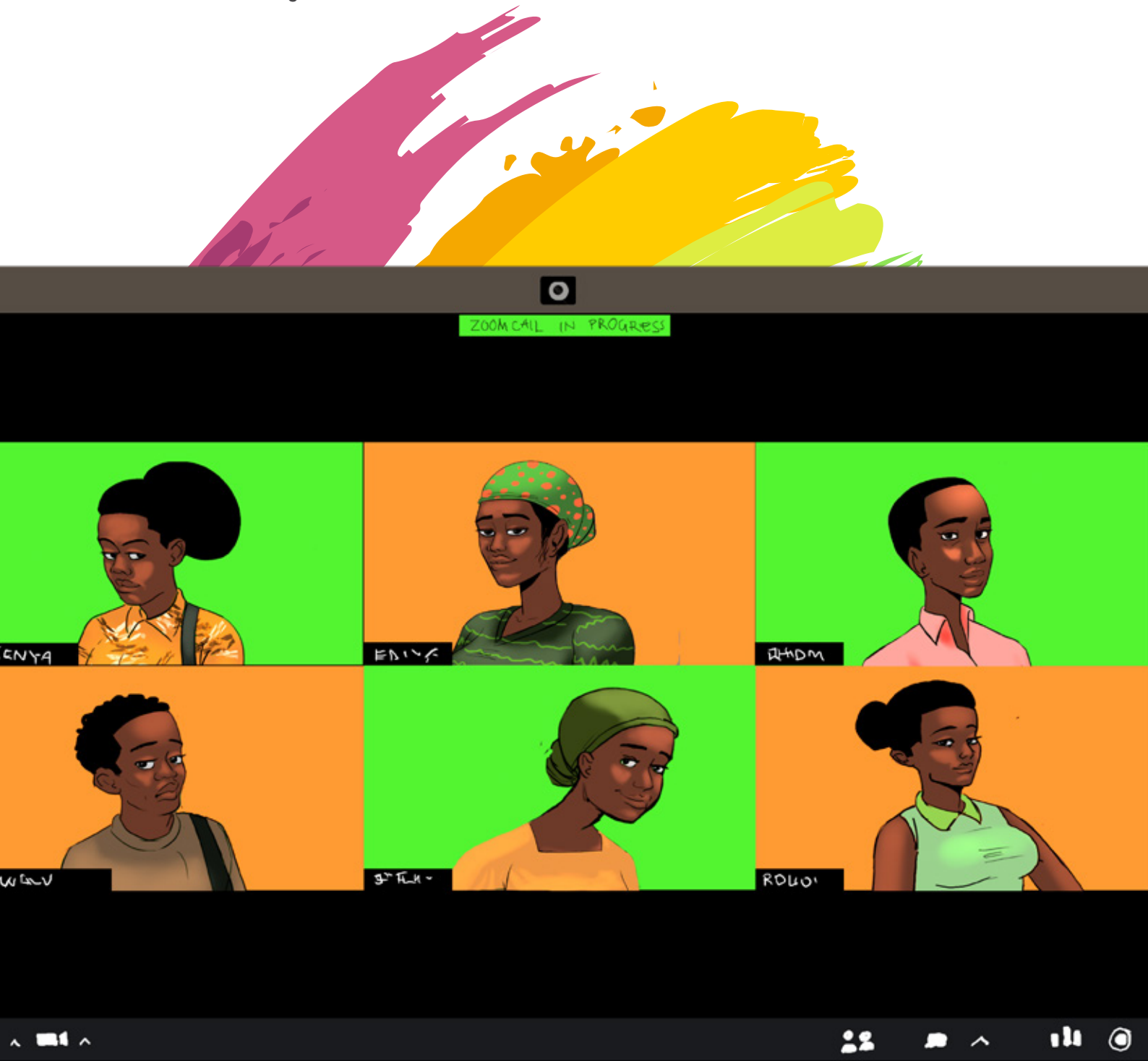
3.2.2.3 Home visits and door to door delivery

As one of the unintended consequences, the lockdown provided for an opportunity for organisations in general – peer educators and patient navigators, in particular, to locate Clients in their areas of residence. Whereas Community Drug Distribution Points were common pre-pandemic, restricted movement necessitated providing relevant services – such as ART/PREP refills using a door-to-door approach. Reports also indicate that MMD approaches were implemented at the scope and scale that was unprecedented, partly due to the pandemic. Organisations and service users reported that the approach helped promote healthier lives and enhance adherence to treatment and indirectly provided residence information of clients – which could be used or referred to in case of any emergencies.

