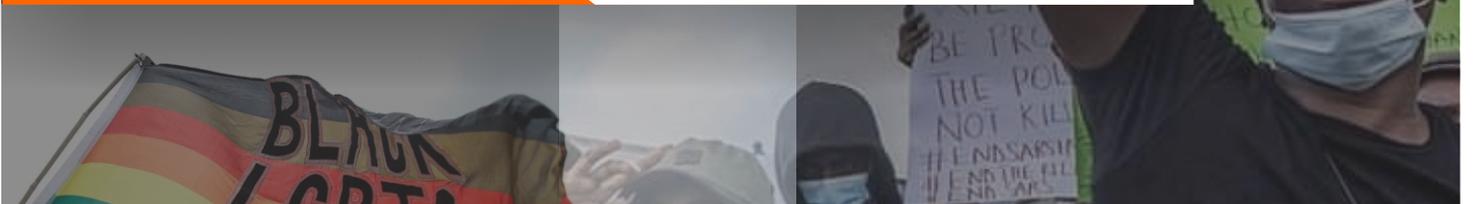


THE IMPACT OF
COVID-19
ON BLACK LGBTQ PEOPLE.



GLOBAL
BLACK GAY MEN
CONNECT



About GBGMC:

Global Black Gay Men Connect (GBGMC) is a not-for-profit corporation registered and headquartered in New York State of the United States of America. GBGMC aims to build a global movement that will engage Black gay people around the world and actively intervene in the multiple health-related, social, and economic challenges and hardships commonly faced by Black gay men (BGM) and their communities. These challenges include but are not limited to disproportionate impact by the global HIV epidemic, the COVID-19 pandemic, and police brutality; global backlash against LGBTQ civil and human rights advocacy; and other political, social, and economic challenges faced by BGM..

www.gbgmc.org

https://twitter.com/GBGMC_Int

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Author: Joseph S. AKORO

JSA Consulting – International

Page Layout: Samuel A. OMIGIE

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ACKNOWLEDGMENT

We wish to acknowledge all the respondents who participated in this survey and who shared their personal experiences during the COVID-19 pandemic. We also wish to give special thanks to our partner UHAI EASHRI, the EpiC Project, the WHO, and the members of our Board of Directors. Finally, we wish to express our immense gratitude to Phillipa Tucker and Trista Bingham for their editorial contributions to the report and to Accountability International for providing the financial support needed to make this report possible.

Disclaimer: We know that LGBTQ people across the globe are being impacted by COVID-19, but we wanted to gather specific data on how Black LGBTQ people across the world are affected by and coping with the COVID-19 pandemic. As the world gradually moves into the second wave of COVID-19, our hope is that this report will offer some lessons and recommendations for us to combat the impact of the imminent lockdown due to the pandemic.

EXECUTIVE SUMMARY

Black LGBTQ people are often disproportionately affected during crises.

Between April and May 2020, Global Black Gay Men Connect (GBGMC)¹, in collaboration with UHAI EASHRI², launched a snapshot survey to understand the impact of the COVID-19 pandemic on Black lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQ) people around the world. This inquiry was based on the premise that Black LGBTQ people are often disproportionately affected during crises. Specifically, the assumption underlying this study was that Black LGBTQ people are especially likely to face challenges related to healthcare service provision, access to food, access to employment, and the protection of their rights during the COVID-19 pandemic. The survey was open for six weeks. A total of 175 respondents accessed the questionnaire, and 171 respondents from 16 countries in four regions of the world fully completed the survey. There were two categories of respondents: organizational respondents and individual respondents. This report is especially relevant now, as the global community is gradually entering the second wave of the spread of COVID-19 and lockdown directives have already been implemented in several countries in Europe, such as Belgium, Germany, France, Italy, Spain, and the United Kingdom.

Survey results:

-Both organizations and individuals have been affected by the COVID-19 pandemic. The triangulation of the information received from both organizational and individual respondents indicated that Black LGBTQ people are suffering increased discrimination. The root causes of this discrimination include the criminalization of same-sex relationships in certain countries, racial prejudice in white-dominated countries, and social prejudice based on sexual orientation and gender identity/expression.

-Black LGBTQ people have suffered an interruption of essential services, such as HIV prevention and treatment services, psychosocial services, paralegal services, and hormonal therapy. The lack of recognition suffered by community-based organizations that provide services to Black LGBTQ people has resulted in the non-consideration of these organizations as essential service providers.

-Access to food, shelter, healthcare, employment, and other means of livelihood has been negatively impacted. According to the survey results, the impact of discrimination on Black LGBTQ people has been compounded by the loss of basic means of livelihood.

-Black LGBTQ community-based organizations have received little or no support from donors, foundations, or their respective governments to help them adjust to COVID-19-related restrictions.

¹Founded in 2018, Global Black Gay Men Connect is a group of Black, gay, bisexual, and same-sex loving men forming a movement internationally to empower our communities, foster resilience against oppression, and initiate an ever-growing platform for our collective voices to be heard.

²UHAI EASHRI is a grant-making organization for LGBTQ organizations and other Key Populations including sex workers.

Conclusion:

The survey results indicate a looming exacerbation of discrimination, devastating economic impact, risk of losing access to life-saving healthcare, and marginalization of Black LGBTQ people, including government-sanctioned brutality. There is an urgent need for governments, international donors, United Nations (UN) agencies, the public sector, and the general public to come together and make sure that Black LGBTQ people and all other LGBTQ people are included and provided with specific relief funds to mitigate the economic and health-related impacts of the pandemic, which will worsen if not addressed. The following recommendations highlight the specific areas that governments, donors, international non-governmental organizations (NGOs), UN agencies, and others must address.

Recommendation:

Governments, donors, Black LGBTQ organizations, and inter-governmental agencies should put measures in place now to ensure that the COVID-19 pandemic does not worsen the general life situation of Black LGBTQ people across the world. The following are highlights of recommendations presented in this report.

Governments:³

1. Specific efforts should be made to track, document, and address COVID-19-related criminalization of Black LGBTQ people.
2. Ensure that Black LGBTQ people are not subjected to discrimination and do not fear retribution for seeking healthcare. Healthcare services that are particularly relevant to LGBTQ people should not be deprioritized on a discriminatory basis.
3. Consult Black LGBTQ communities to plan relief efforts—particularly those related to food, safe housing, and COVID-19 prevention commodities—before implementing additional lockdowns.
4. Measures to address the socioeconomic impacts of the pandemic should consider the particular vulnerabilities of Black LGBTQ people, including older persons and the homeless, and ensure that LGBTQ people are fully covered.
5. Political leaders and other influential figures should speak out against stigmatization and hate speech directed at the LGBTQ people in the context of the pandemic.
6. Shelters, support services, and other measures to address gender-based violence during the COVID-19 pandemic should take steps to include the Black LGBTQ population.
7. States should not use states of emergency or other emergency measures to roll back the existing rights and guarantees that apply to Black LGBTQ people.
8. Measures restricting movement should protect trans and gender nonconforming persons. Law enforcement officials should be instructed and trained not to discriminate against this population.

³Some of these recommendations were borrowed from the Officer of the High Commissioner on Human Rights.

9. Recognize Black LGBTQ organizations as essential service providers to allow them to provide services without interruption.

Donors:

1. Immediately review all grant contracts with Black LGBTQ organizations to ensure that funds are flexible and can be used for general support and poverty alleviations.
2. Create a global emergency fund to support Black LGBTQ organizations and ensure that they are able to continue providing life-saving services to the Black LGBTQ community.
3. Funders should not deprioritize funding of LGBTQ programs; rather, there should be measures to deliberately increase financial resources to support LGBTQ people who have been greatly impacted by the COVID-19 pandemic.
4. Foundations and grant-makers should invest in in-depth research on specific issues, such as the trends of HIV infections and HIV treatment adherence during the COVID-19 crisis, the trends of human rights violations based on sexual orientation and gender identity/expression, and the economic impact of the crisis on LGBTQ people.
5. Measures to provide funding for essential living utilities, such as food and shelter, should be considered.

Organizations:

1. Measures to adjust to the COVID-19 pandemic should be considered to ensure that essential service provisions are not interrupted.
2. Set up alternative means to provide psychosocial and mental health services to LGBTQ people who have been gravely affected by the COVID-19 pandemic, such as online consultations and developing guidelines on how to maintain healthy living during the crisis.

International Agencies:

1. Provide technical guidelines to grassroots organizations on how to adjust to the COVID-19 pandemic.
2. Facilitate the provision of commodities—including HIV prevention and treatment as well as COVID-19 prevention commodities—to grassroots organizations.
3. Collaborate with Black LGBTQ organizations to develop reports and track the impact of COVID-19 on the Black LGBTQ community.
4. Include Black LGBTQ organizations in all planning and implementation of global and national COVID-19 control strategies.
5. Require national governments to declare Black LGBTQ organizations as essential service providers.

INTRODUCTION

In many countries with predominantly Black communities, people are often discriminated against and marginalized based on their sexual orientation and gender identity.

On March 11th, 2020, the World Health Organization (WHO) declared the spread of coronavirus disease of 2019 (COVID-19) as a pandemic, following reports of increasing numbers of cases in Italy, Iran, South Korea, and Japan. The virus had been spreading in China before this date, but by March 11th, the number of cases outside of China had rapidly surpassed the figures reported from inside China. As of March 12th, 2020, more than 118,000 people had been infected by COVID-19, nearly 43,000 of which had died.⁴ The declaration of COVID-19 as a pandemic resulted in ad hoc reactions across the world. This led governments to enforce the partial or total lockdown of activities, including the enforcement of curfews and social distancing precautions, to mitigate the spread of the

virus. This sudden event met the world unprepared, and many drastic decisions were made to address the public health situation. Many people were left stranded in their daily activities, businesses were closed, and conferences/meetings were canceled. While people who were travelling had to struggle to return home, others were stuck in compulsory quarantine in their homes.

Global Black Gay Men Connect (GBGMC) decided to act on concerns about how the public health crisis may impact the already disadvantaged group of people who are often discriminated against and marginalized because of their race, sexual orientation, or gender identity/expression. In partnership with UHAI EASHRI, GBGMC launched a survey to understand how the COVID-19 pandemic had impacted the lives of Black lesbian, gay, bisexual, trans*, and queer people around the world. Several groups of researchers and organizations were also conducting surveys within the global lesbian, gay, bisexual, transgender, queer, and intersex (LGBTQ) community to learn about the impact of COVID-19. However, the principal interest of GBGMC was to expose specific challenges faced by the Black community and thus corroborate the proliferation of the #blacklivesmatter movement across the world.

Multiple layers of social discrimination exacerbate how Black LGBTQ people are affected by any crisis, be it in conflict zones, natural disasters, or disease outbreaks such as the COVID-19 pandemic. In a Q&A, Dr. Lisa A. Cooper (professor at the Johns Hopkins Bloomberg School of Public Health) referenced that "Although racial and ethnic information is currently available for only about 35% of total deaths in the U.S., even this limited sample shows that Black Americans and other historically disadvantaged groups are experiencing infection and death rates that are disproportionately high for their share of the total population."⁵

In many countries with predominantly Black communities, people are often discriminated against and marginalized based on their sexual orientation or gender identity. This is the basis for the premise that Black LGBTQ people may be particularly vulnerable during the COVID-19 pandemic. The assumption underlying this premise is that increases in hospitalizations and healthcare needs may result in reduced access to healthcare services; deprioritization of required healthcare services; and increased stigmatization, discrimination, hate speech, and attacks directed toward the LGBTQ community, leaving Black LGBTQ people disproportionately affected by domestic and sexual violence as well as reduced access to work and livelihood.

⁴ <https://edition.cnn.com/world/live-news/coronavirus-outbreak-03-11-20-intl-hnk/index.html>

⁵ <https://coronavirus.jhu.edu/data/racial-data-transparency>

This global snapshot survey aimed to test these assumptions in order to better understand the impact of the COVID-19 pandemic on Black LGBTQ people and their real needs, thus informing the provision of appropriate support for Black LGBTQ people during the COVID-19 crisis. This survey also sought to understand how Black LGBTQ community-based organizations are adjusting or not adjusting to the COVID-19 pandemic.

