



COVID-19 SITUATION ASSESMENT:

QUARANTINE MEASURES AFFECT TO LGBT COMMUNITY NGOS
WORKING IN THE FIELD OF HIV PREVENTION



Rapid situation assessment: how COVID-19 quarantine measures affect LGBT community NGOs working in the field of HIV prevention

In April 2020, ECOM conducted a rapid situation assessment to determine how the COVID-19 epidemic and related quarantine measures affect LGBT NGOs working in the field of HIV prevention and on other sexual health issues in Central and Eastern Europe and Central Asia (CEECA).

We sought to find out how the work of NGOs has changed due to quarantine measures; to what extent do organizations have the resources to survive in emergency situations; what are they doing to ensure the safety of their clients and staff; and what do they feel is important to do in the future in order to reduce the risks associated with epidemics similar to COVID-19.

33 respondents from 25 cities in 11 CEECA countries participated in the assessment.

The assessment showed that many community organizations in the region have stopped offline work with clients (19 of the 33 respondents participating in the assessment). For 54% of organizations, the number of clients in the first month of quarantine fell by more than half.

In the first month after the introduction of restrictive measures, organizations most often reduced HIV and STI testing services – 39% and 30% of respondents respectively. 27% of respondents reduced the provision of condoms and lubricants, and another 24% curtailed counseling and support services on various issues (in connection with HIV testing and prevention, and psychological support for various sub-groups, including PLH).

Only less than half (48%) of respondents stated that their organizations feel confident in the current environment. A significant number fear that if quarantine is extended, they will have to start laying off employees. Some have already begun cutting salaries or the number of staff, while 6% have completely stopped operating.

Nevertheless, the majority of organizations are continuing to operate and are looking for ways to adapt to conditions under quarantine. The main area for adaptation entails transferring services online. Work in this area began a long time ago; before the quarantine, half of the organization surveyed already covered 50% or more of their clients with online services. The primary service offered to clients online is various forms of counseling. All respondents noted the importance of developing various kinds of online and contactless services, including support and education services, and the delivery of ARV therapy drugs to clients' homes.

Respondents proposed measures to increase the sustainability and security of organizations, for example, by abandoning large, common spaces in offices, forming mini-teams of employees whose working hours do not overlap, or by arranging client reception via appointment only. In addition, respondents consider it important to take into account the administrative and programmatic risks associated with epidemics similar to COVID-19 when planning their work and budget, and to develop the coordination of work with local medical institutions and administrations, as well as with international organizations.

Findings

The situation related to the response to the COVID-19 pandemic has had a dramatic negative impact on the access of gay men and other MSM, and trans* people to HIV services: the volume of services offered and the coverage of the community with prevention and support services has decreased significantly.

LGBT community organizations are concerned about the sustainability of their work. Governments and international donors should guarantee the sustainability of HIV services and the safety of clients and NGO staff in light of the COVID-19 emergency.

Community organizations and donors must consider the following possibilities for adapting their services and activities, which should remain in effect even after COVID-19-related restrictions are lifted.

Provision of services:

- Expand the list and ensure the quality of online services, and look for new ways to provide them
- Ensure the wide availability of self-testing
- Maintain and expand networks of friendly doctors and psychologists working online
- Provide prevention materials, as well as ARV drugs for HIV treatment and for pre-exposure prophylaxis to clients through home or long-term delivery

Functioning of organizations:

- Promote the introduction of virtual servers for organizations and so that employees can work remotely
- Ensure the digital security of the organization
- Train employees to work online (via remote access and the use of social networks)
- Ensure that offices are of sufficient size and suitably equipped so that employees have safe workplaces, and clients can receive services without the risks associated with airborne infections
- Ensure sanitary conditions in offices – provide protective equipment for staff and clients (masks, disinfectants, gloves)

Results of the rapid situation assessment to determine how the COVID-19 epidemic and related quarantine measures affect LGBT community NGOs working in the field of HIV prevention and on other sexual health issues