3.2.2 Advocacy and Linkages

3.2.2.1 Working in consortia to secure financing for LGBTIQ+ specific needs

Throughout the region, organisations and communities that embarked on concerted efforts to fundraise for resources to support livelihoods and adherence initiatives geared towards mitigating lockdown efforts reported commendable success. Key population consortia and sexual minority networks in various countries engaged directly with local financing mechanisms and implementing partners to raise and allocate money to a membership organisation, which further trickled down to communities in need. Whereas LGBTIQ+ organisations have collaborated on various issues in the past, the ability to band together to pursue a common goal provided a solid and firm voice – which ultimately influenced urgent access to financing of issues that affected communities across the region.

Ayman
Kenya
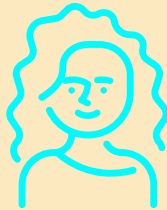
Most organisations were not prepared for this, and usual linkages and referral service delivery was affected due to limited and lack of funds to carry out some of these linkages, especially HIV prevention and treatment service and as such, there was increased spread and new infections during this COVID-19 period

Hajjatti Jamal
Uganda
Rainbow Mirrors

To deliver medicines to our Clients, we could hire a Boda Boda representative from the organisation. Where the beneficiary's home was near, we could walk for delivery.

3.2.2.2 Voicing community-specific issues

Similarly, LGBTIQ+ networks across the region reported instances where they provided leadership in voicing communities' concerns on specific issues relating to the nature of COVID-19 preventive directives and the modalities surrounding their enforcement. Reports show that such initiatives provided a consolidated voice on critical issues and could quickly be followed up by relevant authorities compared to if organisations operated separately.

Job
Rwanda

Flora
Namibia

Y-Fem

Human Rights First Rwanda Association has been doing monthly broadcast via Radio HUGUKA, a community radio with a wide listenership to denounce violence and discrimination perpetuated to the LGBTIQ+ community in Rwanda from the beginning of the COVID-19. We have also engaged in advocacy campaigns on the plight of sexual minorities during the COVID-19 outbreak.

The lack of adequate resources to develop proper platforms for creating awareness on the issues of concern for LGBTIQ+ communities also acted as a barrier.

Kenya

Kenya
Out Star Initiative Busia
https://outstar.org/

Out Star and Jinsiangu Kenya partnered to support transgender people in Busia who were struggling financially due to lock down and were affected by the Covid-19 pandemic. As a result, communities reported increased cases of anxiety and depression; Our members who depended on casual work mainly were left jobless. Similarly, members on ART reported challenges with adherence, primarily attributed to lack of food.

We, therefore, embarked on providing temporary food support to ensure that our members are safe and are assisted in navigating the effects of COVID-19. As a result, 15 transgender people were given food support items such as sugar, cooking oil, rice, salt, maize flour, masks, sanitisers, toothpaste, tea leaves, toilet papers, and detergents.

Recommendations

Part IV

4

4 Recommendations

4.1 Investment in strengthening organisational strategic and technical capacities to address contemporary challenges

● Midterm ● Immediate to Midterm ● Midterm to long-term ● Immediate

Ref	Intervention Areas	Priority	Responsibility
	Financial support to emerging and leading organisations in the region – geared towards financing contemporary challenges amplified by the pandemic, such as mental health	●	PAI, Donors, Development Partners
	Scaling up financing to LGBTIQ+ networks and consortia to cover capability gaps – especially in managing considerable financial resources to facilitate timely response to emerging challenges	●	PAI, Donors, Development Partners
	Design and influence flexible and more unrestricted funding for responding to emerging challenges informed by contextual factors across the region	●	PAI, Donors,LGBTIQ+ Networks, Development Partners
	Capacity strengthening for post-COVID-19 recovery initiatives, especially in disaster preparedness and risk management.	●	PAI, Donors, Networks

Recommendations

Rethabile
South Africa

PAI
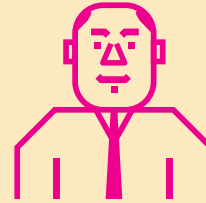
PAI should use the muscle of a network organisation to gather convenings with thought leaders for guidance on strategies that can support organisations.

Daniel
Kenya

NYARWEK

Amplify the challenges faced by local communities and lobby for support to hold governments accountable in cases of human rights violations.

Star
Burundi

MOLI
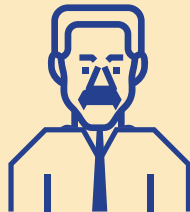
: Include LGBTIQ+ people as part of beneficiaries of COVID-19 humanitarian programs.

Nzovu
Rwanda

Human Rights First Rwanda Association

Stand up against any form of stigma and discrimination experienced by sexual minorities based on SOGIE.