At the time of this report's development, the world has started to experience the second wave of the spread of COVID-19, especially in the global north. As a result, stricter measures are being taken, including curfews and partial lockdowns. At this time, the world has an opportunity to build on the experience of the first wave of the spread of COVID-19 to coordinate more effectively, particularly to minimize the negative impact of the measures taken to flatten the curve of the spread of COVID-19 on people's social lives and on the economy. Improved coordination can also ensure that vulnerable groups—including women, adolescent girls, children, LGBTQ people, and people of color—suffer less hardship resulting from COVID-19 crisis-related restrictions.

METHODOLOGY

Survey design:

The survey questions were established in collaboration with key stakeholders in the Black LGBTQ community as well as organizations that work with HIV key populations and implement LGBTQ programs. Furthermore, the survey questions were shared with randomly selected key populations and organizations, such as LINKAGES and UHAI EASHRI, for a relevance check. Finally, the survey questions took a quantitative approach while affording the respondents significant opportunities to provide qualitative responses.

Survey Data Collection and Analysis:

The data sources of this survey included Black LGBTQ community-based organizations and Black individuals whose sexual orientations were anything other than heterosexual as well as those with diverse gender identities/expressions, including nonbinary gender identities. Information concerning the survey was shared by leveraging contacts with local LGBTQ organizations, and the survey link was posted on social media platforms, such as WhatsApp and Facebook. SurveyMonkey was used to collect data, and data analysis was carried out using the filtering and comparing options.

Since the data collected included information from both organizations (Part 1) and individuals (Part 2), data sorting was carried out in two parts. 1) Information from an organizational perspective was sorted by filtering Q2 and the responses of those who agreed to respond to questions in Part 1 of the study. These results were compared with the results for Q4, which indicated the countries in which the respondents worked. 2) Information from an individual perspective was sorted by filtering Q2 and the responses of those who agreed to respond to questions in Part 2 of the study. These results were compared with the results for Q29, which indicated the countries in which the respondents lived.

⁶ Please see questionnaire in the annex.

LIMITATIONS

This research project was a snapshot survey and thus did not cover all the important elements that would be covered by a comprehensive study on the subject matter, such as a literature review or a qualitative study including in-depth key informant interviews. The urgent need to collect information that would inform the COVID-19 response within the Black LGBTQ community prompted a convenience sampling of respondents leveraging partner organizations and social media contacts. Thus, the survey results mostly portray information from HIV key population organizations; accordingly, the respondents were mostly gay men and other men who have sex with men.

SURVEY RESULTS

The collected data was grouped into two categories: information from an organizational perspective and information from an individual perspective. A total of 175 respondents accessed the link to the survey, of which 171 agreed to continue with the survey. A total of 159 respondents continued with the survey, of which 55.4% (88) agreed to fill out the first part (questions from an organizational perspective) and 44.7% (71) agreed to fill out the second part (questions from an individual perspective).

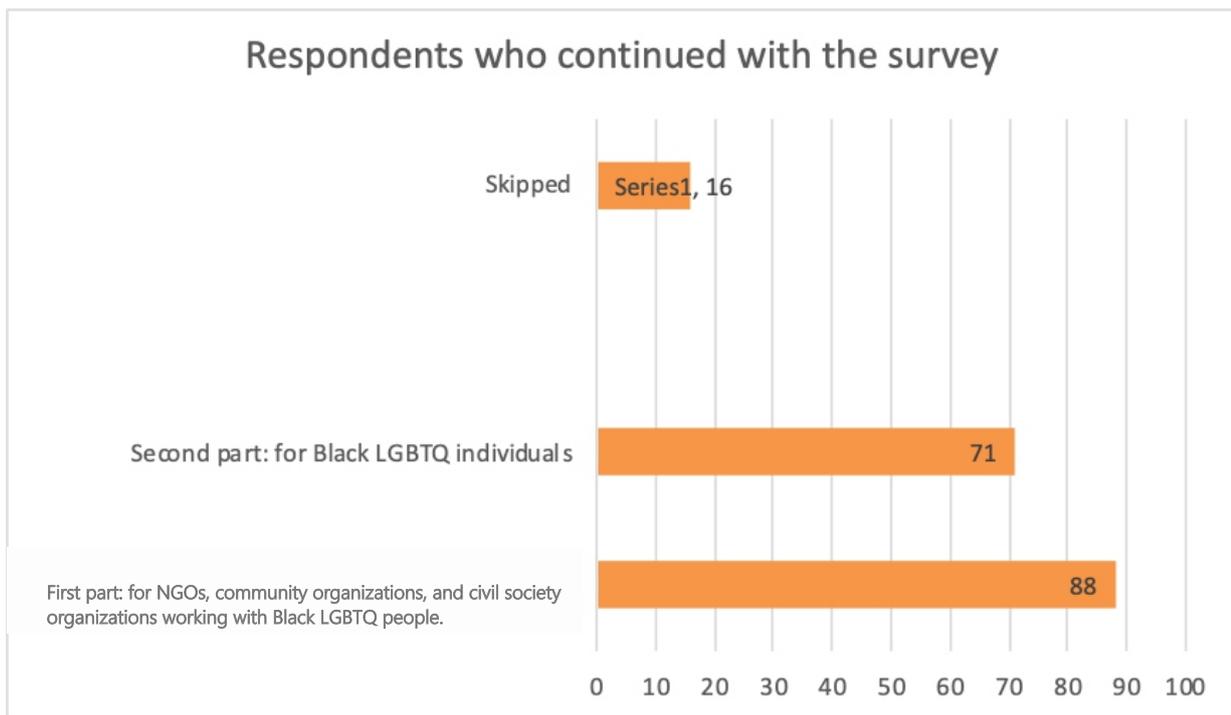


Figure 1: Respondents who continued with the survey

Responses: Organizational Perspective

Of the 88 respondents who agreed to continue with the questions concerning organizations, 55 organizational respondents indicated the countries in which they worked. These organizational respondents were from 16 countries in four of the seven continents of the world. Although more than half (53%) of the organizational respondents were based in Nigeria and Tanzania—at least one organization was based in countries within North America, South America, and Europe. However, none of the organizational respondents were from Asia, Antarctica, or Oceania.

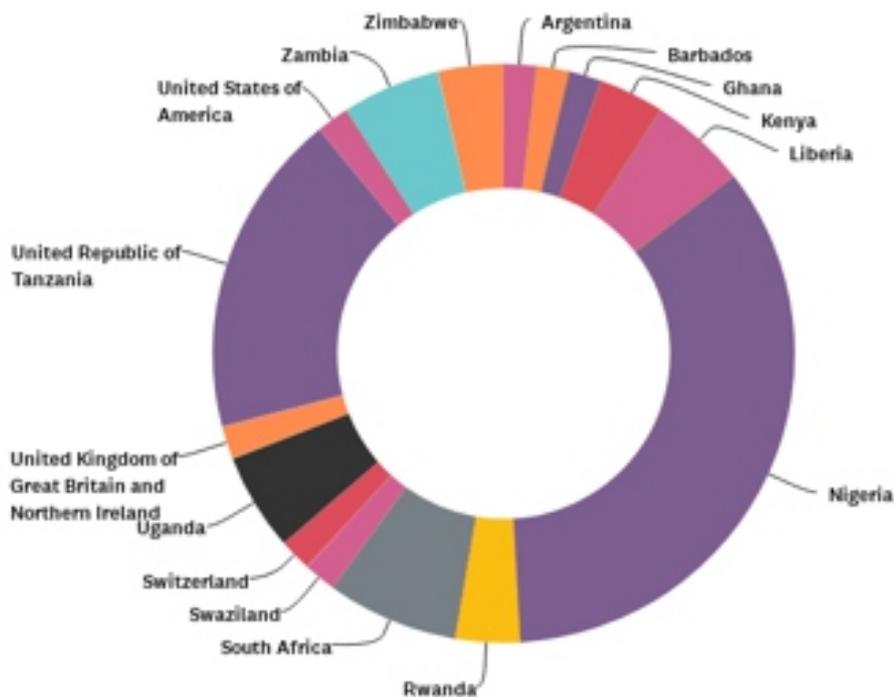


Figure 2: Countries represented by organizations

According to the survey findings, the 55 organizational respondents represented a total of 1,258 persons, including activists, staff, volunteers, and healthcare providers servicing Black LGBTQ people. The average number of people working in each of these organizations was 22.5 people.

A majority of the organizational respondents worked in the field of HIV prevention and treatment for key populations and LGBTQ people. The services provided by these respondents included HIV prevention—including the provision of commodities such as condoms, lubricants, pre-exposure prophylaxis (PrEP), and psychosocial support—as well as HIV treatment services, such as the provision of antiretroviral treatment (ART) and routine medical check-ups for people living with HIV. Other activities performed by the organizational respondents included human (LGBTQ) rights advocacy, monitoring and documentation of human rights abuses, paralegal services, and human rights education.

Fifty-one (51) of the organizational respondents responded to the question regarding the greatest challenges faced by their organizations with respect to COVID-19, indicating various challenges. Approximately 76.5% (nr = 39) of these respondents indicated travel restrictions, 74.5% (nr = 38) indicated a lack of financial resources, 70.6% (nr = 36) indicated difficulty keeping staff safe, and 64.71% (nr = 33) indicated a lack of infrastructure to support staff working from home, while the challenge of sick staff received the lowest indication.



Figure 3: Greatest challenges faced by organizations

An organization from Rwanda responded by saying:

"The other challenge is that ████████⁷ as a community/identity and LGBT organization, does not have the means to ensure security (food, etc.) or to provide humanitarian aid (food, equipment for cleanliness, pocket money, etc.) to our members, who are all LGBT, mostly poor, and who are seriously affected by the Covid-19 crisis because they cannot benefit from the humanitarian assistance given by the Rwandan government, as local authorities discriminate against members of the LGBT community when distributing aid because of hatred based on sexual orientation and thus deprive them of the chance that other poor citizens have."

A respondent from Uganda mentioned:

"Walking long distances to travel in order to take ARVs [Anti-retroviral drugs] to those LGBTIQ persons who need a refill and also to distribute health commodities like condoms and lubricants. Organization staff are contributing from their own resources to buy food and also pay rent for some LGBTIQ persons."

In the same light, another respondent from Tanzania said, "We lack funds to buy medicines, gloves, masks, hand sanitizer, soaps, food supplies, and our office will be closed because of lack of rent, and some our staffs (because of being LGBTIQ persons) are being chased from their homes henceforth are exposed to COVID-19 in one way or another by lacking shelter."

As shown in the table below, 95% of the 42 respondents who answered the question of whether their organization's work had been affected by the pandemic responded "Yes" to this question.

⁷ We have deliberately shaded out the names of the organization for security reasons.

Has the coronavirus disease (COVID -19) pandemic affected how your organization works?						
	No		Yes		Total	
Total	4.76%	2	95.24%	40	100.00%	42
Answered						42

Table 1: Number of the organizations affected by COVID-19 pandemic

Fifty (50) organizations responded to the question regarding the degree to which COVID-19 had affected their day-to-day lives. Of these organizations, 70% (nr = 35) reported that they had been affected a “great deal,” while 14% (nr = 7) reported that they had been “considerably” affected. The majority of organizations that indicated having been affected “a great deal” operated in the global south, while all organizations that indicated having been “moderately” or “slightly” affected operated in the global north.