ECOM, April 2020

Geographic distribution of respondents

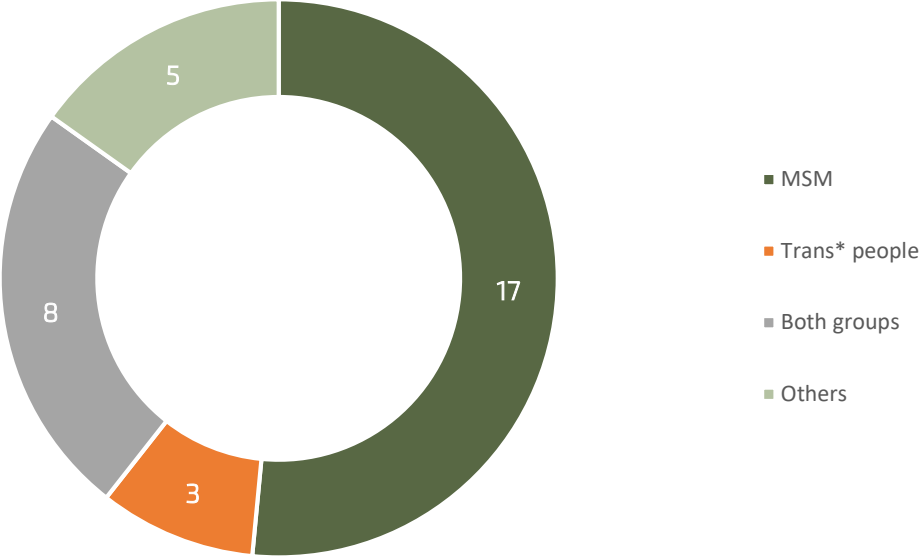
A total of 33 responses were received from organizations operating in 25 cities in the following countries: Armenia, Belarus, Bulgaria, Croatia, Czech Republic, Kazakhstan, Kyrgyzstan, Russia, North Macedonia, and Ukraine.

Start date of quarantine measures in countries

COVID-19-related quarantine measures were introduced between March 12 and April 1 in the cities from which responses were collected.

Target groups with whom respondents work

17 out of the 28 organization respondents indicated that MSM are their main target group. Three organizations work primarily with trans* people, and 8 organizations work with both groups. Five organizations selected the answer option "other".



In the "other" answer option, the organizations participating in the survey indicated that they work with the following sub-groups of MSM and trans* people: LGBTIQ, the whole range of LGBT+ people, HIV+ MSM, and MSM and trans* sex workers.

The primary HIV services for MSM and/or trans* people provided by the organizations represented by respondents

Respondents were asked to indicate no more than five services that are most popular among their clients. The primary services provided by respondents include: pre- and post-HIV test counseling (67%), provision of condoms and lubricants (67%), HIV testing (58%), and education and counseling on prevention issues (58%). Only 30% of respondents provide tests for HIV self-testing. 36% of respondents work with HIV+ MSM and trans* people.

Table 1: Primary services for MSM and trans* people provided by respondents

Services	Number of responses	Percentage
Provision of condoms and/or lubricants	22	67%
Pre- and post-HIV test counseling	22	67%
HIV testing in your organization/community center	19	58%
Counseling and education on HIV and STI prevention	17	52%
Psychological support for LGBT people	14	42%
Legal support for LGBT people	13	39%
Support for HIV+ MSM and trans* people for ensuring adherence to treatment	12	36%
Providing tests for HIV self-testing	10	30%
STI testing in your organization/community center	8	24%
Counseling for initiating and adhering to PrEP	5	15%
Other	4	12%

The following were mentioned as "other" services:

- referral and accompaniment to HIV services,
- legal support for transgender people,
- opportunity to wash clothes and take a shower,
- peer counseling

Services provided by organizations online, without physical contact with clients

The services most often provided online by respondents to MSM and trans* people include: psychological support (73%), counseling and education on HIV and STI prevention (70%), and pre- and post-HIV test counseling (64%).

Table 2: List of services that respondents provide online to MSM and trans* people, without direct physical contact

Services	Number of responses	Percentage
Psychological support for LGBT people	24	73%
Counseling and education on HIV and STI prevention	23	70%
Pre- and post-HIV test counseling	21	64%
Legal support for LGBT people	20	61%
Provision (sending or transferring with courier) of tests for HIV self-testing	10	30%
Encouraging initiation of PrEP and counseling for adherence to PrEP	8	24%
Provision (sending or transferring with courier) of PrEP	1	3%
Other	6	18%

Respondents listed the following services in the "other" category (all individual answers):

- online outreach work,
- providing information and counseling on social networks,
- online group events for community development in the city,
- providing information about the services of our project,
- tried to organize counseling through Skype, but without success,
- advice on opportunities to use a shelter,
- purchase and home delivery of food, hygiene products, and hormonal drugs for trans* people

Percentage of clients using online services

A third of respondents represent organizations that primarily provide services offline, in the office of the organization and through outreach work. 11 respondents indicated that less than 10% of their clients receive services online. The same number of respondents (11) stated that more than 70% of their clients use online services.

Table 3: Percentage of clients using the online services of the organizations surveyed

Response	Number of responses
Less than 10% of clients	11
Around 30% of clients	4
Around 50% of clients	7
Nearly 70% of clients	8
Nearly 100% of clients	3

Number of clients who used all (online and offline) services of organizations during the month before quarantine began

28 respondents answered this question. The average number of clients to whom the respondent organizations provided some form of services in February 2020 was 285. The total number of clients who received assistance from respondent organizations in February 2020 was approximately 7,700 MSM and trans* people.

