MAY 19, 2020

FINDINGS FROM SMUG COVID-19

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Introduction

In the times ranging from the time the COVID-19 pandemic was detected in Uganda through to when it continued spreading in the country, civil society organisations faced challenges of different kinds specifically due to the stringent preventive measures that were put in place by the government of Uganda. There were already initial concerns that the measures to curb the spread of the disease would augur badly for civil society organisational work especially around human rights and efforts were even instituted by entities such as the Universal Periodic Review (UPR) process of the UN Office of the High Commissioner for Human Rights (OHCHR) to dialogue with civil society organisation players on the likely impediments to be faced by civil society organisations in executing their work. UN Human rights experts had already warned that the COVID-19 crisis would not be solved with public health and emergency measures alone but that all other human rights must be addressed too.¹

COVID-19 has presented unprecedented issues and the pandemic's impacts are personal, organisational and national. COVID-19 has also exacerbated already existing inequalities and inequities, particularly for those already living at the margins and for those working for those at the margins.

As an advocacy and network organisation for 18 LGBTIQ+ organisations in Uganda, Sexual Minorities Uganda (SMUG) conducted a survey of the impact of COVID-19 on its member organisations, the organisational staff and their target groups. The purpose of the survey was to better understand what (survival) strategies have been used and what support could be useful in this time of crisis.

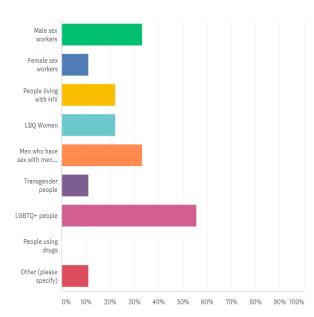
The survey consisted of 10 questions and it was distributed via email and social media in mid-April and remained open until mid-May 2020. 9 organisations responded to the survey, and this brief report summarises the findings.

Findings

1. Target groups

The organisations that responded represent a wide range of target groups including male and female sex workers; people living with HIV (PLHIV) Lesbian, Bisexual and Queer (LBQ) women; men who have sex with men (MSM); Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) people; people using drugs.

The response under the option 'other' was bisexual, and the percentage for LGBTQ+ people must therefore be assumed to be higher than indicated in the table.



2. Working Remotely

88.89% of the respondents reported working remotely as a result of the COVID-19 lockdown. The respondents working remotely were then asked what the top three challenges of working remotely

¹ UPR Info, Virtual roundtable: Giving a voice to civil society amidt COVID 19, https://www.upr-info.org/en/news/virtual-roundtable-giving-voice-to-civil-society-amid-covid-19, accessed on 6 August 2020.

were to them. The top three challenges identified were internet connectivity, communication with coworkers being harder and lack of access to the tools or information necessary to do their job at home.

3. Working within organisations

11%

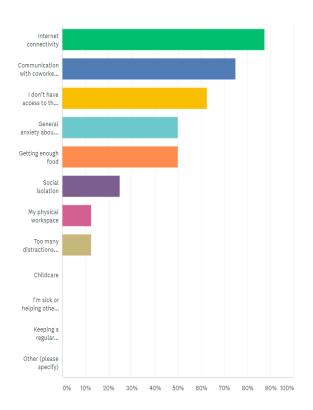
| % | ANSWER CHOICES ▼ | | | | | | | | |
|---|---|-----|--|--|--|--|--|--|--|
| | ▼ Internet connectivity | 88% | | | | | | | |
| | ▼ Communication with coworkers is harder | 75% | | | | | | | |
| | ▼ I don't have access to the tools or information I need to do my job at home | 63% | | | | | | | |
| | ▼ General anxiety about the impact of coronavirus on my life | 50% | | | | | | | |
| | ▼ Getting enough food | 50% | | | | | | | |
| | ▼ Social isolation | 25% | | | | | | | |
| | ▼ My physical workspace | 13% | | | | | | | |
| | ▼ Too many distractions at home | 13% | | | | | | | |
| | ▼ Childcare | 0% | | | | | | | |
| | ▼ I'm sick or helping others who are sick | 0% | | | | | | | |
| | ▼ Keeping a regular schedule | 0% | | | | | | | |
| | ▼ Other (please specify) Responses | 0% | | | | | | | |

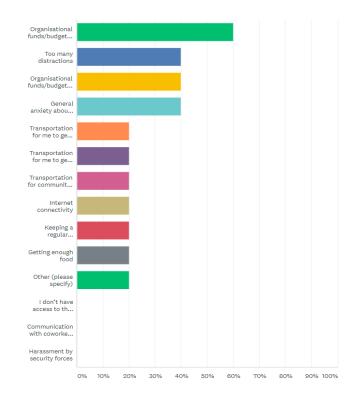
reported still working within their respective organisations despite the COVID-19 lockdown. The respondents still working within their organisations were then asked what the top three biggest challenges that they were currently facing were.