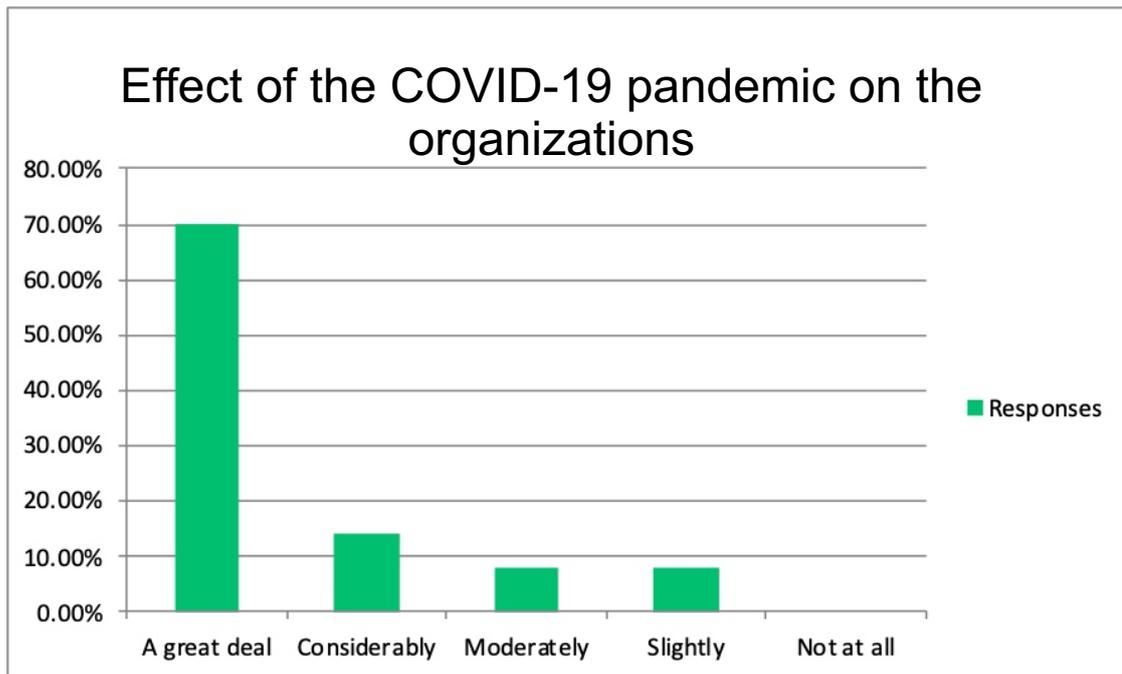


Figure 4: Effect of the COVID-19 pandemic on the organisations

Some organizations (19.6%; nr = 10) indicated that members of their communities had been diagnosed with COVID-19, while others reported that this had not occurred in their communities.

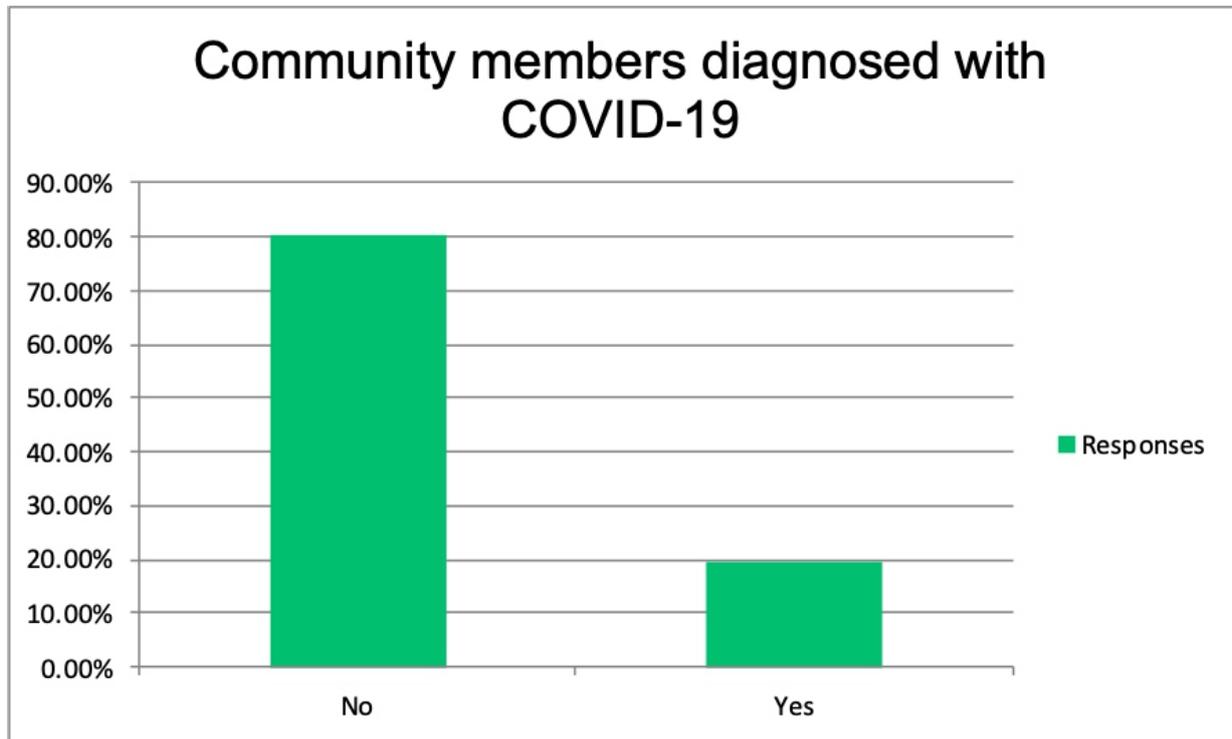


Figure 5: Community members diagnosed with COVID-19

Sixty (60%) percent of those who indicated that some of their community members had been diagnosed with COVID-19 reported that these persons did not receive adequate care.

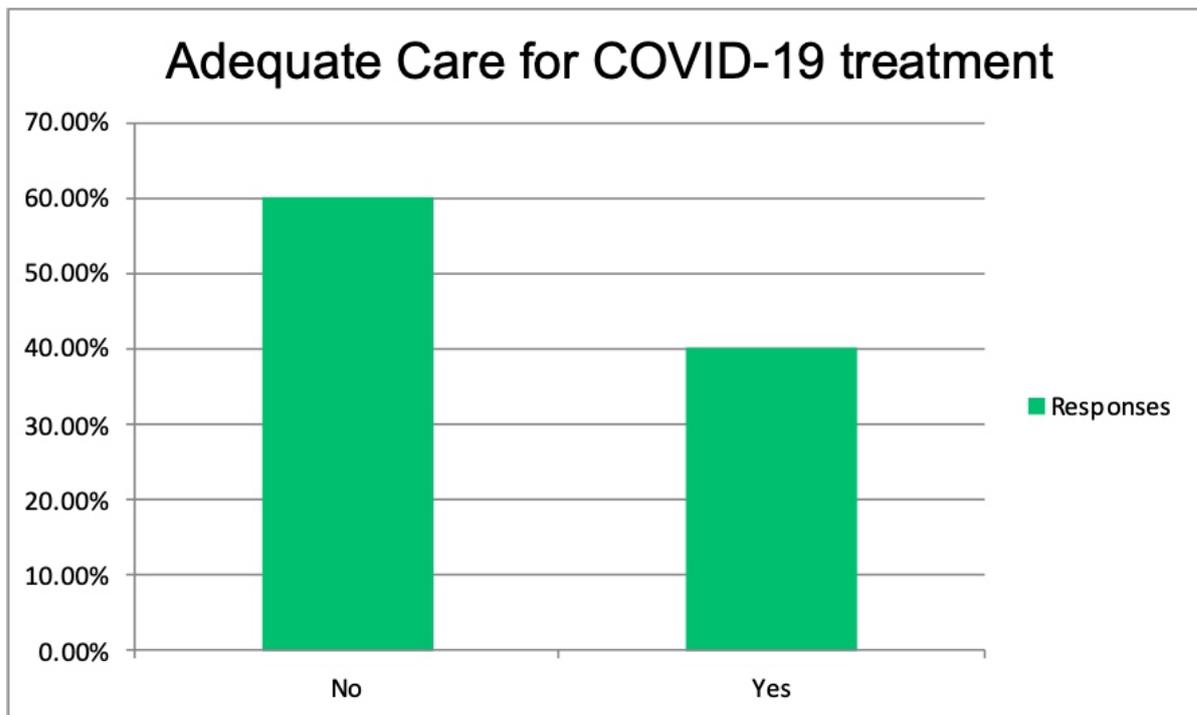


Figure 6: Adequate Care for COVID-19 treatment

Among those who answered “No” to the question concerning whether infected persons in their community had received adequate care, a respondent from Liberia mentioned that “there are still concerns around proper testing done at the lab, lack of proper care for suspected persons, including provisions of basic human needs, etc. GOL (Government of Liberia) hasn't done enough to alleviate fears of possible healthcare workers infecting patients at these quarantine facilities.” Another respondent from Uganda who answered “Yes” to this question mentioned that “[Persons infected] have been isolated and are in government hospitals for treatment.”

The countries in which inadequate care was reported included Liberia, Nigeria, Rwanda, Tanzania, and the United States.

The likelihood of community members being diagnosed with COVID-19 was correlated with accessibility to testing centers in the countries of the respondents. When asked if anyone in the communities they served had reported not being able to access tests for COVID-19, 33% (nr = 17) of the respondents answered “Yes” while 67% (nr = 34) answered “No.”

Has anyone in the community you serve reported not being able to access testing for coronavirus disease (COVID-19)?		
Answer Choices	Responses	
Yes	33.33%	17
No	66.67%	34
Answered		51

Table 2: Access to COVID-19 testing

Due to the COVID-19-related restrictions in many countries, 90.5% of the organizations responded that they had changed the operationalization of their offices and/or community services. These organizations were mostly those who provided services in the form of testing for HIV and other STIs, provision of PrEP and ART, cancer care, and psychosocial support. Some of these services have been interrupted by the COVID-19 pandemic and the associated restrictions. The table below provides a snapshot of the responses of 39 organizational respondents.

Have any of the following life-saving services that you offer been halted/stopped as a result of the coronavirus disease (COVID-19) pandemic? Mark all that apply.		
Answer Choices	Responses	
Provision of voluntary HIV counselling and testing?	66,67%	26
Provision of ARVs?	43,59%	17
Provision of PrEP?	51,28%	20
Provision of condoms and/ or lubricants?	76,92%	30
Provision of safe housing?	46,15%	18
Provision of an emergency hotline?	33,33%	13
Provision of mental health care?	58,97%	23
Provision of general health care (separate from HIV or mental health care)?	38,46%	15
Provision of cancer care?	12,82%	5
Provision of food services?	43,59%	17
Have you stopped provision of any other services? What services?		
Please elaborate below.	38,46%	15
	Answered	39
	Skipped	16

Table 3: Services that were interrupted as a result of the COVID-19 pandemic

In connection with the change in operations undertaken by the organizations to adapt to COVID-19 restrictions, 78.6% of the respondents indicated that they had to change the manner in which their staff interacted with community members. A respondent from Liberia reported, "We carry out most of our activity from home and work in shifts to ensure that there's always someone in the office to enable community members to have access to healthcare services." Another respondent from Zambia reported that "We now spend more on social media counseling and lot more now we have to walk miles to avoid military checkpoints just to render service to our clients."

When asked about other ways in which they have had to adjust to COVID-19 pandemic restrictions, some of the organizations responded as follows:

"We are now on strict rationing of condoms, lubricant, and PrEP due to low stock. We also have limited volunteers working, which is due to low fundings" - Organizational respondent from Liberia.

"We are currently not providing these services, as they used to be provided at a center. The center has since closed while we wait for Ministry of Health to purchase the protective equipment against COVID" - Organizational respondent from Uganda.

"We now use more of social media approach to programming, and then reaching clients is a problem" - Organizational respondent from Zambia.

In response to the question of whether they had implemented organizational COVID-19 policies, 58.5% of the respondents answered "No," 14.6% answered "Yes," and 26.8% answered "In development." As illustrated by the graph below, there are more countries without organizational COVID-19 policies and a few more are in the process of developing such policies.