4.2 Scaling up advocacy engagements at national, sub-regional, regional and international levels

● Midterm ● Immediate to Midterm ✱ Midterm to long-term ● Immediate

Ref	Recommendation	Priority	Responsibility
	Development and implementation of a regional advocacy strategy for addressing cross-cutting issues	●	PAI, Networks
	Align regional advocacy strategy to national and sub-regional contexts for maximising impact for achieving country-level priorities.	●	PAI, Networks, Donors
	Leveraging on diplomatic strength to pushback against discrimination and violence targeting LGBTIQ+ communities and organising efforts	●	Donors, Development Partners, PAI, Networks
	Influence and enforce mechanisms, policies and legislation geared towards protecting LGBTIQ+ communities and organisations	●	Networks, PAI, Development Partners, Donors

Recommendations

Sylvester
Uganda

Tranz Network Uganda

Document the challenges the communities are facing for evidence-based programming.

Flora
Namibia

Young Feminists Movement (Y-Fem) Namibia Trust
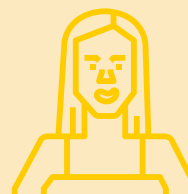
Build partnership with alternative partners and strengthen referral systems. The organisations need to enhance their internal policies and governance to stand a better chance of survival; more mentorship is required.

Rugoli
Burundi

MOLI

PAI can be that regional voice to raise awareness on the particular situation of LGBTIQ+ people in countries where government measures are threatening their existence. It should also convene cross-country dialogues and community webinars to connect and build knowledge on how the movements respond to similar public health emergencies.

4.3 Addressing LGBTIQ+ data gaps towards enhancing evidence-based advocacy

● Midterm   ● Immediate to Midterm   ● Midterm to long-term   ● Immediate

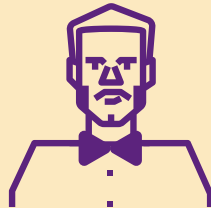| Ref	Recommendation	Priority	Responsibility
	Development of LGBTIQ+ data agenda 2030 to collect empirical evidence on lived realities and experiences of LGBTIQ+ communities in the region.	●	PAI, Donors, Networks
	Strengthening national and regional LGBTIQ+ research initiatives enables organisations to design, develop, produce and disseminate evidence-based narratives.	●	PAI, Donors, Networks
	Allocating resources towards collecting empirical data on contemporary issues and challenges facing the LGBTIQ+ community today	●	PAI, Donors, Development Partners
	Designing and development an LGBTIQ+ data resource hub to act as a repository for data collected from across the region	●	PAI, Donors

Recommendations

Innocent
Uganda
WERAIN

Donors need to understand the situations on the ground and fund with limited restrictions

Beyonce
Uganda
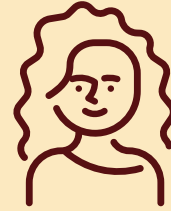Transgender Equality
Uganda - TEU

More support is needed in developing the technical capacities of LGBTIQ+ organisations to engage in high-level advocacy geared towards communicating the unique plight of our communities and how government response to such emergencies affects us.

Syndey
Tanzania

SANA

PAI should apply for funds to support its members and provide continuing guidance on emerging COVID-19 funding. Also, they should organise sessions to guide members on how best they can adapt to this new reality.

4.4 Documenting key lessons and best practices for sustaining service delivery during public health emergencies

● Midterm ● Immediate to Midterm ● Midterm to long-term ● Immediate

| Ref	Recommendation	Priority	Responsibility
	Organise knowledge and experience sharing platforms across the region to document lessons learnt and best practices from the pandemic vs service delivery to LGBTIQ+ communities	●	PAI, Networks Donors
	Conduct an in-depth assessment of the most successful pandemic-response strategies adopted by organisations and communities	●	PAI, Donors,
	Facilitate the development of relevant materials, tools and resources to guide LGBTIQ+ communities and organisations during COVID-19 like public health emergencies	●	PAI, Donors, Networks
	Organise and support regional efforts to popularise the developed resources and materials	●	PAI, Networks

Recommendations

Flora
Namibia

Young Feminists
Movement (Y-Fem)
Namibia Trust
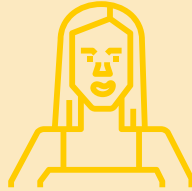
Donors and networks should
Involve the community in
program designing, planning
process and regular
stakeholder engagements,
reflection sessions to inspire
innovative ideas for best
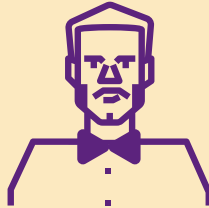responding to the pandemic.

