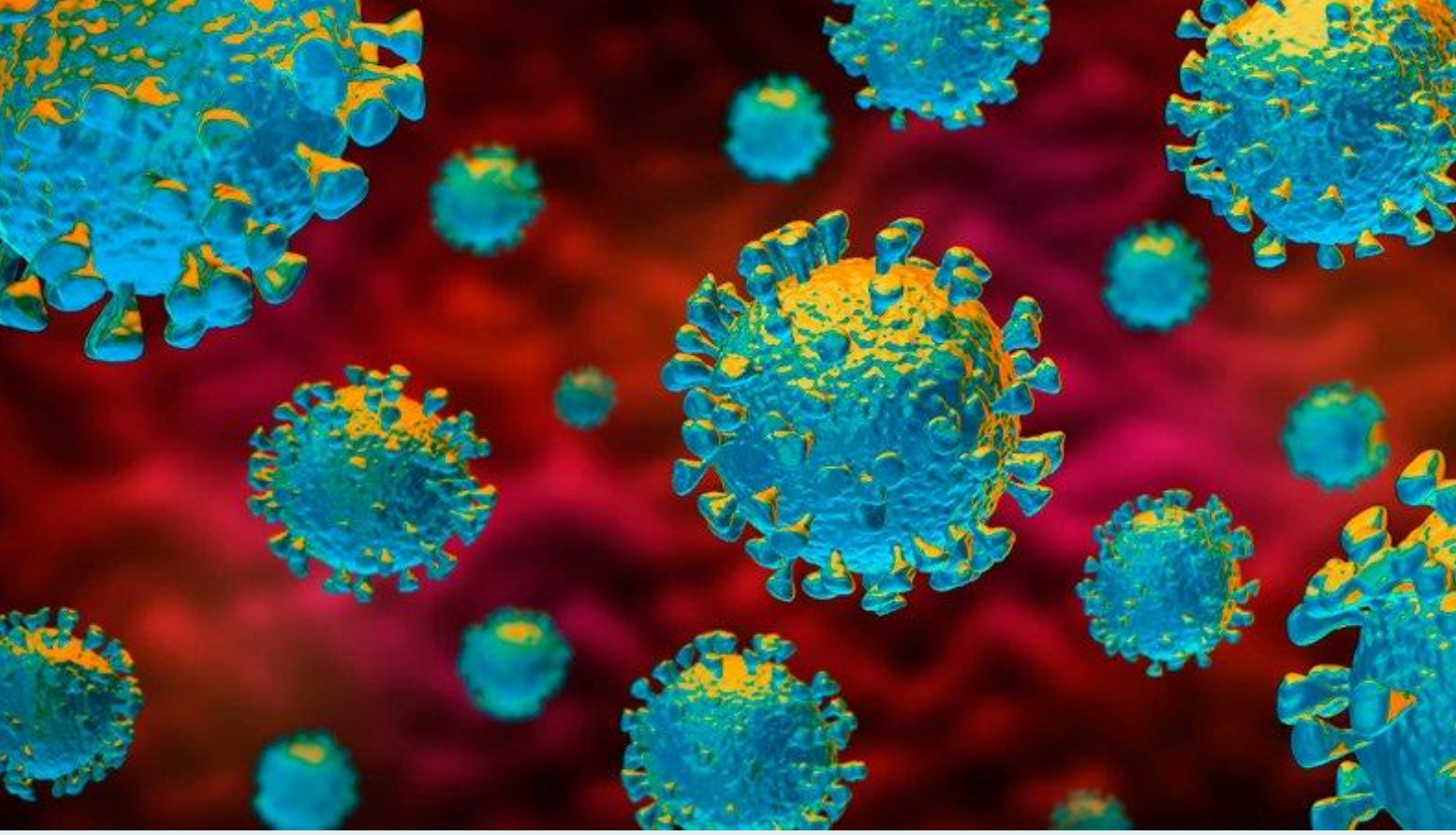

Community-led Rapid Survey

COVID-19 Impact on Key Populations, People Living with HIV and Global Fund Sub-Recipient Organizations in Sri Lanka

Supported
APCASO

Produced by

CARE Consortium
Civil Society Advocacy for Rights and Engagement

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Executive Summary

Sri Lanka imposed island wide curfew to control the spread of COVID-19 pandemic on the 20th of March 2020 which was partially lifted in different districts temporarily. On 11th May curfew was lifted in all other districts expect for Colombo and Gampaha districts. The imposition of curfew affected all communities across the country but disproportionately affected communities who are vulnerable to HIV including men who have sex with men (MSM), transgender women, female sex workers, people who inject or use drugs and tourism service providers and people living with HIV (PLHIV).

This series of surveys was launched by the CARE Consortium to assess the immediate impact of the curfew and other COVID-19 pandemic control measures on the key populations and PLHIV community as well as on the sub-recipient (SR) organization which implement HIV prevention, testing, treatment and care interventions under the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund).

The impact on the members of the key populations vary from loss of income and lack of access to essential requirements during this period to facing violence and experiencing mental health issues. Due to number of reasons including lack of education opportunities, stigma and discrimination and financial reasons majority of key population members are engaged in temporary, part time, daily wages employments or are unemployed. Many have not been able to earn any income during the period of curfew which has directly affected their access to essential requirements such as food. Despite the need to access sexual health services including condoms and lubricants majority of the respondents have not been able to access any such services. A significant percentage of respondents have faced violence during this period which varied from verbal abuse to physical and sexual abuse perpetrated mainly by intimate partners or family members. However, majority of the victims, even though wanted to reach out for support, were not aware where to access support. Significant number of respondents have also experience mental health conditions that varied from stress to suicidal thoughts and yet were not aware where to access mental health support.