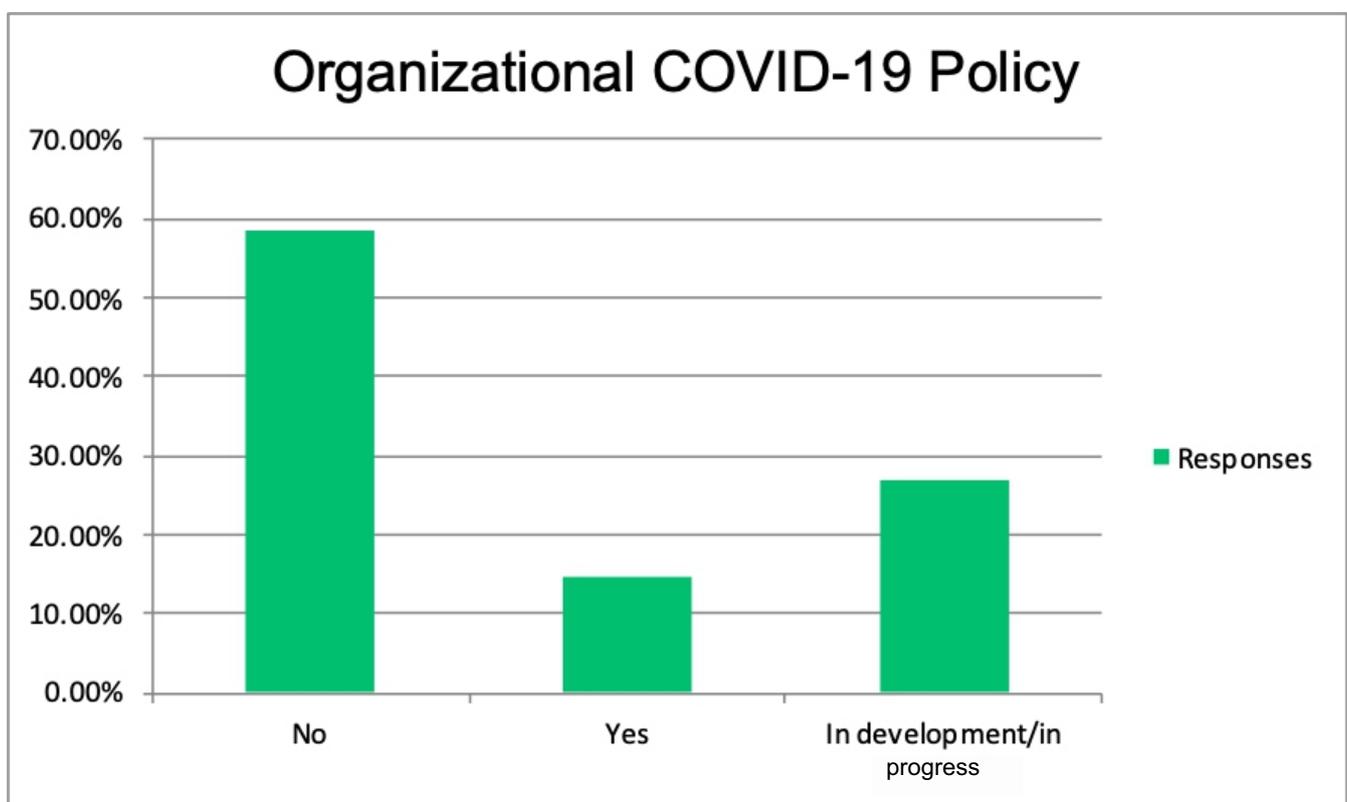


Figure 7: Organizational COVID-19 Policy

To understand how organizations have received or not received support in response to the COVID-19 crisis, the survey inquired as to whether these organizations had received or asked for guidance from their respective governments or/and other intergovernmental bodies, such as the United Nations Organizations (UNO). Forty-one respondents answered this question, of which 59% (nr = 24) indicated that they had received guidance or advice, 37% (nr = 15) indicated that they had received regulations and legal constraints to which they had to adhere, and 42% (nr = 17) indicated that they had received nothing. In the same light, 73% (nr = 30) of the respondents mentioned that they had received guidance on how to keep themselves, their staff, and/or their community members safe during the COVID-19 crisis, 27% (nr = 11) mentioned that they had received regulations and legal constraints to keep themselves and others safe, and 22% (nr = 9) indicated that they had not received any information to keep themselves or others safe. Those who had received information and guidance did not indicate the institutions from which they had received this guidance.

The safety of the LGBTQ community is very important in every crisis, as it is a vulnerable group that suffers more hardship than the general population in any crisis. During the COVID-19 crisis, many countries enacted laws and policies that impacted the freedom of all but affected different communities differently. Approximately 39% (nr = 15 of 38) of the respondents indicated that they had received reports that community members had been affected by COVID-19-related criminalization. Organizations based in Kenya, Liberia, Nigeria, Rwanda, Uganda, Tanzania, Swaziland, and Zimbabwe all reported having received reports that some of their community members had been arrested.

	TOTAL NGOS FROM THIS COUNTRY	NUMBER REPORTING COVID-19 CRIM AFFECTING THE COMUNITY	NGOS REPORT COMMUNITY MEMBERS BEING ARRESTED FOR COVID-19 REGULATION NONCOMPLIANCE
Argentina	1	0	0
Barbados	1	0	0
Ghana	1	0	0
Kenya	2	1	1
Liberia	3	1	1
Nigeria	19	4	1
Rwanda	2	1	1
South Africa	4	0	0
Swaziland	1	0	1
Switzerland	1	0	0
Uganda	3	2	3
UK and Northern Ireland	1	0	0
United Republic of Tanzania	10	2	2
United States of America	1	1	0
Zambia	3	0	1
Zimbabwe	2	2	2
TOTAL COUNTRIES	55	15	13

Table 4: Countries where COVID-19 Criminalization cases are reported

“There is increased aggression toward LGBTI folk because fundamentalists have been transmitting fake news saying corona is here because of sinners and gays”- Organizational respondent from Kenya.

Respondents narrated their experiences as follows: “On the quest to provide ARV to a client who missed his drugs as a result of lockdown and won't get access to the office because of movement restriction order, we were flogged, beaten, and were asked to sit under the hot sun” - Organizational respondent from Nigeria. Another respondent from Kenya mentioned that “There is increased aggression toward LGBTI folk because fundamentalists have been transmitting fake news saying corona is here because of sinners and gays.” There are some indications that violence against people based on their sexual orientation and gender identity/expression increased during the COVID-19 crisis.

Another respondent from Nigeria said that “Some have reported to our organization through ██████████⁸, gender focal person, on how the state and non-state actors use this same pandemic to harass our community based on involving in same-sex practices.” Another respondent from Uganda reported, “Yes, some of our members who were staying in single shelter were arrested and some of them beaten on allegations of spreading the virus.”

Thirty-eight (38) respondents answered the question related to police harassment and arrests during the COVID-19 lockdown, of which 34% indicated that they had received reports that members of their organizations or communities had been arrested or harassed by the police for not respecting social distance or curfew regulations. A respondent from Liberia reported that “It’s more like an everyday thing with us. Now our client can't come to office, we that live close to the office have to take drugs to them, and most of the time, we are arrested and bail ourselves with huge money...” Other respondents mentioned that some of their community members had been arrested at “birthday parties” and in-house gatherings while drinking alcohol with their friends. Another respondent from Liberia reported, “One of our members was physically beaten by police on the first day the curfew was announced because she was stuck in town at work and there was no transport to get her home.”

“It's more like an everyday thing with us now our client can't come to office we that live close to the office have to take drugs to them and most of the time we are arrested and bail ourselves with huge money...” - Organizational respondent from Liberia.

⁸We have omitted the name of this respondent to ensure their safety.

The participants' responses to inquiries about their other experiences during the COVID-19 crisis are shown in Table 5 below.

Q25. Have you experienced any other challenges as a result of the coronavirus disease (COVID-19) pandemic? Mark all that apply		
Answer Choices	Response Percentage	Responses
Access to food	75.0%	27
Access to water, and sanitation and hygiene to wash hands	58.33%	21
Access to hand sanitizer	83.33%	30
Unable to keep the recommended social distance due to work/housing etc. challenges	52.78%	19
Reduced wages or work hours	61.11%	22
Loss of job and/or income	44.44%	16
Unable to get childcare	13.89%	5
Unable to find housing/staying at a shelter	33.33%	12
Have housing but it is not safe (for example the atmosphere is trans/homophobic etc.)	38.89%	14
Unable to access HIV medication	50.0%	18
Unable to access hormones (trans people usually)	25.0%	9
Unable to access mental health support	61.11%	22
Unable to access other routine/essential medicine	52.78%	19
Unable to access other medical support	33.33%	12
Transportation challenges	72.22%	26
Feeling lonely and isolated	63.89%	23

Experiencing physical, sexual and/or emotional abuse	50.0%	18
Experiencing feelings of suicidal ideation/thoughts	36.11%	13
Other (please specify)	19.44%	7
	Answered	36
	Skipped	19

Table 5: COVID-19 related challenges

Across the world, every organization has had to adjust and set up ad hoc responses to the COVID-19 crisis. The organizations who responded to the present survey have done the same, as described below:

“Our organization was able to obtain some food for four members of the organization. The director of the organization accommodates and takes care of two members of the organization who do not have the means to survive. The management of the organization was able to talk to some people outside the country to see if they could help us, but this has not yet worked out until now. Staff urged [REDACTED] members to scripturally respect the preventive measures that were implemented by the Rwandan government” - Organizational respondent from Rwanda.

[REDACTED] will increase advocacy to create an enabling environment to support behavior change. Fast, decisive political leadership is crucial. School closures and quarantine measures are powerful tools, but the lesson of HIV is that supporting safer behaviors means addressing structures that constrain or enable people's choices. Just as gender-based violence hindered safer sexual behavior choices for women, the scarcity of clean water will limit handwashing. In the short term, pragmatic responses (such as rapid mass distribution of soap, sanitizer, and personal protective equipment for SARS-CoV-2) will be implemented by [REDACTED] for poor HIV key populations. Meaningful involvement of communities can shape social norms. [REDACTED] will build social capital, trust, and community cohesion to catalyze the impact of health messages, and can be fostered by supporting local leadership. We will also provide a well-coordinated telemedicine session for key populations. This will provide access to facts and accurate information about the disease, and are to be educated on the need to diligently practice precautions of frequent hand washing (with soap and water or using alcohol-based hand rub), good cough hygiene, avoiding touching faces, and social distancing. This session will be interactive, and there will be opportunity for question and presentation of KP (Key Populations) role model” - Organizational respondent from Nigeria.

“We have since encouraged staff to work from home. We are also fundraising to ensure that working remotely is a possibility, as we need to purchase equipment for the virtual office setup. We are urging the government to find ways in ensuring that marginalized populations are not further discriminated against in the provision of relief, goods, and services” - Organizational respondent from Uganda.

“We are pretty much still doing our work. [We] just changed few ways, like instead of clients coming in office to access commodities, we have hotspots now where we drop these off, and our field workers don't report to the office. We go to them for anything that they might need” - Organizational respondent from Tanzania.

“We have written to a funder for possible support to sustain operations of the organization. We are also ensuring that we are abreast with national policies on the COVID-19” - Organizational respondent from Zambia.

Other responses to this question indicated that some organizations were able to transition into the new norm while several others struggled to adjust due to a lack of financial resources, which would be needed to change their regular modes of operation at the organizational and project implementation levels.

Responses: Individual Perspective

Forty-six (46) individual respondents from 15 countries continued to the second part of the survey, as indicated in Figure 9. The majority (nr = 20) of the individual respondents were within the age range of 25–34 years old.

Age								
Answer Choices	Under 18	18-24	25-34	35-44	45-54	55-64	65+	Total
	2	10	20	5	3	0	0	40
							Answered	40
							Skipped	6

Table 6: Ages of individual respondents

The majority (cumulative 35.4%) of the respondents were from the United States of America (nr = 9) and the United Kingdom (nr = 9). Also, some (cumulative 27.5%) of the respondents were from Nigeria (nr = 7) and Zambia (nr = 7). This implies that approximately 62.9% of the respondents were from only four countries. While these countries may not be representative of the world, they are representative of Africa, Europe, and North America.