The top three challenges identified were insufficient organisational funds or budget to respond to the needs of community members directly; too many distractions, and insufficient organisational funds or budget to respond to the needs of community members online or by phone.

| ANSWER CHOICES | • | RESPONSES |
|---|-----------|-----------|
| Organisational funds/budget to respond to the needs of our community members directly | | 60.00% |
| ▼ Too many distractions | | 40.00% |
| ▼ Organisational funds/budgets to respond to the needs of our community members online or phone | | 40.00% |
| ▼ General anxiety about the impact of coronavirus on my life | | 40.00% |
| ▼ Transportation for me to get to/from work | | 20.00% |
| ▼ Transportation for me to get to/from the people and community we work with | | 20.00% |
| ▼ Transportation for community members to/from our organisation and our services | | 20.00% |
| ▼ Internet connectivity | | 20.00% |
| ▼ Keeping a regular schedule | | 20.00% |
| ▼ Getting enough food | | 20.00% |
| ▼ Other (please specify) | Responses | 20.00% |

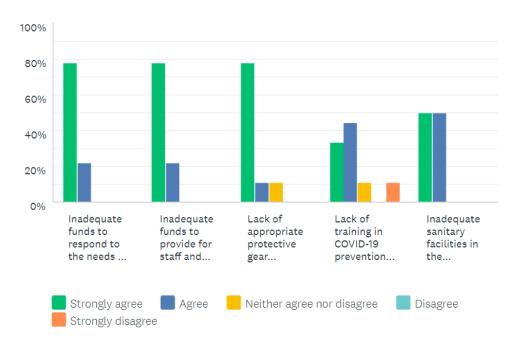
The graphs below display the challenges of working remotely and working from within organisations during COVID-19 in descending order.





4. Organisational concerns

Nearly 78 % of the respondents strongly agreed that the main concerns for their respective organisations were inadequate funds to respond to the needs of communities; inadequate funds to provide for staff and peer workers who may be unable to work, and lack of appropriate protective gear including sanitizers, face masks, gloves and forehead thermometers against COVID-19 while working with and in communities. 50% either strongly agreed or agreed that the main concern of their organisation was inadequate sanitary facilities in the organisation and in the organisation and in the communities. 11% strongly disagreed that lack of training in COVID-19 prevention and control measures for staff and community/peer workers was a main concern for their organisation while 33% strongly agreed and 44% agreed.



5. Impact on target groups

The respondents were asked to in their own words describe how COVID-19 has impacted their respective target group. The responses pointed to livelihood such as the lack of access to food and basic necessities; health such as the lack of access to ARVs and psychosocial services including the fear of COVID-19 as well as backlash towards the LGBTIQ+ community as well as the differences in impacts on target groups in rural and in urban areas.

One respondent working with LGBTIQ+ people pointed to the multilayered impacts by saying:

"Some of our community members in the rural communities who have been on ARVS (HIV/AIDS) medication are in a very difficult situation right now. Some of them travel long distances to access medication and some of those who live somehow near accessible health centres fear to be medicated at those nearby centres due to fear of stigma and discrimination. Furthermore, some members have been doing small businesses of hand to mouth just survive, but with the current lockdown, most especially the ban on public transport, this has become extremely difficult. This has made it difficult for them to access medical facilities for medicine refill and also food."

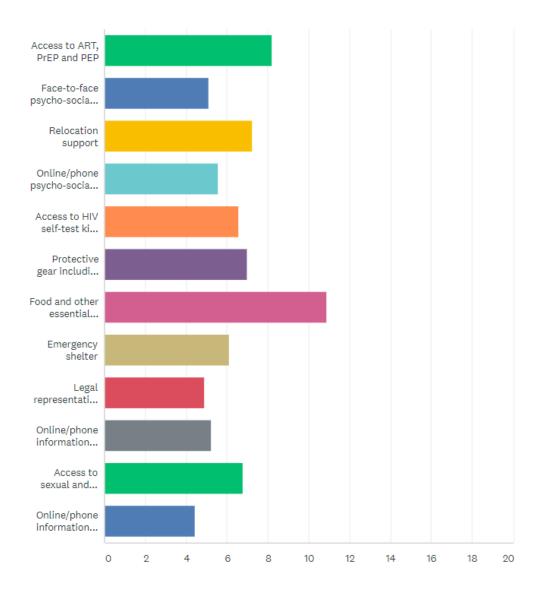
Another respondent, also working with LGBTIQ+ people, added a psychosocial dimension to the impacts of COVID-19 by writing:

"The fear and paranoia among the community has increased because statements and clips on social media indicating that the community is the cause of the pandemic. The food chain supply for those who were working hand to mouth have dried out."