Lack of financial resources to survive the curfew period was a key concern among PLHIV community. Most respondents were not able to earn any income during the curfew period either because their employers did not pay salaries or they were not able to engage in their occupation due to curfew. Antiretroviral Treatments (ART) were delivered to PLHIV community members by organizations of PLHIV community in collaboration with Family Planning Association Sri Lanka (FPA) and the National STD AIDS Control Program (NSACP). However, access to other sexual health services including condoms and lubricants remained a challenge. Majority of respondents did not report any experience of violence, stigma or discrimination even though more data gathering needs to happen on the topic. Similar to key populations, majority of respondents of the PLHIV survey also reported mental health conditions that varied from stress to loneliness. However, access to mental health support remained a challenge.

The daily operations of SR organizations related to Global Fund supported interventions were severely affected by the curfew which includes provision of HIV prevention awareness, distribution of condoms and lubricants and escorting for testing by case finders and peer

educators. Respondents highlighted the impact of this disruption resulting in a possible increase of HIV and STI incidence among key populations. Organizations also reflected on the lack of employment security for staff supported by the Global Fund as no proper information on the matter was disseminated among the SR organizations by relevant authorities. It is also crucial to ensure that the stakeholders of the national HIV response including SR organizations and other key population-led and serving organizations devise comprehensive and inclusive contingency plans to respond to communities during emergency situations. Respondents also recognized the need to explore innovative methods of service delivery to communities using a combination of online and offline methods to minimize the disruption to services during emergency situations such as the COVID-19 pandemic.

Introduction

Responding to the onset of the COVID-19 pandemic, CARE Consortium, a partnership between DAST, Young Out Here Sri Lanka and the National Transgender Network, launched a series of surveys to gather information on the impact of the measures taken by the Government of Sri Lanka to control the spread of the COVID-19 pandemic on key populations, PLHIV community and SR organizations. The survey was supported by APCASO under the BACKUP Health initiative of the German Development Agency (GIZ) and technical support provided by Global Fund Advocates Network Asia-Pacific (GFAN AP).

The objectives of the initiative are;

- Gather information on the impact of COVID-19 related curfew measures on the key populations, PLHIV community and SR organizations to inform immediate relief responses and long term interventions.
- Develop strategic information to support meaningful community engagement during the country dialogue for the Global Fund funding request development process.
- Develop strategic information to support meaningful and constructive community-led advocacy on issues including domestic resource mobilization for health, universal health coverage, addressing violence including domestic violence and mental health among key populations and PLHIV community.

Methodology

Three separate surveys were developed to gather information from target populations;

1. Survey for key populations including MSM, transgender women, female sex workers, people who use or inject drugs and tourism service providers.
2. Survey for people living with HIV
3. Survey for sub recipient organizations

Surveys were launched using google forms in Sinhala and were promoted using social media platforms and emails and were kept open for three weeks.

The survey questions were used to analyse the data. Data were categorized in to key categories for both key populations and PLHIV surveys which include;

1. Employment, employment security and income
2. Access to sexual health services
3. Stigma and discrimination
4. Housing, safety and violence
5. Mental health conditions

The responses collected from SR organizations were analysed using the below data categories;

1. Continuation of service delivery
2. Contingency plans to respond to emergency situations
3. Impact on national HIV response
4. Community advocacy during COVID-19

Limitations

This series of surveys was a community-led initiative in response to the COVID-19 pandemic spread in the country. The surveys were launched as an emergency response and was promoted using virtual platforms which may have affected the number of respondents as community members may not have the equipment, know-how or access to internet to complete the surveys. Respondents were able to choose multiple answers for questions and therefore multiplication of answers were observed.

Community-led Rapid Survey: COVID-19 Impact on Key Populations

This survey was launched targeting key populations who are specified as beneficiaries within the Global Fund supported HIV prevention, testing, treatment and care interventions in Sri Lanka. The key populations include the following communities;

Men who have sex with men – MSM
Transgender women
Female sex workers
People who use/inject drugs – PWUD/ PWID
Tourism service providers (beach boys)

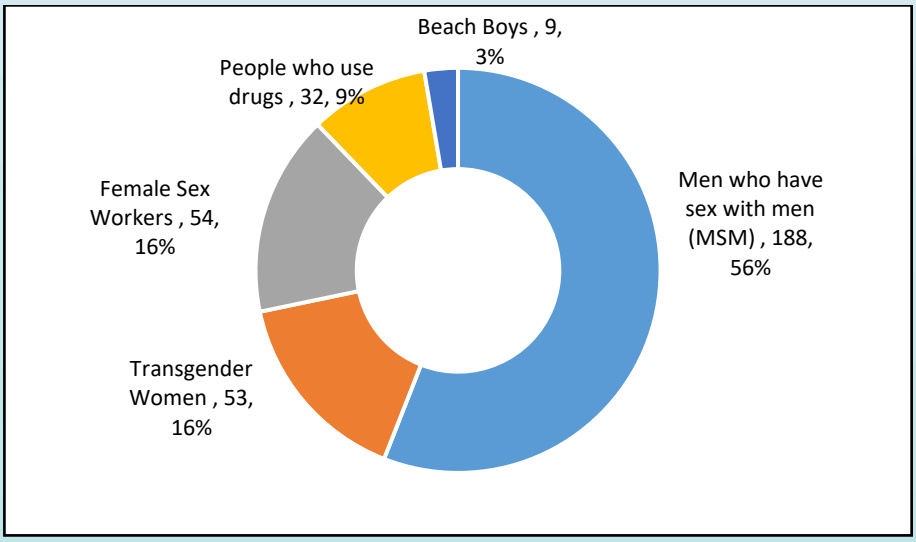
Respondents' profile

A total of 329 respondents took the survey. However, all 329 respondents did not answer all questions.