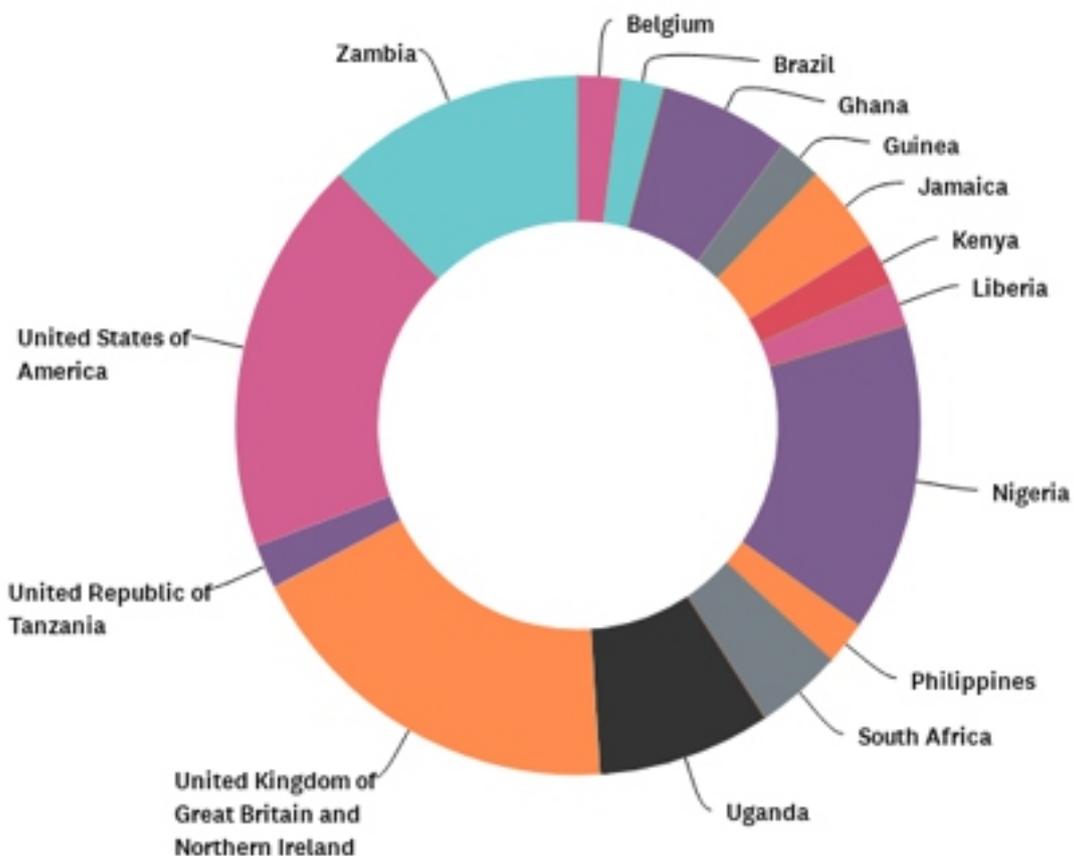


Figure 8: Countries represented in the survey

Gender Identity							
Answer Choices	Male	Female	Transgender Male to Female	Transgender Female to Male	Gender queer/Gender non-conforming	Please specify if not above	Total
	21	6	2	4	4	3	40
Total	21	6	2	4	4	3	40
						Answered	40
						Skipped	6

Table 7: Gender Identity

More than half of those who responded to the question regarding gender identity identified as male, and approximately 10% (nr = 4) identified as genderqueer/gender nonconforming. The remaining three respondents indicated that their gender identities were not represented in the list of answer options; these respondents identified as agender, nonbinary, and transgender.

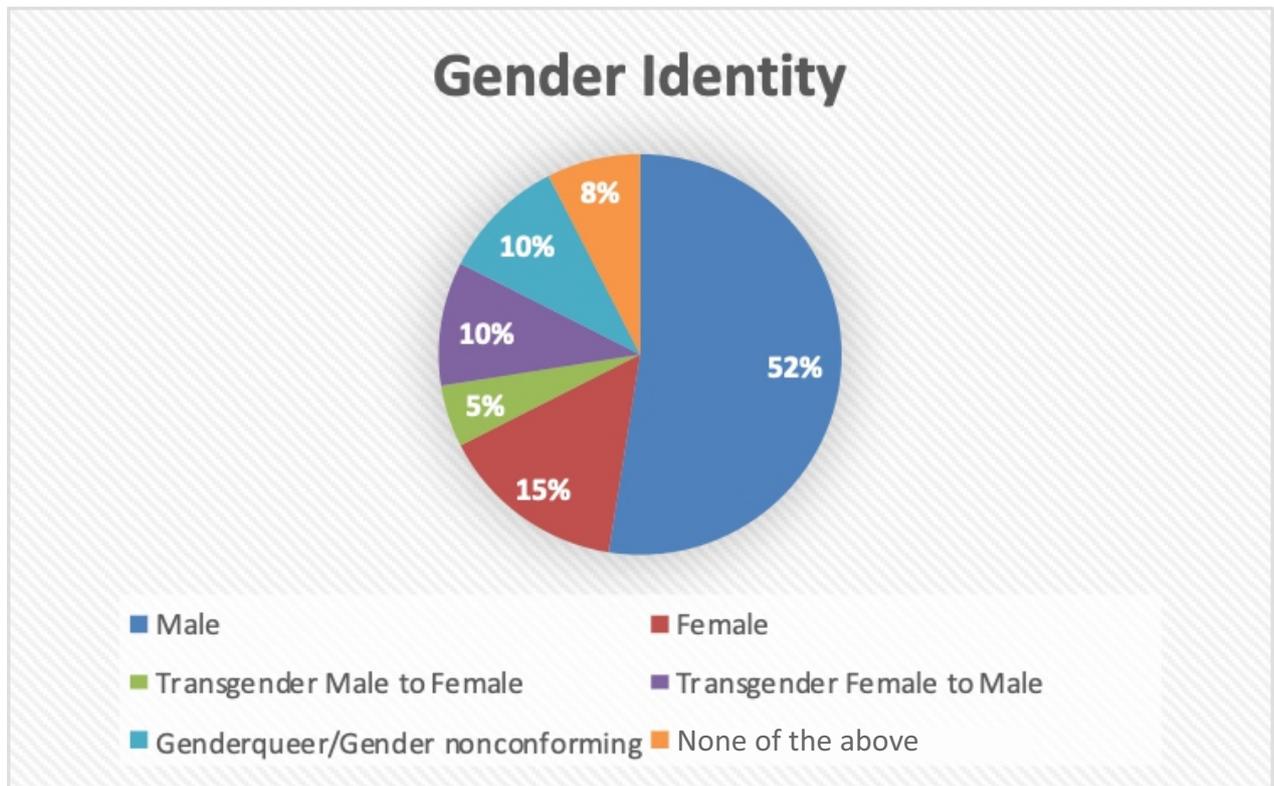


Figure 9: Gender Identity

The majority (62.5%; nr = 25) of the respondents identified as gay/homosexual, 20% (nr = 8) identified as bisexual, and approximately 12.5% (nr = 5) specified other sexual orientations not represented in the list of answer options. These other sexual orientations were asexual, queer, lesbian, and pansexual.

Sexual orientation					
Answer Choices	Gay/Homosexual	Bisexual	Heterosexual/ Straight	None of the above	Total
	25	8	2	5	40
Total	25	8	2	5	40
				Answered	40
				Skipped	6

Table 8: Sexual orientation

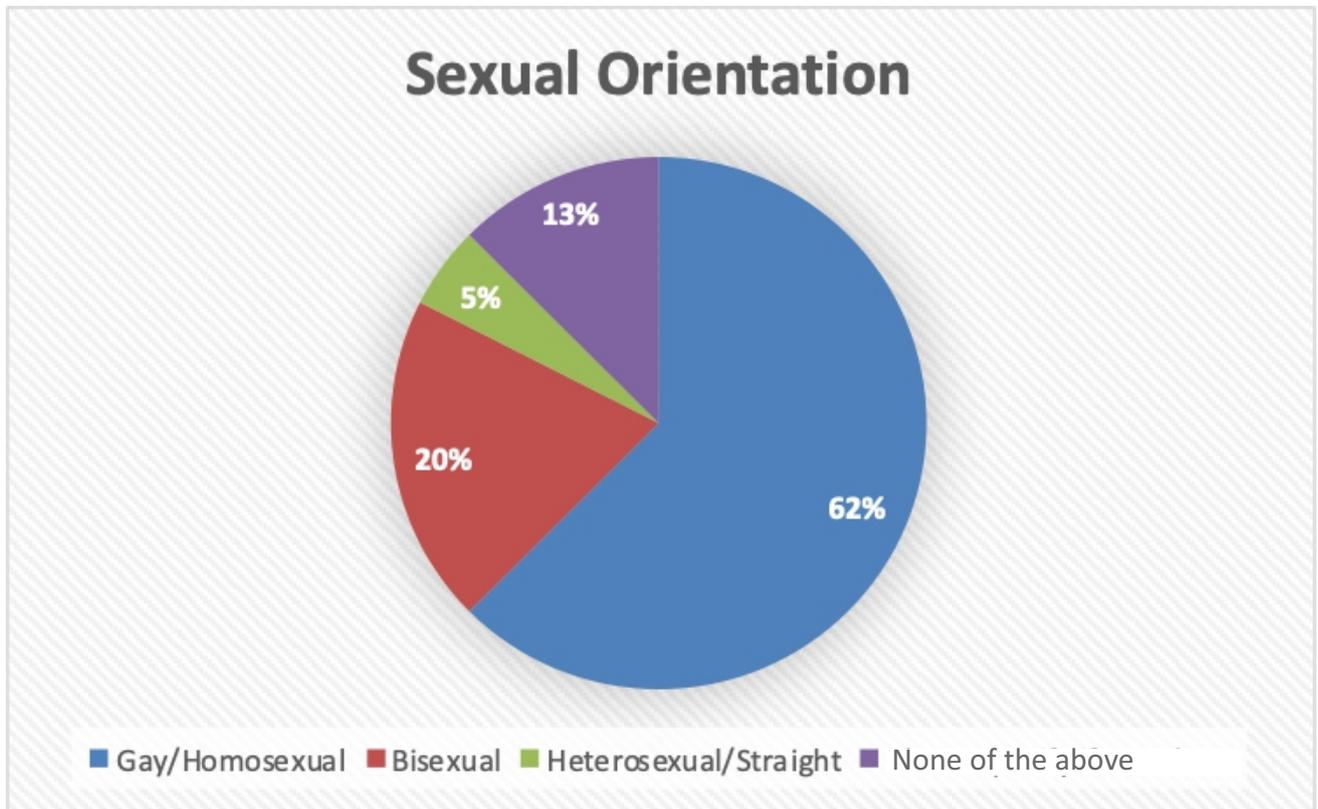


Figure 10: Sexual Orientation

The highest level of education completed by the respondents was tertiary/university education (67.5%), and approximately 25% indicated that high/secondary school was the highest level of education they had completed.

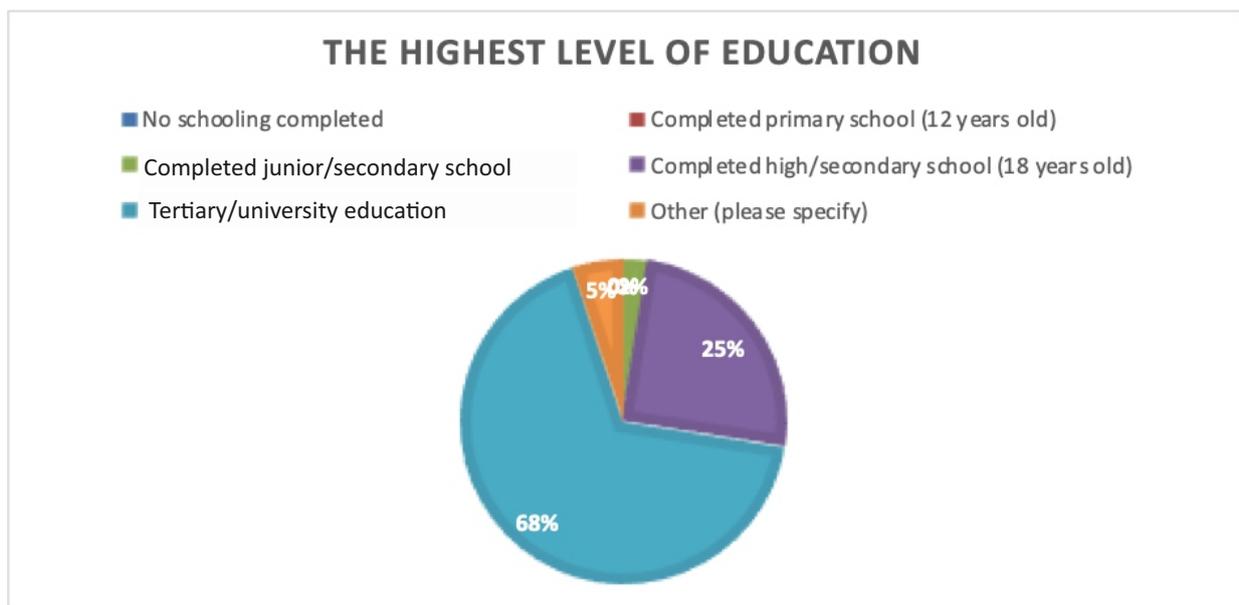


Figure 11: The highest level of education

The respondents also indicated their income ranges. Approximately 22.5% (nr = 9) of the 40 respondents who answered the question regarding income indicated that they were unemployed or had no income.