Kalisa
Rwanda

AMAHORO
- Rwanda
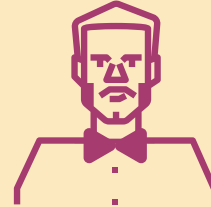
To be flexible in some of
their criteria, allowing local
organisations to invest in
projects of the community
priority

Syndey
Tanzania

SANA

Establish information sharing
capabilities specifically
focused on advising
communities and networks
on coping mechanisms in
their social, economic and
organisational lives.

ANNEX

Annex A: List of Organisations Interviewed

1   **Action for Transgender Rights Initiative**
2   **Addis Alliance**
3   **Amahoro Human Respect.**
4   **Coalition for human rights education**
5   **Come Out Post Test Club**
6   **COSF Uganda**
7   **EATHAN**
8   **Eswatini Sexual and Gender Minorities**
9   **FEM Alliance Uganda**
10 **Freedom and Roam Uganda**
11 **Gays and Lesbians of Zimbabwe (GALZ)**
12 **Happy family youth Uganda**
13 **Health and Rights Initative (HRI)**
14 **Human Rights First Rwanda Association**
15 **Ice Breakers Uganda**
16 **Intersex Community of Zimbabwe (ICoZ)**
17 **Iranti**
18 **Ishtar MSM**
19 **Kabarole Women Health Support Initiative**
20 **KARTEKRI Community Based Organisation**
21 **Lesbian Bisexual Queer Rights Swaziland**
22 **Lesbians, Gays and Bisexuals of Botswana - LEGABIBO**
23 **Let's Walk Uganda**
24 **LGBTIQ+ Human Rights and General Wellbeing Support & Development Organisation**
25 **Lived Realities Uganda**
26 **Malawi Network of AIDS Service Organisations**
27 **Masaka KP HIV Prevention and Support Organization (MAHIPSO)**

28	**Men of the Night Uganda**
29	**MOLI Burundi**
30	**Network of Key Population Service Organisations**
31	**NYARWEK LGBTIQ+ Network**
32	**Out Star Initiative Busia**
33	**Outright Namibia**
34	**Pan Africa ILGA**
35	**Platform for vulnerable youth and adults**
36	**Queer Women Leaders Uganda**
37	**Rainbow Mirrors Uganda**
38	**Service Workers In Group Foundation Uganda**
39	**Soroti women health support initiative (SWHSI)**
40	**Spectrum Uganda Initiative - Kabarole**
41	**Spectrum Uganda Initiative - Kampala**
42	**Stay Awake Network Activities (SANA)**
43	**The Global Interfaith Network**
44	**Transgender Equality Uganda (TEU)**
45	**Tranz Network Uganda**
46	**VoiCE of community Empowerment**
47	**West Nile Rainbow Initiative (WERAIN)**
48	**Womens Alliance for Equality Limited (WAfE)**
49	**Young Feminists Movement (Y-Fem) Namibia Trust**
50	**Youth On Rock Foundation Uganda limited**

Annex B: Matrix of Government Sources for COVID-19 Guidelines

Ref	Country	Authority Issuing Guidelines	Access Link to Guidelines
1	Botswana	Botswana COVID-19 Task Force	https://covid19portal.gov.bw/document-library
2	Burundi	Ministère de la Santé Publique et de la Lutte contre le SIDA	http://minisante.bi/?p=798
3	Ethiopia	Ethiopia Public Health Institue	https://www.ephi.gov.et/index.php/public-health-emergency/novel-corona-virus-update/guidelines
4	Kenya	Ministry of Health	https://www.health.go.ke/#1585137302557-b337f64d-c55873d1-981a
5	Namibia	Government of Namibia	https://namiblii.org/akn/na/act/p/2020/9/eng%402020-04-17
6	Rwanda	Rwanda Biomedical Center	https://www.rbc.gov.rw/index.php?id=707
7	South Africa	South Africa Government	https://www.gov.za/covid-19/resources/regulations-and-guidelines-coronavirus-covid-19#
8	Swaziland	Government of Eswatini	http://wwww.gov.sz/images/CORONA/The-Coronavirus-COVID-19-Regulations-2020.pdf
9	Tanzania	Information Not Available	Information Not Available
10	Uganda	Government of Uganda	https://www.statehouse.go.ug/media/presidential-statements/2020/03/18/guidelines-avoiding-corona-virus-pandemic
11	Zambia	Zambia National Public Health Institute	http://znphi.co.zm/news/new-coronavirus-covid-19-travelers-guide-and-fact-sheet/
12	Zimbabwe	Ministry of Health and Child Care	Ministry of Health and Child Care