Key population self-identity of the respondents

56% of the respondents self-identified as MSM while the lowest was among the Tourism Service Providers at 3%. The high response rate of the MSM community could be justified as MSM frequently use online platforms more than the other communities and the survey was mainly distributed via online platforms. Except for the MSM community, the availability of devices to access online platforms, availability of resources to pay for internet or data connections and the "know-how" to participate in an online survey is significantly low in other communities.

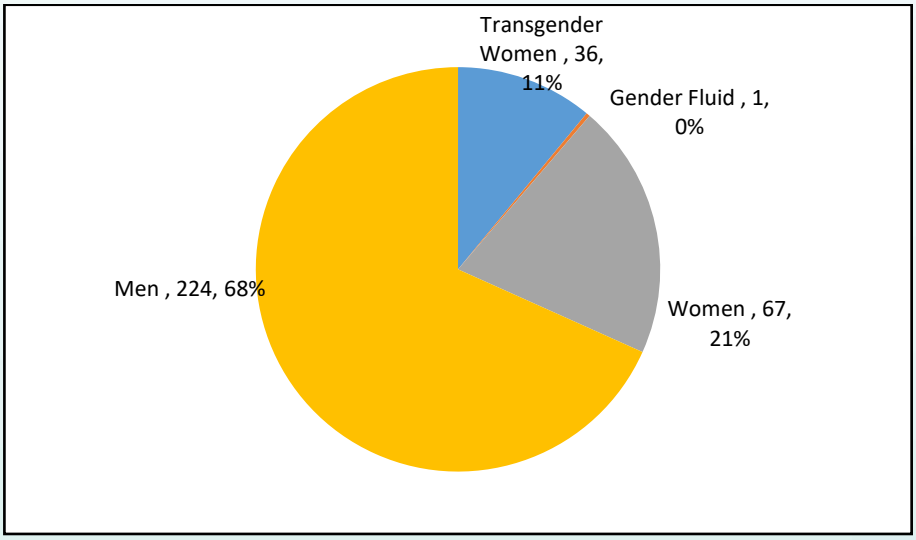
Figure 1. Key population self-identity of the respondents (n=329)



Gender Identity of the Respondents

Majority of the respondents self-identified as men. Among the respondents who self-identified as "transgender women" in the previous section, self-identified as "women" in this section where as one individual self-identified as "gender fluid".

Figure 2. Gender Identity of the Respondents (n=328)



Other demographics

The maximum age of the respondents was 71 years while the lowest was 16 years and the median being 29.7 years (n=236).

216 respondents reported being single, 54 married, 20 living together, 10 divorced, 5 widowed and 23 separated (n=328).

Majority of respondents were from Colombo district (166) whereas, 47 respondents were from Gampaha district and 34 were from Kalutara district. In addition, respondents also came from following districts; Anuradhapura - 4. Ampara -1, Badulla – 5, Galle – 9, Hambanthota – 1, Kandy – 11, Kegalle – 6, Kurunegala – 7, Matara – 8, Matale – 1, Polonnaruwa – 3, Puttlam – 11, Rathnapura – 7 and Trincomalee – 1. (n=325)

Employment, Employment Security and Income

With the imposing of island wide curfew on 20th of March 2020 (and partially lifted on 11th may 2020 across the island other than in Colombo and Gampaha districts), expect for essential services all other offices and employment premises were closed. The curfew imposed as part of quarantine measures severely affected the income sources of key populations due to number of reasons.

As a result of social stigma, discrimination and inequalities, majority of the key population members are engaged in temporary jobs or are daily wages employees. Sex workers who are street based were also not able engage in their profession while other key population members who also engage in sex work, were not able to earn any income through sex work. The collapse of tourism industry with restrictions imposed on international travel has severely affected the income sources of tourism service providers.

Despite 56% claiming to have permanent employment, out of 326 respondents who answered to the question on any income generation during the curfew period, 63% mentioned that they have not earned any income since the beginning of the curfew period.

Figure 3. Employment status (n=329

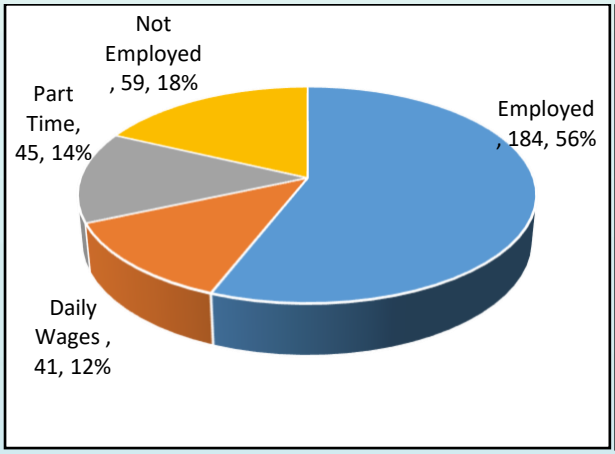
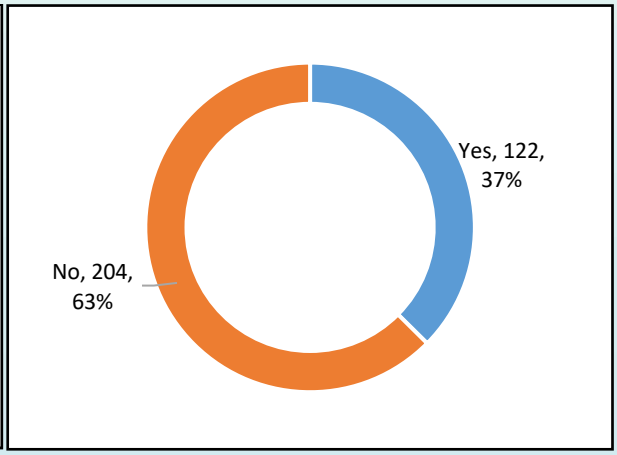