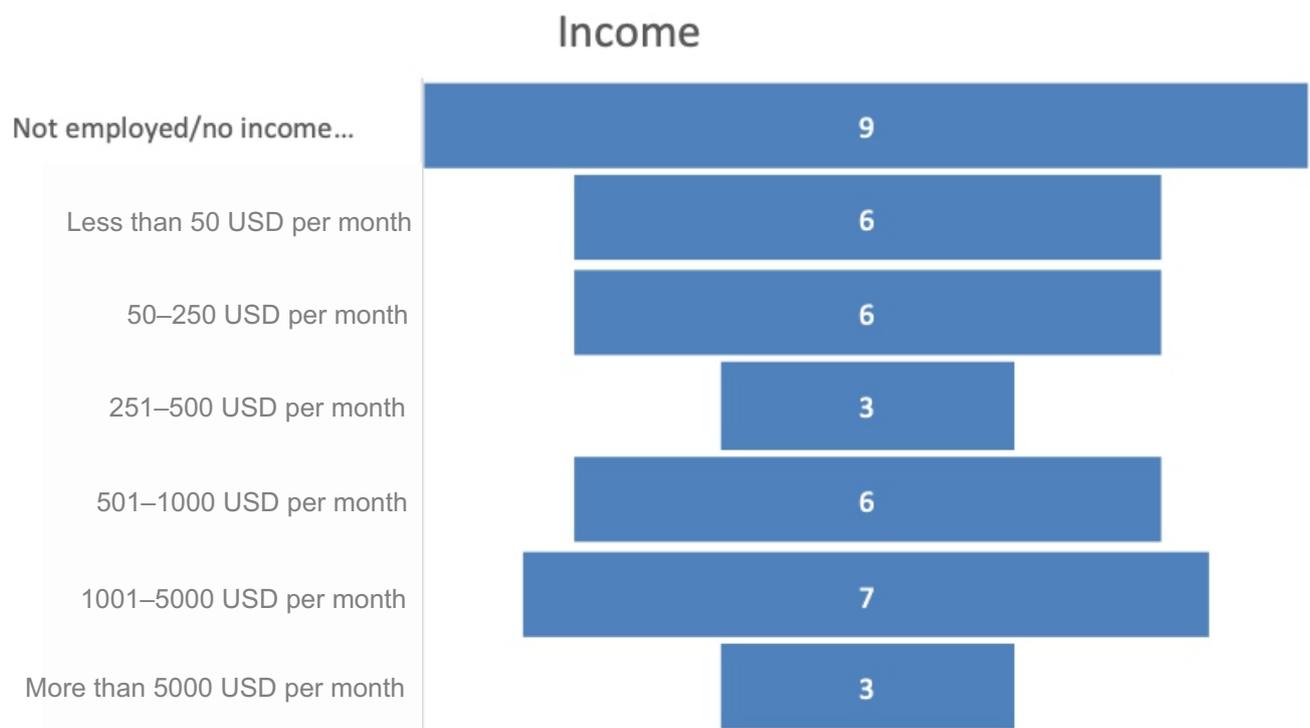


Figure 12: Income

All 46 respondents rated their level of concern about someone in their community being infected with COVID-19 on a 100-point scale, achieving a mean score of 80. Of the 40 respondents who rated their level of concern about being infected with COVID-19 themselves, none indicated having been tested. However, one of these 40 respondents indicated having⁸ been diagnosed with COVID-19⁹. Approximately 52% (nr = 24) of the respondents indicated that the COVID-19 crisis had impacted their daily lives a “great deal,” while others indicated that they had been “moderately” impacted by the crisis. The majority of the individuals who indicated having been affected “a great deal” lived in the global south, while all the respondents who indicated they had been impacted “moderately” to “not at all” lived in the global north.

How much has the coronavirus disease (COVID-19) pandemic impacted your day-to-day life as an individual? Choose one.							
Answer							
Choices	A great deal	Considerably	Moderately	Slightly	Not at all	Total	
	24	9	11	1	1	46	
	Answered					46	

Table 9: Effect of COVID-19

⁹There was likely an error in this individual's response. It is likely that the respondent is the one who indicated having been diagnosed with COVID-19.

EFFECT OF COVID-19

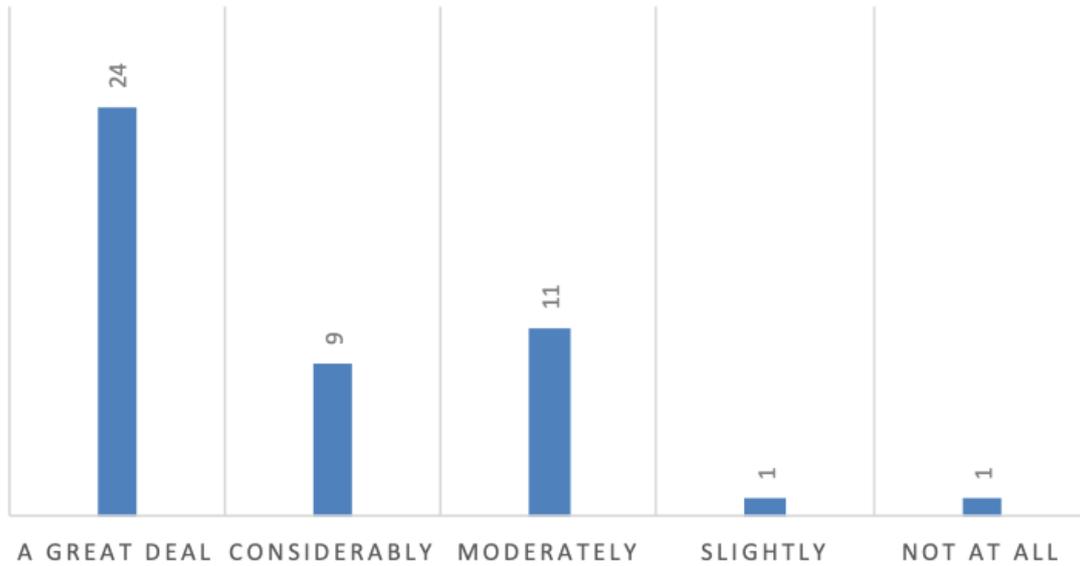


Figure 13: Effect of COVID-19

The respondents also reported having experienced some difficulty accessing certain life-saving services due to COVID-19 pandemic. More than half (52.6%) of the 38 respondents who answered the question of whether they struggled to access life-saving services indicated having had difficulty accessing the provision of food services, while approximately 47.4% indicated having had difficulty accessing mental healthcare and the provision of condoms and/or lubricants. The respondents also indicated concerns about access to housing and HIV prevention and treatment services.

Access to life-saving services

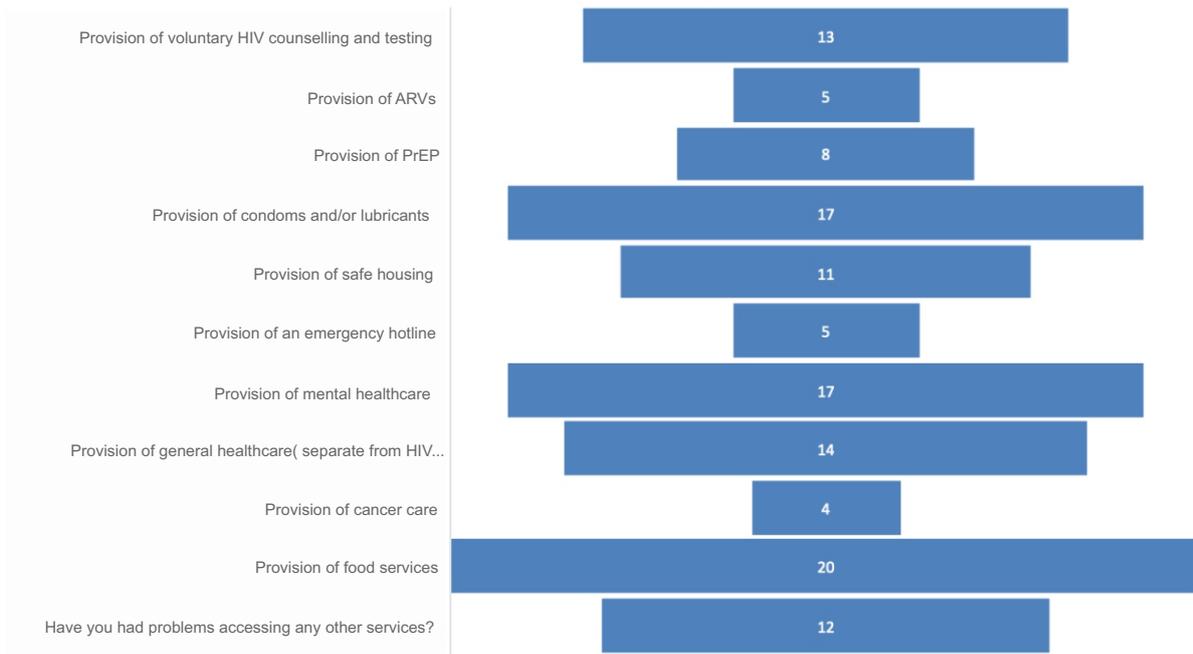


Figure 14: Access to life-saving services

Furthermore, 80% of the respondents indicated that they had been affected by criminalization related to the COVID-19 pandemic.

Affected by COVID-19 related criminalization

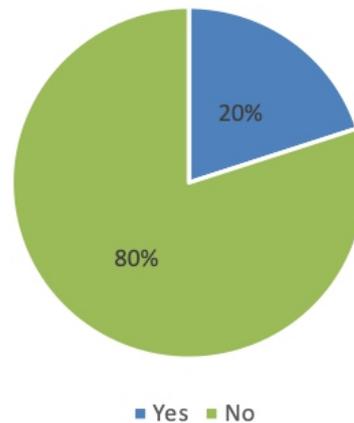


Figure 15: Affected by COVID-19 related criminalization

Some of the individual respondents provided detailed explanations of how they had been victims of violence during the COVID-19 crisis.

"I was beaten badly on 5/04/2020 by [the] police, who found me outside the compound with some homeless LGBTI persons at our place, since the president said that everyone must indoors by 7 p.m. at night, yet for us, we were in our compound. They beats while claiming that we don't want to listen to the president's order, and they were told that we are homosexuals. Right now, am in the clinic and I don't have money to pay for my bills. We are living with HIV, and we can't even access our medicine because of transport lockdown. And we can't even take it because we don't have food to eat for us to take it. I am here by request this platform to look at us who in grassroots areas with no food, medicine, and no money to pay for our bills, yet we are in the clinic right now. If there is any way this platform can help, please contact us. In terms of our clinic bills and food because we are stuck" - Gay male respondent from Uganda.

"So much misinformation has been causing me stress, not to mention the awareness of being Black in a white town, that if I leave for anything, there's a chance that I will be criminalized for even just potentially running an errand. And also, I have been working with organizations trying to push back against this criminalization because we know that this does not keep our communities safe" - Gay male respondent from the United States of America.

In addition to harassment and other kinds of violence, including police brutality, the respondents indicated they had faced other challenges. The majority indicated feeling lonely and isolated, lacking

access to hand sanitizer, and lacking access to food. Other significant challenges included a lack of access to hormonal therapy for transgender people and a lack of access to HIV prevention and treatment medications.