How has the work of MSM and trans* community NGOs changed due to quarantine at the time of the survey

Nearly all respondents reported that their organizations had somehow limited their work with clients. Nineteen respondents (58%) reported that their organizations completely stopped accepting clients in their office and community center (if there is one). Thirteen respondents (39%) stated that their organizations limited acceptance of clients. Only one respondent stated that their organization is operating as usual.

Table 4: Changes in the work of organizations after the introduction of quarantine measures

Response	Number of responses
We completely stopped accepting clients at our office/community center	19
We limited acceptance of clients	13
No changes have occurred, we are operating as usual	1

How has the number of clients changed between the start of quarantine and the time of the survey

The majority of respondents reported a significant (approximately 50-70%) decrease in the number of clients. Such a decrease practically occurred in 1-1.5 months, as the first quarantine measures introduced in cities where respondents work began on March 12. Two organizations completely stopped operating, but four continued to serve the same number of clients as before the quarantine.

Table 5: Changes in the number of clients since the introduction of coronavirus quarantine measures

Response	Number responses	Percentage
Remained the same as before quarantine	4	12%
Decreased by about 10%	0	0%
Decreased by about 30%	9	27%
Decreased by about 50%	7	21%
Decreased by about 70%	11	33%
Decreased by 100%, so we stopped all work	2	6%

Reasons that led to the decrease in the number of clients after the introduction of quarantine measures, according to respondents

According to 52% of respondents, the reduction in the number of clients is related both to a reduction in services by organizations and to external restrictions on access to services for clients, introduced in cities due to the COVID-19 epidemic.

It should be noted that three organizations reported that they have seen an increase in the number of clients rather than the expected decrease.

Table 6: Reasons for changes in the number of clients after the introduction of quarantine measures

Response	Number of responses	Percentage
We ourselves have reduced or stopped providing services due to the spread of COVID-19	3	9%
Clients come less often after the introduction of COVID-19-related restrictions	5	15%
Both of the above reasons contributed to the reduction in the number of clients	17	52%
Other (explain)	8	24%

Those who answered "other" provided the following explanations:

- the number of clients has increased, despite the epidemic.
- Contrary to our expectations, the number of clients has grown.
- The number has not decreased. There are still many requests for assistance.
- The ban on movement around the city has contributed to this. Few people can come to us. The AIDS Center stopped working (with our clients) and works only with PLH.
- We mostly provide remote counseling.
- We just started testing the delivery of tests and remote pre- and post-test counseling.
- The office is completely closed to clients, but we are carrying out online work.
- The situation is different in the different cities in which we work. In some, the number of clients has decreased, in others HIV testing has actually increased.

Main services that have been cut back or stopped due to the COVID-19 epidemic

Respondents were asked to indicate the 5 main services that have been cut back or stopped.

Respondents indicated that the provision of the following services has decreased:

- HIV testing – 39% of respondents
- STI testing – 30% of respondents
- rapid HIV testing – 27% of respondents
- provision of condoms and lubricants – 27% of respondents
- various counseling services: 24% of respondents
- accompaniment to AIDS centers and other medical institutions – 21% of respondents
- various forms of group support, including for PLH – 18% of respondents

One respondent stated that all of the organization's services have successfully been transferred online (Skopje, Macedonia).

Work of organization staff

31 responses were received.

Half (48%) the respondents reported that their organizations have not experienced any staff reductions due to changes in work caused by quarantine measures. They feel confident and have the means to keep all of their employees for at least the next 3 months. A significant percentage (19%) of respondents have retained all employees so far, but fear that if quarantine measures are extended for another couple of months, they will have to begin laying people off. 10% of respondents reported salary reductions. 6% of respondents stated that their organizations completely stopped operations: "...some have been laid off, some are on unpaid leave".

Table 7: Changes in the staff of organizations caused by quarantine measures

Response	Number of responses	Percentage
All employees have kept their jobs and salaries, and we are prepared to stay this way for at least 3 months	15	48%
All employees have kept their jobs and salaries, but if restrictions continue for another 1-2 months, we will begin to cut salaries and/or dismiss employees	6	19%
We have not laid anyone off, but we have already significantly reduced salaries	3	10%
We have temporarily closed the organization. Some have been laid off, others are on unpaid leave.	2	6%
Other (explain)	5	16%

Respondents provided the following explanations for the "other" response option:

- We have retained all employees, but have suspended external contracts, primarily with checkpoints in other cities.
- All employees will retain their salaries if they prove their ability to work under the new conditions.
- Most employees have retained their salaries, except for outreach workers.
- We do not have permanently paid employees.
- We do not have funding.