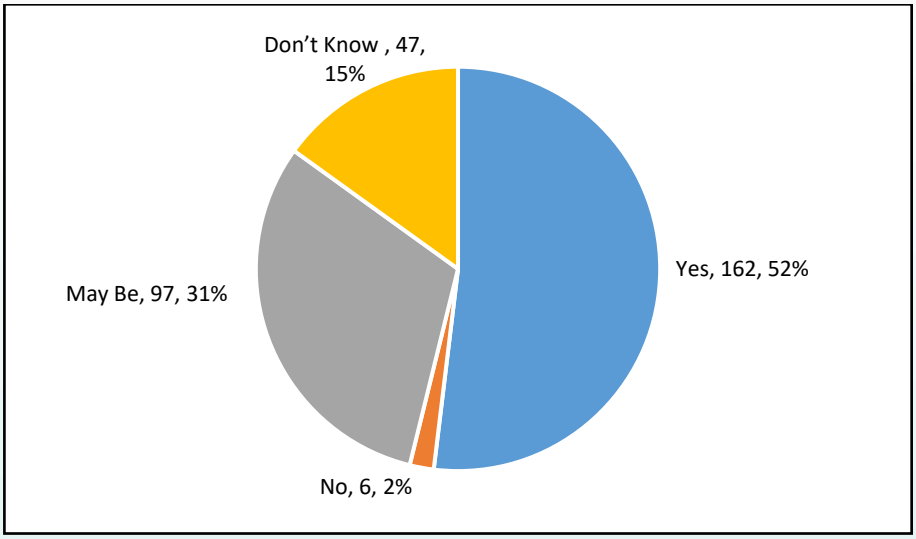
Figure 4. Income generation during the curfew period (n=326)



Among those who said no, 73% mentioned that they were no able to work due to curfew and another 25% mentioned as they are daily wages employees, they were not able to gain any income. 16% said that their employers didn't pay salaries. As the survey question was not requiring only one answer, there could be multiplication in terms of the numbers.

Among those who said yes to any income earning during the curfew period, 81% mentioned that they have received salaries from their employers, 20% mentioned they had savings, 4% said their clients paid them and 9% said their friends, family or relatives helped them during the curfew period.

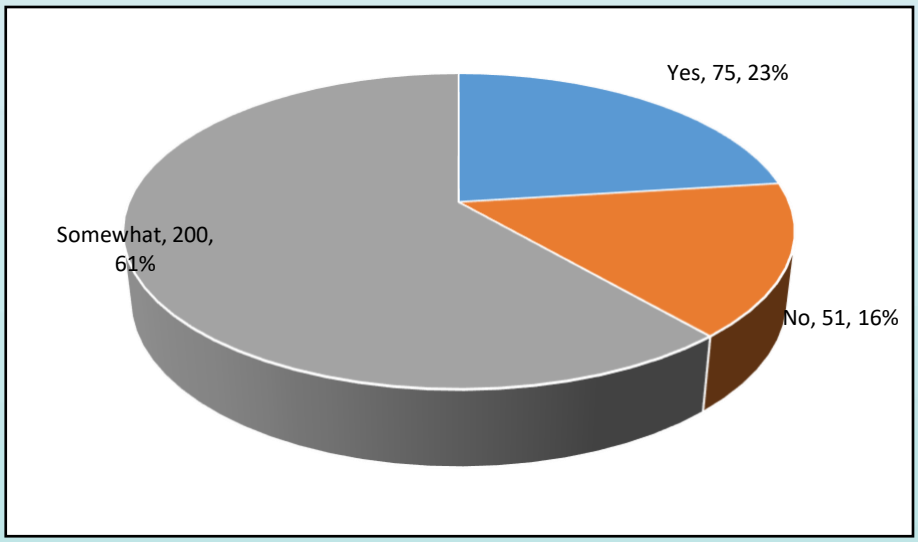
Figure 5. Employment security post curfew (n=312)



Close to half of respondents who answered the question on employment continuation after the curfew period or 48% said that they will not have their jobs, may not or not very confident of having their jobs after the curfew period. This number falls in line with the employment status figures as 44% were either not employed, were daily wages employees or were part time employees.

When asked of having adequate basic requirements to survive the curfew period majority or 77% mentioned that either they don't have or somewhat have basic requirements. These figures reflect on the income earning during the curfew period as 63% mentioned that they were not able to earn any income during the curfew period time.

Figure 6. Access to basic needs to survive during curfew period (=326)



These figures reflect largely on the everyday realities of the key populations. Due to number of socio-economic reasons majority of key population members do not have access to stable and long-term employment opportunities. Especially for sex workers, tourism service providers and for other key population members who also engage in sex work, the curfew period has brought an additional layer of hardships, as they may have lost their main or partial sources of income. Their access to social services provided by the government during this time may have also been challenging due to stigma and discrimination and also because of inability to prove legal identity especially for transgender individuals, even though specific information on such realities were not collected in this survey.