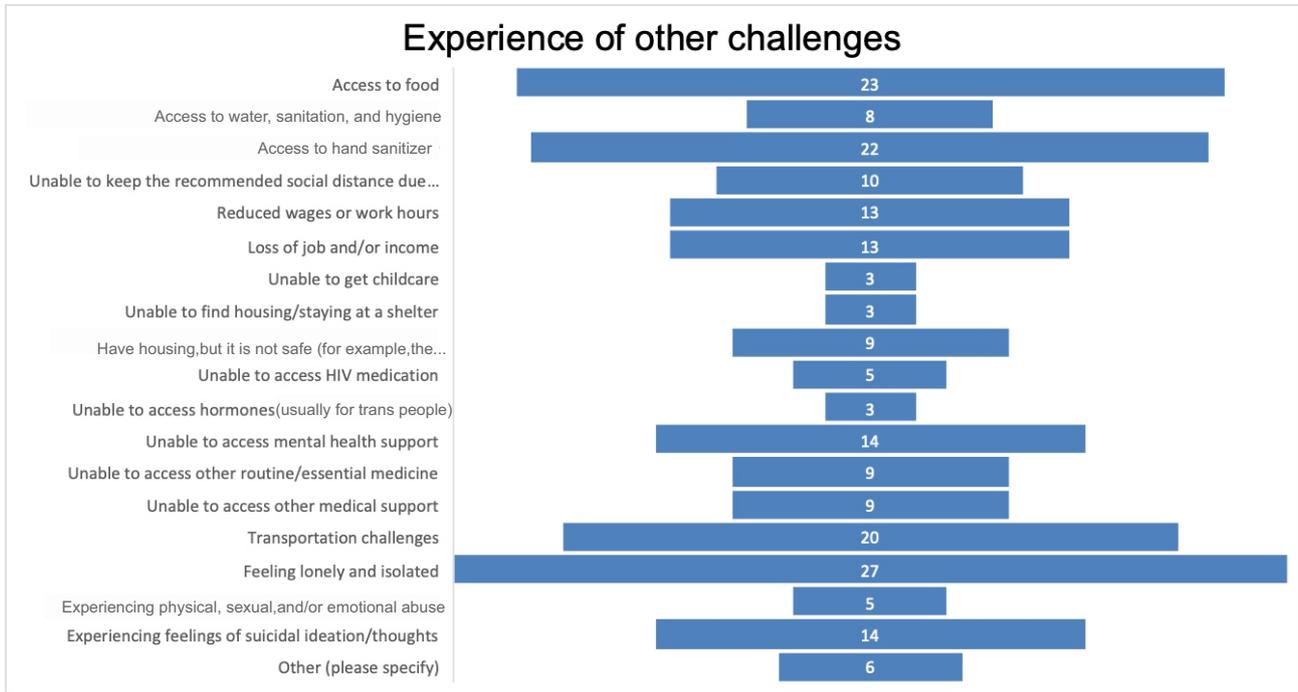


Figure 16: Experience of other challenges

Respondents highlighted some community needs in times of COVID-19 crisis, they include; food, HIV prevention and treatment commodities, safe homes/space, virtual meetups, online social support including game for Black LGBTQ people, COVID-19 prevention commodities, online psychosocial and mental health support, and financial support.

CONCLUSIONS

This survey confirmed some of the assumptions that led to this line of inquiry on the impact of the COVID-19 pandemic on Black LGBTQ people globally. The criminalization of same-sex relationships and social prejudice, including racial discrimination, are the root causes of the disproportionate impact of the COVID-19 pandemic suffered by Black LGBTQ communities. Both organizations and individuals confirmed that they had been affected by the crisis. In particular, organizations providing services to Black LGBTQ people have had to interrupt their services. While services such as HIV prevention and treatment, psychosocial support, and hormonal therapy for trans* people can be considered essential, most of these organizations are not recognized as essential service providers in most of the countries that participated in this survey. It is important to note that most of the organizational respondents were from countries where same-sex relationships are illegal (the global south), and the majority of the individual respondents were from countries where the same relationships are legal (the global north). Nonetheless, the survey results indicate that Black LGBTQ communities still face discrimination regardless of whether same-sex relationships are legal.

In response to the current COVID-19 crisis, most of the responding organizations had received little or no support to address the corresponding changes within the communities they served. Such support may include adjusted modalities for service provision, responses to human rights abuses related to COVID-19-related restrictions, and adjusted modes of organizational operation, including precautionary measures such as physical distancing within the office space, rotational presence within the office, and work-from-home modalities. The individual respondents, on the other hand, reported having been greatly affected by the pandemic, as many essential services that they previously found dependable had been interrupted by the pandemic.

Furthermore, both organizations and individuals reported an increase in human rights abuses during the COVID-19 crisis. Organizations that have had to provide services in a clandestine manner have been subjected to harassment and brutality from law enforcement agents for violating COVID-19-related restrictions. Individuals have also been targets of violence based on their sexual orientation and gender identity/expression. It suffices to say that physical/social distancing is difficult to adhere to for people who are in safe homes and have had to share small spaces with cohabitants. The reports of the individual survey respondents indicated that LGBTQ people in this situation have suffered arbitrary arrests and detention. Other ways in which Black LGBTQ people have been impacted by the COVID-19 pandemic include the loss of access to food, employment, and COVID-19 prevention.

The information retrieved through this survey warrants further exploration through in-depth research on several of the issues reported by the respondents. The survey results indicated a looming increase in HIV infections, a reduction in HIV treatment adherence, an increase in human rights violations based on sexual orientation and gender identity/expression, and reduced access to employment and other means of livelihood. To mitigate the exacerbation of these problems, it is pertinent to act now and strategically safeguard the gains achieved over the years in LGBTQ rights and service provision.

RECOMMENDATIONS

Based on the survey results, GBGMC joined the international community in making the following recommendations for governments, donors, community-based organizations, and intergovernmental and nongovernmental organizations (NGOs) to mitigate the impact of the COVID-19 pandemic on Black LGBTQ people.

Governments¹⁰

States have the duty to ensure that everyone has access to services that improve lives without discrimination based on gender, sex, age, caste, race, sexual orientation, gender identity/expression, or any other status that distinguishes people from the majority. Attention should be paid to vulnerable groups at all times, especially in times of crises, to ensure that vulnerabilities are not worsened at worst or are eradicated at best. It is particularly important that states review discriminatory policies and criminal laws that hinder the achievability of an effective, equitable COVID-19 response that does not marginalize anyone, including Black LGBTQ people.

To achieve this:

1. Specific efforts should be made to ensure that Black LGBTQ people are not subjected to discrimination and do not fear retribution for seeking healthcare. Health services that are particularly relevant to Black LGBTQ people should not be deprioritized on a discriminatory basis.

Black LGBTQ people require specific healthcare services that should be prioritized continuously. These services are not special but are necessitated by the effects of long-term deprivation and marginalization by society. Such services may include but are not limited to psychosocial services, mental healthcare, ART, cancer treatment, and hormonal therapy.

2. Measures to address the socioeconomic impacts of the pandemic should consider the particular vulnerabilities of Black LGBTQ people, including older persons and the homeless, and ensure that Black LGBTQ people are fully covered.

The rate of unemployment is likely to be higher among Black LGBTQ communities than in the general population because skin color, sexual orientation, and gender identity/expression and usually worsened by social prejudice and criminalization. These vulnerabilities exacerbate the impact of crises on Black LGBTQ people. Thus, in addressing the socioeconomic impact of COVID-19, states should consider addressing unemployment, homelessness, and the lack of quality education in Black LGBTQ communities. This will ensure that Black LGBTQ people, among other vulnerable groups, are prioritized and will thus ensure the fairness of the COVID-19 response.

¹⁰Some of these recommendations were borrowed from the Officer of the High Commissioner on Human Rights.

3. Political leaders and other influential figures should speak out against stigmatization and hate speech directed toward LGBTQ people in the context of the pandemic.

Hate speech is often targeted at LGBTQ people. In some communities, LGBTQ people are considered the cause of the COVID-19 crisis and are therefore neglected. This must stop. Political leaders and other social influencers should start to speak out against hate speech; they should also stop acting as perpetrators of hate speech themselves and should use their influential platforms to encourage an accepting society wherein everyone can live freely and enjoy being born free and equal in terms of rights and freedoms.

4. Shelters, support services, and other measures to address gender-based violence during the COVID-19 pandemic should take steps to include the Black LGBTQ population.

Gender-based violence, including sexual violence, is suffered by LGBTQ people and Black people, who are at disproportionately higher risk due to living conditions that increase their vulnerability to violence. Black lesbian, bisexual, trans, and queer women, especially, should be provided shelter and support services such as dedicated emergency support call centers, access to emergency post-violence healthcare, referrals, and counseling services during the pandemic.

5. States should not use states of emergency or other emergency measures to roll back the existing rights and guarantees that apply to Black LGBTQ people.

Black LGBTQ people should continue to enjoy their existing rights and guarantees, including the freedom of association in any manner that respects physical distancing precautions to curb the spread of COVID-19. States should ensure that Black LGBTQ people are not the objects of violence, such as police brutality, arbitrary arrests and detention, and unfair hearings. Specific guidance and instructions should be given to law enforcement agencies to protect the safety and security of Black LGBTQ people.

6. Measures restricting movement should protect trans and gender nonconforming persons. Law enforcement officials should be instructed and trained not to discriminate against this population.

Police and immigration officers should be trained to understand the dynamics of trans bodies. They should learn that trans people may not have official identification documents that correspond with their physical appearance and that this may impede their freedom of movement, especially if they must travel back home to comply with obligatory COVID-19 quarantine measures.

7. Measures should be taken to recognize Black LGBTQ organizations as essential service providers and allow them to provide services without interruption.

Due to the poor quality of the healthcare systems in some countries, community-based organizations serving Black LGBTQ people provide essential services, such as ART, HIV prevention services, mental healthcare, psychosocial support, and hormonal therapy. These services are particularly pertinent during the COVID-19 pandemic. Therefore, these community-based organizations should be authorized to continue their operations and should be provided with guidelines on how to ensure adequate COVID-19 precautionary measures during service delivery.

Donors:

Donors and foundations have the soft power and financial influence needed to ensure that the COVID-19 response is inclusive of Black LGBTQ people. bad hygiene that will increase their vulnerability of contracting COVID-19. Donors should deliberately support holistic community-based programs that address the vicious circle of the lack of shelter, food and healthcare suffered by Black LGBTQ people, in the efforts to reduce the spread of COVID-19 and its impact.

To achieve this:

1. Funders should not deprioritize funding of LGBTQ programs; rather, measures should be taken to deliberately increase financial resources that support LGBTQ people who have been greatly impacted by the COVID-19 pandemic.

Donors should continue to provide financial resources for programs that support Black LGBTQ people. Black LGBTQ people need support in the form of shelter, food, and other forms of livelihood to mitigate the impact of the pandemic. Donors can channel their support through grants to community-based organizations that have direct access to Black LGBTQ communities.

2. Foundations and grant-makers should invest in in-depth research on specific issues, such as the trends of HIV infections and HIV treatment adherence during the COVID-19 crisis, the trends of human rights violations based on sexual orientation and gender identity/expression, and the economic impact of the crisis on LGBTQ people.

Foundations and grant-makers can also invest in research that generates evidence-based information regarding the effects of the pandemic on Black LGBTQ communities and their needs in different domains, such as health, socioeconomic situations, and human rights. Such evidence can aid in the design of programs tailored to the real needs of the community. This research will enable Black LGBTQ people to communicate their thoughts on how the initiatives that target them should be implemented and will invariably contribute to the gains of the COVID-19 response.

3. Measures to provide funding for essential living utilities, such as food and shelter, should be considered.

Black LGBTQ people are more likely to become homeless during the pandemic. Homeless individuals are likely to experience malnutrition and bad hygiene, which will increase their vulnerability to COVID-19. In their efforts to reduce the spread and impact of COVID-19, donors should deliberately support holistic community-based programs that address the vicious circle of the lack of shelter, food, and healthcare suffered by Black LGBTQ people.

Community-based Organizations:

Black LGBTQ people mostly depend on community-based organizations for several social services that cannot be provided by the state due to either a lack of capacity and/or social support systems. Therefore, these organizations have a responsibility to ensure that Black LGBTQ people are included in the COVID-19 response.

To achieve this:

1. Measures to adjust to the COVID-19 pandemic should be considered to ensure that essential service provisions are not interrupted.

Community-based organizations can adjust to the pandemic by setting up systems through which they can continue to provide essential services to Black LGBTQ people while taking precautionary measures according to state directives. Such systems may include home deliveries of treatment medications and palliative care/disease prevention commodities, emergency hotlines for complaints and referrals, and virtual paralegal support.