Other respondents also pointed to the lack of adherence to ARVs and lack of information and sensitisation of target groups on COVID-19.

6. Needs of target groups

The respondents were also asked to rank the needs of their target groups. While the answers varied, food and other essential commodities was identified as the main need of the target groups by 67% of the respondents. Relocation was the need identified as the second and access to ARTs, PrEP and PEP as the third most pressing need by most i.e. 33% of the respondents.



The respondents' ranking of needs is presented in the table below. The horizontal axis displays the prioritised ranking where 1 is the most important and 12 the least important whereas the vertical axis presents the needs that the respondents were presented.

| • | 1 • | 2 • | 3 • | 4 • | 5 ▼ | 6 • | 7 • | 8 • | 9 • | 10 🔻 | 11 🔻 | 12 🔻 |
|---|--------------------|-------------|-------------|-------------------|-------------|-------------|--------------------|-------------|-------------|-------------|-------------|-------------|
| Access to ART, PrEP and PEP | 0.00% | 22.22% | 33.33% | 0.00% | 11.11% 1 | 11.11% 1 | 0.00% | 11.11% 1 | 0.00% | 0.00% | 11.11% 1 | 0.00% |
| Face-to-face psycho- social support | 0.00% | 0.00% | 22.22% 2 | 0.00% | 11.11% 1 | 11.11% 1 | 11.11% 1 | 0.00% | 0.00% | 0.00% | 11.11% 1 | 33.33% 3 |
| ▼ Relocation support | 0.00% 0 | 33.33% 3 | 11.11% 1 | 0.00% 0 | 0.00% 0 | 11.11% 1 | 11.11% 1 | 0.00% | 22.22% 2 | 0.00% | 0.00% | 11.11% 1 |
| Online/phone psycho- social support including family and partner mediation | 0.00% | 0.00% | 11.11% 1 | 0.00% | 11.11% 1 | 11.11% 1 | 11.11% 1 | 11.11% 1 | 33.33% 3 | 0.00% | 11.11% 1 | 0.00% |
| Access to HIV self-test kits, condoms, pads, lube etc. | 0.00% 0 | 0.00% | 11.11% 1 | 33.33% 3 | 11.11% 1 | 0.00% | 11.11% 1 | 0.00% | 11.11% 1 | 11.11% 1 | 0.00% | 11.11% 1 |
| Protective gear including hand sanitizers, soap, face masks, and gloves | 11.11% 1 | 11.11% 1 | 11.11% 1 | 0.00% | 22.22% 2 | 0.00% | 0.00% | 11.11% 1 | 11.11% 1 | 11.11% 1 | 11.11% 1 | 0.00% |
| Food and other essential commodities | 66.67% 6 | 11.11% 1 | 0.00% | 0.00% 0 | 11.11% 1 | 11.11% 1 | 0.00% 0 | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% |
| ▼ Emergency shelter | 11.11% 1 | 0.00% | 0.00% | 22.22% 2 | 0.00% 0 | 11.11% 1 | 0.00% 0 | 22.22% 2 | 0.00% | 22.22% 2 | 11.11% 1 | 0.00% |
| Legal representation for corona-related to arrests, detention, and evictions | 0.00% 0 | 11.11% 1 | 0.00% | 11.11% 1 | 0.00% 0 | 11.11% 1 | 11.11% 1 | 0.00% | 0.00% | 22.22% | 22.22% 2 | 11.11% 1 |
| Online/phone information material on adaptive coping mechanisms during COVID-19 | 0.00% | 11.11% 1 | 0.00% 0 | 0.00% 0 | 0.00% | 11.11% 1 | 22.22% 2 | 11.11% 1 | 22.22% 2 | 11.11% 1 | 0.00% 0 | 11.11% 1 |
| Access to sexual and reproductive health services and counselling (beyond HIV) | 11.11% 1 | 0.00% | 0.00% | 22.22% 2 | 22.22% | 0.00% | 11.11% 1 | 11.11% 1 | 0.00% | 11.11% 1 | 0.00% | 11.11% 1 |
| ▼ Online/phone information about COVID-19 prevention and containment in local languages | 0.00% | 0.00% | 0.00% 0 | 11.11% 1 | 0.00% | 11.11% 1 | 11.11% 1 | 22.22% 2 | 0.00% O | 11.11% 1 | 22.22% 2 | 11.11% 1 |