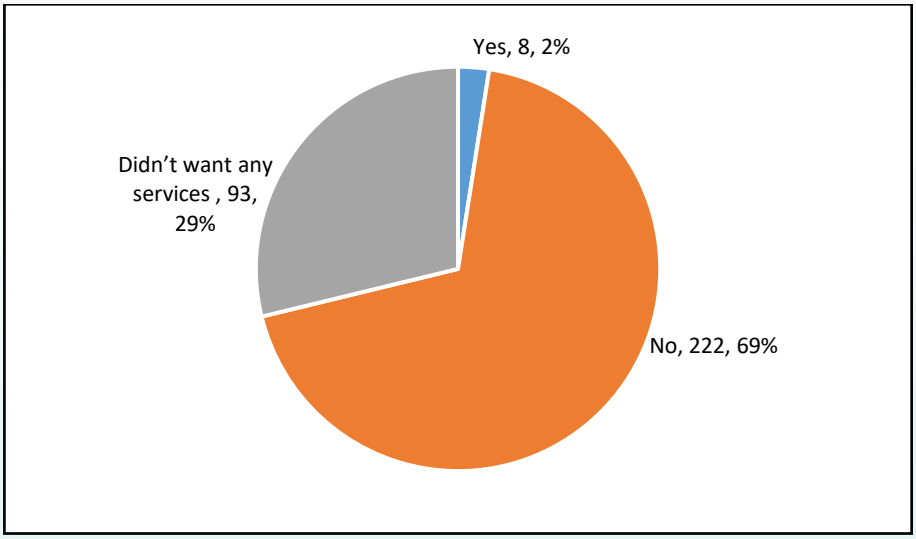
The impact of loss of income during the curfew period that started on 20th March and partially lifted on 11th May, may have long-term complications on the lives of key population members. As economy has already fallen significantly due to COVID-19 pandemic, securing employment would be even more challenging, those who sell sex may opt to give up adhering to safer sex practices in order to gain any sort of income while many others may explore sex work as an income generation source during this time. With no or very limited access to condoms, lubricants, HIV testing, as the HIV prevention interventions supported by the Global Fund have been largely disrupted, this may significantly contribute to increasing HIV incidence rate in the country.

It is crucial that organizations led by and serving key populations and other stakeholders pay avid attention to support key population communities during and post COVID-19 pandemic as these communities may face extra layers of the impact of the pandemic due to already existing social, economic and legal challenges. Special consideration should be paid to people who use or inject drugs, as it was repeated by the media that people who use drugs have been the centre of several COVID-19 clusters. While this may further support to continue criminalizing those who are using or injecting drugs, it will also add an extra burden on addressing stigma and discrimination against people who use or inject drugs in Sri Lanka.

Access to Sexual Health Services During Curfew

Access to sexual health services and commodities among others is a key priority for key populations provided their high vulnerability to HIV and STI infections. With the support of the Global Fund, the Family Planning Association Sri Lanka (FPA) and the National STD AIDS Control Program Sri Lanka (NSACP), along with a host of Key population-led and serving civil society organizations are implementing interventions targeting key populations which provide HIV and STI awareness, prevention, testing, treatment and care services including providing condoms, lubricants and ART. With the imposing of island wide curfew and quarantine rules and regulations, all these interventions have come to a complete or a partial halt. Distribution of condoms and lubricants was disrupted including access to HIV testing. However, FPA and NSACP along with Organizations of People Living with HIV (Lanka Plus, Positive Women's' Network and Positive Hope Alliance) have distributed to ARVs.

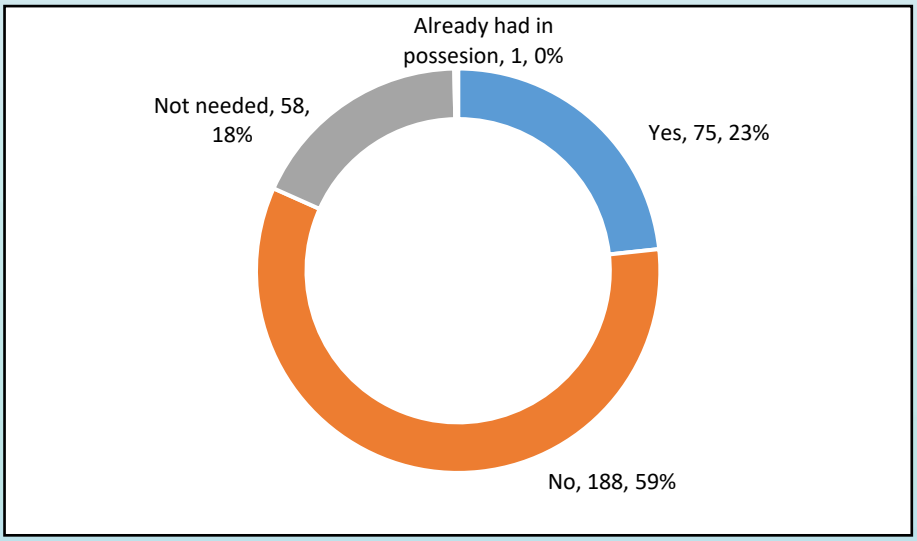
Figure 7. Access to any sexual health services (n=323)



While the survey didn't ask for the specific sexual health services required, the responses reflect on the significant lack of access to sexual health services during the time of curfew. Among those who mentioned that they were not able to access required sexual health services 46% mentioned that they were not aware of where or how to access such services during the curfew. 34% mentioned that they were not able to access clinics or pharmacies as a result of not having a curfew pass. Among those who were able to access sexual health services during this time 30% mentioned the services were delivered to them, while 50% said they visited clinics, 10% said that they accessed private pharmacies while another 10% mentioned that they accessed such services through online platforms.