2. Set up alternative means to provide psychosocial and mental health services to LGBTQ people who have been gravely affected by the COVID-19 pandemic, such as online consultations and guidelines on how to maintain healthy living during the crisis.

Several services can now be provided virtually. Community-based organizations should seek training on the use of technology to provide online services to Black LGBTQ communities in the most ethical way possible.

International Agencies:

Intergovernmental and international NGOs are often considered clearing houses during crises. Therefore, these organizations have a responsibility to ensure that they deliberately include specific information that is inclusive of all vulnerable groups, particularly Black LGBTQ people, while providing guidance as part of the COVID-19 response.

To achieve this:

1. Technical guidelines should be provided to grassroots organizations on how to adjust to the COVID-19 pandemic.

International agencies can provide specific technical guidance to states and community-based organizations on how to continue to provide essential services to Black LGBTQ people during the pandemic. Furthermore, these agencies can provide policy guidance to states on how to ensure that no group is marginalized by the COVID-19 response.

2. Measures should be taken to facilitate the provision of commodities—particularly HIV prevention and treatment and COVID-19 prevention commodities—to grassroots organizations.

International agencies can consider providing palliative commodities directly to community-based organizations to ensure fast-track distribution to Black LGBTQ communities.

Introduction

Welcome to the Black LGBTQ Coronavirus Disease (COVID-19) Pandemic Impact Survey

Please answer the following questions to the best of your ability, which should take about 15-20 minutes.

We appreciate your participation!

If you have any questions about this survey, please email:
gbgmcworld@gmail.com

1. Please read the following information and press "I agree" to continue:

GBGMC with collaboration with UHAI EASHRI is conducting a brief survey to help better understand how Black LGBTQ organizations and individuals across the world are impacted by the coronavirus disease (COVID-19) pandemic. The results from the survey will be presented on a global webinar with the date yet to be determined. A report will also be produced to help facilitate emergency response funds to address the issues that will be identified through the survey.

Your responses are voluntary and you are free to end the survey at any time. We will not release any personal identifying data about you into the public domain.

- I agree and wish to continue
- I don't want to continue

Survey Type

2. Which part of the survey will you complete? Please choose carefully as questions differ considerably.

Note: People who wish to do both, can reload the survey link after submitting the final page and then complete the second part.

- First part: for NGOs, community or civil society organisations that works with Black LGBTQ people
- Second part: for Black LGBTQ individuals

Organisations: Basic Info

3. What is your organization's name?

4. In what country do you work?

5. What city or province are you located in?

6. Please describe what your organisation does and provide a web, facebook, social media links if possible?
Please specify whether you offer any life-saving services.

7. How many staff (paid, part-paid and volunteer) do you have?

0 100

8. Job title

9. Email address

Organisations: Impact

10. What are the greatest challenges your organisation faces right now, because of the coronavirus disease (COVID -19) pandemic? Tick all that apply.

- Sick staff
- Keeping staff safe
- Sick community
- Closures of headquarter offices
- Closures of offices in other places where you work
- Restrictions on travel
- Technology challenges include data security
- Unable to do social distancing
- Lack of financial resources
- Staff unable to work from home (children home from school/no internet etc;)
- Lack of infrastructure to support staff working from home
- Lack of income from cancellation of events/grants/fundraisers
- Disruption to funded programmes and work
- Other

Please explain any other challenges your organization faces and what you need to solve them?

11. How much has the coronavirus disease (COVID-19) pandemic impacted your day-to-day life as an organization? Choose one.

- A great deal
- Considerably
- Moderately
- Slightly
- Not at all



Organisations: Testing and Care

12. Has anyone in the community you service already been diagnosed with coronavirus disease (COVID-19)?

No

Yes

Describe in detail please

Organisations: Testing and Care

13. If yes, did your community member/s get adequate care?

No

Yes

Describe in detail please

Organisations: Testing and Care

14. Has anyone in the community you serve reported not being able to access testing for coronavirus disease (COVID-19)?

Yes

No

Describe in detail please

Organisations: Service delivery

15. Has the coronavirus disease (COVID -19) pandemic affected how your organisation works?

- No
 Yes

Describe in detail please

16. Have you changed how much you operate your office/community center because of the coronavirus disease (COVID-19) pandemic? i.e have your work hours been changed?

- No
 Yes

Describe in detail please

17. Have any of the following life-saving services that you offer been halted/stopped as a result of the the coronavirus disease (COVID-19) pandemic? Mark all that apply.

- Provision of voluntary HIV counselling and testing?
- Provision of ARVs?
- Provision of PrEP?
- Provision of condoms and/ or lubricants?
- Provision of safe housing?
- Provision of an emergency hotline?
- Provision of mental health care?
- Provision of general health care (separate from HIV or mental health care)?
- Provision of cancer care?
- Provision of food services?
- Have you stopped provision of any other services? What services? Please elaborate below.

18. Have you changed how your staff interacts with community members as a result of the coronavirus disease (COVID-19) pandemic?

- No
- Yes

Describe in detail please

19. In what ways have you had to adjust any of the following life-saving services that you offer as a result of the coronavirus disease (COVID-19) pandemic? Please explain in detail about this.

Organisations: Policy

20. Does your organisation have its own policy or policies related to the coronavirus disease (COVID-19) pandemic?

- No
- Yes
- In development/in process

If yes, are you able to share? If yes, please send to this email address: gbgmcworld@gmail.com

Describe in detail please

21. Have you received and/or asked for any guidance or regulations from your government, donors or UN bodies about how the coronavirus disease (COVID-19) pandemic affects your ability to provide services? Mark all that apply.

- Guidance/advice
- Regulations/legal constraints that we have to adhere to
- Nothing
- Describe in detail please:

22. Have you received or asked for general information about keeping yourself, staff and/or community members safe during the coronavirus disease (COVID-19) pandemic?

Guidance/advice

Regulations/legal constraints that we have to adhere to

Nothing

Describe in detail please:

Organisations: Criminalisation

23. Have your organisation or any of your community members reported been affected by criminalisation around Coronavirus disease (COVID-19) ? This could be transmission, endangerment, movement during lockdown, (mis)information, or any other area where criminalisation and COVID 19 overlap.

Yes

No

Please elaborate. Provide links if possible.

24. Has anyone from your organisation or community reported being arrested or harassed by police for not practicing social distancing, being outside, or not obeying shelter in place or curfew recommendations?

Yes

No

Describe in detail please

Organisations: Challenges

25. Have you experienced any other challenges as a result of the coronavirus disease (COVID-19) pandemic?
Mark all that apply

- Access to food
- Access to water, and sanitation and hygiene to wash hands
- Access to hand sanitiser
- Unable to keep the recommended social distance due to work/housing etc challenges
- Reduced wages or work hours
- Loss of job and/or income
- Unable to get childcare
- Unable to find housing/staying at a shelter
- Have housing but it is not safe (for example the atmosphere is trans/homophobic etc)
- Unable to access HIV medication
- Unable to access hormones (trans people usually)
- Unable to access mental health support
- Unable to access other routine/essential medicine
- Unable to access other medical support
- Transportation challenges
- Feeling lonely and isolated
- Experiencing physical, sexual and/or emotional abuse
- Experiencing feelings of suicidal ideation/thoughts
- Other (please specify)

Organisations: Response and Needs

26. What is your organization doing to respond to the coronavirus disease (COVID-19) pandemic? Please write as much as possible.

27. What actions would you like to see donors and governments take to support your organisation?

Organisational Survey

28. Do you have other ideas or thoughts that you would like to share about what your community needs?

Yes

No

Please explain here

Individual Survey

Please remember that there is always someone to listen and to talk to. We just have to believe that things will get better.

If you are feeling like you are unable to cope at the moment, then have a look here and contact your local help centre.

https://www.suicidestop.com/call_a_hotline.html

<https://www.befrienders.org/>

29. In what country do you live?

30. What city or province are you located in?

31. Have you heard about the coronavirus disease (COVID-19) pandemic?

- No
- Yes

32. How much has the coronavirus disease (COVID-19) pandemic impacted your day-to-day life as an individual? Choose one.

- A great deal
- Considerably
- Moderately
- Slightly
- Not at all

33. Have you struggled to access any of the following life-saving services as a result of the coronavirus disease (COVID-19) pandemic? Mark all that apply.

- Provision of voluntary HIV counselling and testing?
- Provision of ARVs?
- Provision of PrEP?
- Provision of condoms and/ or lubricants?
- Provision of safe housing?
- Provision of an emergency hotline?
- Provision of mental health care?
- Provision of general health care (separate from HIV or mental health care)?
- Provision of cancer care?
- Provision of food services?
- Have you had problems accessing any other services? What services? Please elaborate below.

34. Have you been affected by criminalisation around Coronavirus disease (COVID-19) ? This could be transmission, endangerment, movement during lockdown, (mis)information, or any other area where criminalisation and COVID 19 overlap.

Yes

No

Describe in detail please. Provide links if possible.

35. Have you been arrested or harassed by police for not practicing social distancing, being outside, or not obeying shelter in place or curfew recommendations?

Yes

No

Describe in detail please

36. Have you experienced any other challenges as a result of the coronavirus disease (COVID-19) pandemic?

Mark all that apply

- Access to food
- Access to water, and sanitation and hygiene to wash hands
- Access to hand sanitiser
- Unable to keep the recommended social distance due to work/housing etc challenges
- Reduced wages or work hours
- Loss of job and/or income
- Unable to get childcare
- Unable to find housing/staying at a shelter
- Have housing but it is not safe (for example the atmosphere is trans/homophobic etc)
- Unable to access HIV medication
- Unable to access hormones (trans people usually)
- Unable to access mental health support
- Unable to access other routine/essential medicine
- Unable to access other medical support
- Transportation challenges
- Feeling lonely and isolated
- Experiencing physical, sexual and/or emotional abuse
- Experiencing feelings of suicidal ideation/thoughts
- Other (please specify)

Individual Survey

37. From 0 to 100, how concerned are you about someone you know catching the COVID-19 (coronavirus)?
(0=Not at all concerned; 100=Extremely Concerned)

0 : Not at all concerned 100 : Extremely concerned

38. Have you received a test for coronavirus disease (COVID-19) ?

- Yes
 No

Other (please specify) or Describe in detail please

39. Have you been diagnosed with coronavirus disease (COVID-19) ?

- Yes
 No

Other (please specify) or Describe in detail please

40. What else would you like to do? What ideas do you have that your community needs?

41. What else do you think we need to know about? Feel free to tell us what is working well for you, so we can share with others.

42. Highest level of education completed

- | | |
|---|--|
| <input type="radio"/> No schooling completed | <input type="radio"/> Completed high/secondary school (18 years old) |
| <input type="radio"/> Completed primary school (12 years old) | <input type="radio"/> Tertiary education/University |
| <input type="radio"/> Completed junior secondary (16 years old) | <input type="radio"/> Other (please specify) |

43. What is your monthly household income? (Please include salary, pensions, remittances and all other sources of income for the household) (in US dollars)

You can use this website to convert your own currency into USD. <https://www.xe.com/>

- Not employed/no income whatsoever/dependent on others
- 501 - 1000 USD a month
- Less than 50 USD a month
- 1001 - 5000 USD a month
- 50 - 250 USD a month
- Above 5000 USD a month
- 251 - 500 USD a month

44. Have you experienced any of the following due to the Coronavirus disease (COVID_19) pandemic: depression, hopelessness, anger, nightmares, flashbacks, panic attacks, sleep disturbance, poor concentration?

- Yes
- No
- I prefer not to say
- Other (please specify)

45. What is your gender identity?

- Male
- Transgender Female to Male
- Female
- Genderqueer/Gender nonconforming
- Transgender Male to Female
- Please specify if not above

46. What is your sexual orientation?

- Gay/Homosexual
- Bisexual
- Heterosexual/Straight
- Please specify if not above

47. Age

Under 18

18-24

25-34

35-44

45-54

55-64

65+

Thank you

48. Thank you for your time. We know it's valuable and we hope to use your feedback and answers to strengthen the response for our communities in this pandemic! Let us know here of anything else you want to tell us.

Please remember that there is always someone to listen and to talk to. We just have to believe that things will get better.

If you are feeling like you are unable to cope at the moment, then have a look here and contact your local help centre.

https://www.suicidestop.com/call_a_hotline.html

<https://www.befrienders.org/>



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