Presence of an action plan

Thirteen respondents (39%) reported that the organizations they represent have an action plan in relation to coronavirus-related quarantine measures. Accordingly, organizations represented by the remaining twenty respondents (61%) do not have such plans, and selected the response: "We are acting according to the situation".

The responses of the respondents were analyzed and grouped together. This resulted in the following lists of actions taken by organizations both with and without a work plan in relation to the COVID-19-related quarantine.

Actions of organizations with a work plan in relation to the current quarantine:

Work with clients:

- Client surveys to assess their needs in connection with the spread of COVID-19 and the quarantine measures introduced,
- With the help of community activists, organization of the home delivery via post or courier of prevention materials, medicine, and, for those who need it, food,
- Provision of information to the community about the coronavirus and necessary measures for preventing the virus,
- Increased self-testing coverage,

- Identification of clients who require enhanced support, and ensuring communication with them,
- Transfer of all educational, informational, and counseling work online,

Work of the organization:

- Temporary suspension of the provision of those services that pose risks of infection to clients and employees,
- Redistribution of the existing budget for ongoing projects to ensure the ability to act effectively during quarantine,
- Identification of trained employees who will maintain offline contact with clients, coordination of the work of these employees with partners and city administration,

Coordination with partners and fundraising

- Active fundraising for the additional tasks that have arisen due to COVID-19,
- Assessment of the capabilities of partner organizations to provide the services that the organization will not be able to provide during quarantine,
- Cooperation with international organizations for the provision of medicine (ARV therapy) to clients who were located in other countries when quarantine began and who are unable to return home.

The actions of organizations that do not have a work plan and are acting according to the situation are, in principle, similar to those undertaken by organizations that have quarantine-related work plans (duplicate responses were removed, where possible):

- We are trying to transfer as many services as possible online and to actively inform the community that we are continuing to work.
- We were in touch with the Prague Public Health Department and discussed measures that needed to be taken to protect employees and clients. Some employees are working from home. Those working in the office are divided into small teams that do not overlap in the office to avoid having to quarantine everyone if someone becomes infected. Everyone entering the office has their temperature taken. Everyone must wear a mask and disinfect their hands before entering the office. All meetings for testing and counseling are strictly by appointment only, so that clients do not overlap. We organized the home delivery of drugs from the HIV center to HIV+ clients.
- Because of the quarantine, we reviewed many actions related to requests for primary care: we deliver food and medicines to homes, we came to agreements with doctors and psychologists about online consultations, we are trying to transfer all group support online. We are reviewing all the work of the initiative group.
- So far, I have only done counseling on the telephone and organized home delivery of tests.
- We received a pass to move around the city to try to help clients.
- We provided staff with masks and disinfectants, and asked clients with a fever not to come to us.
- We hold meetings in a rented apartment.
- We are trying to respond to customer requests to the extent possible.

In the future, how would it possible to prepare for similar quarantine measures due to the spread of COVID-19

As part of its survey, ECOM sought to collect suggestions about how it would be possible to prepare for future situations similar to the quarantine introduced in countries due to the spread of COVID-19. Respondents were asked: *"If you were warned a year or two ago that there would be a quarantine and other restrictions due to COVID-19, how could you prepare for this in order to ensure the sustainability of services and the safety of clients?"*

The following responses were received:

- We would do what we are doing now: transferring all possible services online.
- We would assess the possibility of working online.
- At the same time, we would inform the community about such a possibility, and how to act if it occurs. Based on our observations, it is difficult for many gay and other MSM to change their habits and behavior: many continue to actively seek new sexual partners, and do not observe quarantine measures.
- We would buy more protective gear in advance: masks, disinfectant, gloves. We would introduce SMS notifications for test results and increase the availability of tests for self-testing. We would be ready in advance. But no one was ready for such a wide-scale epidemic. In Zagreb, there was an earthquake in March that people were warned about, but no one made preparations for it.
- We would begin to develop the home delivery of prevention materials to clients. For a minimum of 30 people during the quarantine period.
- If we had known earlier, we would have started saving money every month to provide protection measures against the virus that we do not usually buy for projects: masks, gloves, disinfectant. We may have recommended that employees buy bicycles or have bought them for them.
- We would rent a long-term apartment in advance for work with sex workers.
- We would test remote access to the server in the office and train employees. We would inform clients so that they would also prepare by buying masks, gloves, and disinfectant.
- We would train employees to work remotely and use social networks. We would also plan to expand online services.
- We would have created a database of friendly doctors and psychologists willing to work online in advance. We would create reminders and newsletters for all trans* people.
- We would convert office premises to divide up employees into separate rooms.
- We would look for targeted funds to develop online work.