Condoms and lubricants have been mainly distributed among key populations through the HIV prevention, testing and treatment interventions supported by the Global Fund grants. Due to travel restrictions imposed to control the spread of COVID-19, peer educators and case finders have not been able to distribute condoms and lubricants among their clients.

Figure 8. Access to condoms and lubricants (n=322)



Despite the need, close to 60% was not able to access condoms. One respondent specifically mentioned that he was not able to access condoms and lubricants because the case finders were not able to meet him. Alarmingly only one respondent mentioned already having condoms in possession.

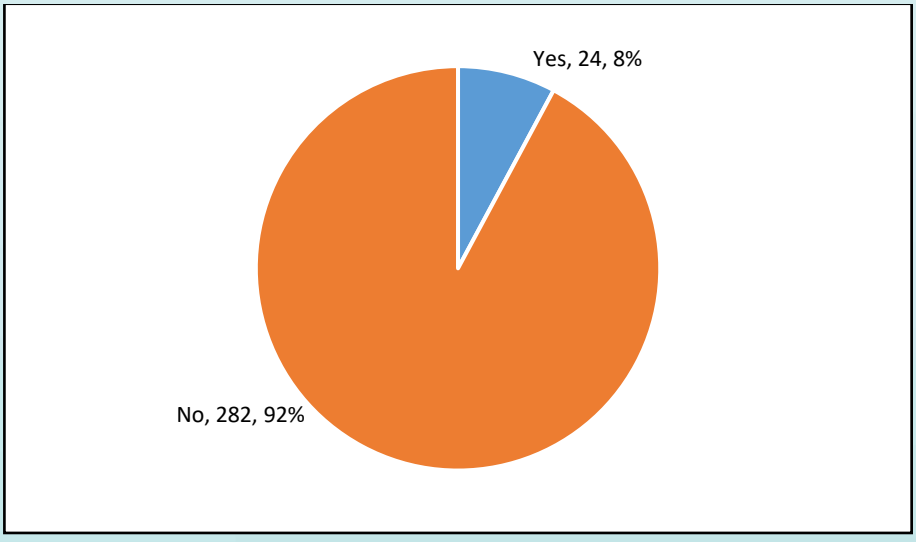
These figures suggest to direct immediate attention to exploring and executing new modes of outreach to key population members with sexual health services including condoms and lubricants. Even though the survey did not ask specific questions to gather information from the respondents on sexual behaviour during the period of curfew, it could be assumed that key population members may have been somewhat sexually active during this time and may run the risk of HIV and STI infections with no access to sexual health commodities and HIV and STI testing and treatment.

Stigma and Discrimination

Stigma and discrimination is an everyday reality for majority of the key populations. Fuelled by ignorance, lack of information, cultural and religious values and through criminalization, stigma and discrimination contributes to further extend human rights violations faced by key populations.

Already existing stigma and discrimination has further extended the challenges faced by key population during the COVID-19 pandemic. The stigma and discrimination faced by key populations have varied from verbal abuse to arrest and physical violence.

Figure 9. Stigma and discrimination faced during curfew (n=306)



Among those who have experience stigma and discrimination during this time almost all of them have experienced verbal assault, abuse or scolding. 23% have been denied information, close to 3% have experienced physical abuse and 3% percent have been arrested even though no information was gathered on the reasons for arrest in the survey.

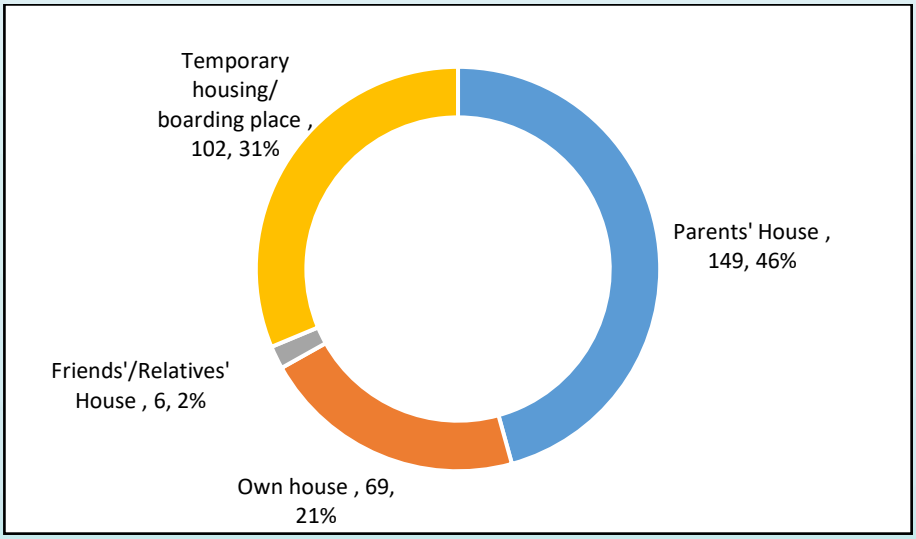
It is crucial that key population led and serving organization and other stakeholders accelerate the efforts to address stigma and discrimination faced by key populations in order to ensure that these populations are not further left behind in emergency situations like COVID-19. It is also important that the relevant stakeholder advocate with Ministry of Health, Ministry of Social Welfare and other authorities to develop guidelines or polices ensuring that all communities and population are treated equally and without discrimination during emergency situations.

Housing, Safety and Violence

Housing, lodging or accommodation remains a major challenge for key populations across the world. Many have been disowned by families and are homeless while many others cannot afford adequate housing.