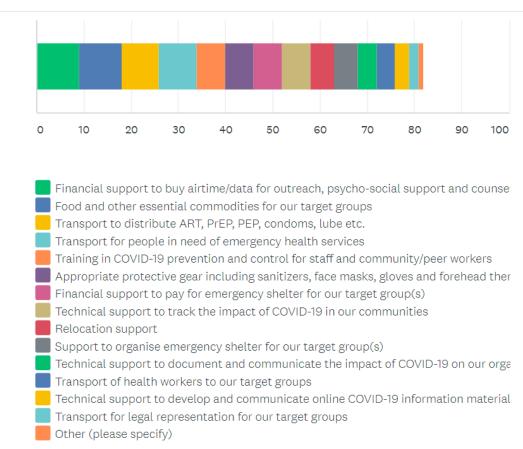
7. Organisational strategies

Despite the challenges and restrictions presented under COVID-19, all the respondents still responded to and interacted with their target groups by using a variety of strategies.

| ANSWER CHOICES | • | RESPONSES |
|---|-----------|-----------|
| Online information, outreach and counselling | | 100.00% |
| ▼ Phone information, outreach and counselling | | 88.89% |
| ▼ Distribution of ART, PrEP and PEP via boda-boda or car that we have hired because of COVID-19 | | 66.67% |
| ▼ Distribution of ART, PrEP and PEP via organisational boda-boda or car that we had before COVID-19 | | 44.44% |
| ▼ Provision of data/airtime to our target group(s) to contact us in case of need | | 44.44% |
| ▼ Our health clinic or drop-in-centre is still open, and people come for our services | | 33.33% |
| ▼ Provision of relocation support | | 22.22% |
| ▼ Provision of emergency shelter | | 22.22% |
| ▼ Face-to-face information, outreach and counselling | | 11.11% |
| ▼ Other (please specify) | Responses | 11.11% |
| Total Respondents: 9 | | |

8. Organisational support needed

To the question 'what support does your organisation need to be able to respond effectively and efficiently to the needs of your target group?' 100% of the respondents answered financial support to buy airtime for outreach, psychosocial support and counselling and food and other essential commodities. Nearly 89% answered that their organisations need transport to distribute ART, PrEP, PEP, condoms, lube etc. and transport for people in need of emergency health services.



Nearly 67% responded that their organisations needed support in the form of training in COVID-19 prevention and control for staff and community/peer workers; appropriate protective gear including sanitizers, face masks, gloves and forehead thermometers for staff and community/peer workers; financial support to pay for emergency shelter for target group(s), and technical support to track the impact of COVID-19 in communities.

Nearly 56% identified relocation support and support to organise emergency shelter for target groups as the organisational needs for support.

Technical support to document and communicate the impact of COVID-19 on organisation and target group(s) and transport of health workers to target groups were identified as the needed support by 44% of the respondents and technical support to develop and communicate online COVID-19 information material specifically for target group(s) by 33% of the respondents.

Only 22% of the respondents identified transport for legal representation for target groups as the support needed by their organisation. One respondent moreover added the need for gadgets to enable organisational staff to work from home properly.

Recommendations/Way forward

This brief and rapid survey brought forth a number of challenges and needs to the forefront during this COVID-19 pandemic for Ugandan LGBTIQ organisations and communities. The following would be some recommendations that answer to the survey findings:

- There is a need to develop a training tool or guidelines of sorts to be used by potential donors and organisations that specifically speaks to programming and funding in the times of global emergencies such as COVID-19. These guidelines or training tools should however be tailored to the unique needs and nuances of marginalised groups such as LGBTIQ communities. They should cover all aspects such access to health during emergencies, access to livelihoods, human rights concerns such as violence and other particular problems that can arise during national/international disasters and emergencies. Organisations, donors and beneficiaries need to be prepared better so that human rights work can continue to be effectively implemented.
- Funds that are specific to COVID-19 needs need to be urgently made available by donor organisations. That should cover needs that are particular to COVID-19 such as access to mobility and access to resources such as health consumable.
- There must be a flexibility towards funding socio-economic needs such as safe shelter and food for LGBTIQ communities in need of these services.
- Psycho-social care is paramount and more funding, organising and programming for LGBTIQ communities should be moved in this direction.
- Organisations should start social security schemes for their members and staff where possible. If funding is available for this, then it must also be explored.
- Some organisations may be genuinely lacking COVID-19 prevention plans. Such organisations should be empowered with resources and knowledge for COVID-19 prevention.
- Relocation funding needs to be increased to cater for LGBTIQ persons that are stuck in unsafe homophobic environments that are exacerbated by the pandemic's restrictions.