COVID-19 pandemic has added an extra burden on key populations who are already struggling with housing or proper accommodation. While some live with unaccepting parents, some others live with abusive intimate partners or have to endure abuse or violence as payment for housing.

Figure 10. Housing, lodging or accommodation during curfew (n=326)



Close to 80% of the respondents live in places that are not owned by them. Even though this figure does not specifically reflect on the safety of housing or accommodation, close 27% of the respondents mentioned that they either do not feel safe, somewhat feel unsafe or not really sure about how they feel about their safety in their housing or accommodation situation. Close to 26% mentioned that they have faced some kind of violence during the period of curfew.

Figure 11. Violence experienced during curfew (n=315)

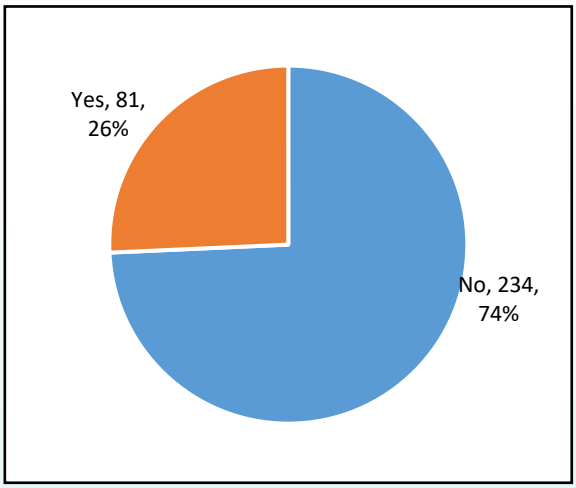
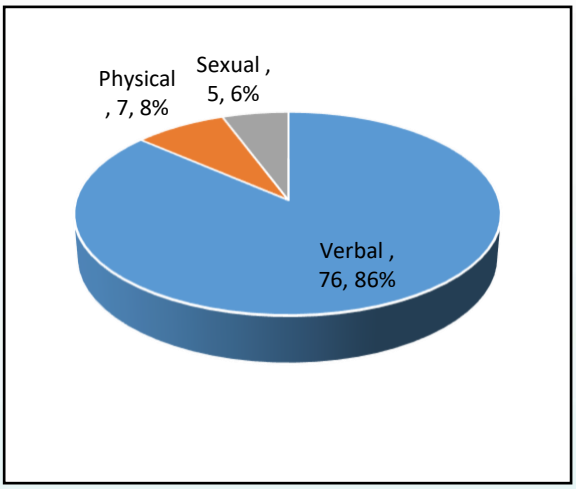
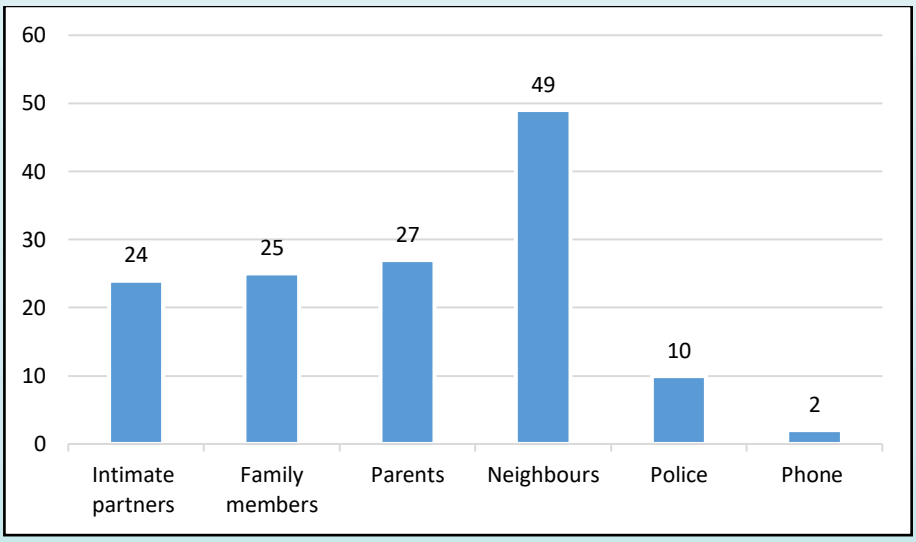


Figure 12. Forms of violence faced by key populations during curfew (n=81)



Perpetrators of violence, as reported by the respondents, are predominately those who are closely related to the victims. This is concerning as more than 60% of the respondents either live in parents' house or in their own houses. However, as the question did not allow only one answer, there is multiplication in terms of answers received.

Figure 13. Perpetrators of violence faced by key populations (n=80)



It is crucial that key population-led and serving organizations and other stakeholders take immediate actions to address violence including domestic violence faced by key populations. 47% of those who have experiences violence mentioned that they did not seek any support to address the violence they have faced while 9% also mentioned that they were not able to get any support even though they tried. 40% of the respondents also mentioned that they were not aware of where to access support even if they wanted to while 1 respondent

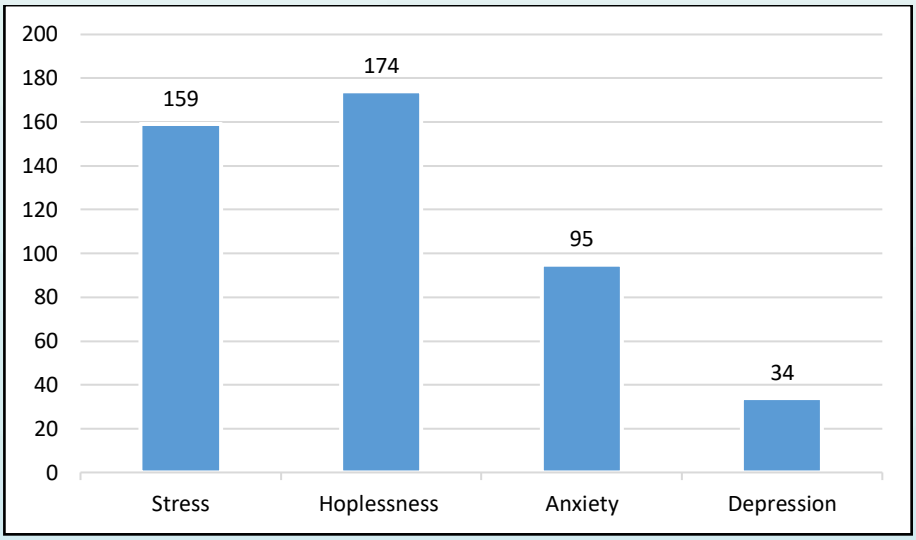
specifically mentioned that the attempts to seek support was blocked by the perpetrator. Two respondents mentioned that they were not able to act against their perpetrators because they do not earn any income.

Interventions need to be implemented to raise awareness among the key populations on violence to build their capacity to identify different forms of violence to seek redress. Stakeholders should work in collaboration to establish necessary policy and legal measures to support key population victims of domestic violence.

Mental Health

While mental health remains a key challenge faced by key populations across the world, the COVID-19 pandemic has further extended the complications related to mental health. Access to mental health services is still stigmatized in Sri Lanka and awareness around the need for and importance of mental health support is very minimal. Sensitive and friendly mental health services that cater to key population is also a challenge in countries like Sri Lanka.

Figure 14. Forms of mental health conditions as reported by the respondents (n=248)



Key population-led and serving organizations need to integrated mental health as a core component on service delivery linked with HIV and other sexual health services. While the figures may directly relate to mental health conditions faced by key populations during COVI-19 pandemic, such conditions may continue. Alarmingly, 73 individuals have also mentioned that they are not aware where to access mental health services. It is important to raise awareness among key population on mental health, support available and where to access them.

Recommendations

- Employment, Employment Security and income

    - Financial sustainability of key population members is further at risk as a result of loss of employment and income generation opportunities due to measures taken to control the spread of COVID-19 pandemic in the country. While providing "living support" is not sustainable in the long run, it is crucial that such living support is provided to the most deprived as an emergency response. A selection criterion should be developed in collaboration with the key population-led and serving organizations to identify most deprived. In addition, long terms interventions should be implemented to facilitate ensuring financial sustainability of community members.

- Access to sexual health services

    - An emergency response should be initiated to assess the immediate sexual health needs among key population members and an emergency service provision system should be initiated to meet the sexual health needs especially considering that lack of access to sexual health services including condoms and lubricants during this time may have resulted in increased HIV and STI infections.
    - A long term plan needs to be devised in order to provide sexual health services to key populations in emergency situations.

- Stigma and discrimination

    - Concrete actions should be taken to address stigma and discrimination faced by key populations through raising awareness among the general public on key populations.
    - Stakeholders should take collaborative efforts to realize policy and legal measures to address stigma and discrimination faced by key population.

- Housing, Safety and Violence

    - Immediate measures should be taken in collaboration with relevant law enforcement authorities to seek redress for violence faced by key populations during COVID-19 curfew period.
    - Awareness on violence including domestic violence should be raised among key populations in order to take necessary actions when and if faced with violence.
    - Stakeholders should collaborate to realize policy and legal measures to address violence including domestic violence faced by key populations.

- Mental Health

    - In collaboration with Key population organizations, further research should be conducted to understand the mental health conditions of the key population members and support needed.

- Key population-led and serving organizations should integrate addressing mental health issues among key populations in to their organizational mandates and should implement concrete interventions targeting mental health issues.
- Mental health services should be integrated in to HIV services as a key component of comprehensive HIV prevention, testing, treatment and care packages.
- Partnerships needs to be developed between key population-led and serving organization and organizations that provide mental health support to provide sensitive and comprehensive mental health services to key populations.

Community-led Rapid Survey: People Living with HIV (PLHIV)

This survey was launched to gather information from the PLHIV community in Sri Lanka on the impact of COVID-19 pandemic. No differentiation was made based on the key population identity in terms of gathering responses. However, majority of the respondents self-identified as MSM.

Respondents profile

A total of 23 individuals who self-identified to be living with HIV responded to the survey. 65% (15) self-identified as male and 35% (8) self-identified as female. The maximum age of the respondents was 56 years and the lowest was 24 years. 30% (7) mentioned that they are married, 35% (8) mentioned that they have been never married, 13% (3) mentioned that they are living together with a partner, 9% (2) mentioned that they are widowed, another 9% (2) mentioned that they are separated while only I respondents or 4% mentioned that they are divorced. Among the 22 respondents who answered to the question on key population identity, 55% (12) self-identified as MSM and 45% (10) mentioned that they do not belong to any key population. 65% (15) respondents mentioned that their families are aware of their HIV status while 30% (7) mentioned that the families are not aware. Another 4% or one respondents mentioned that only some family members are aware of their HIV status. Respondents came from Colombo, Gampaha, Kaluthara and Puttlam districts.

Information related to HIV status

All respondents self-reported that are currently on ART. The period of ART taking differed between more that 16 years to less than a year. A CD4 range between less than 300 and more than 700 was self-reported by the respondents while 61% self-reported having undetectable viral loads.

Figure 15. Period on ART (n=23)

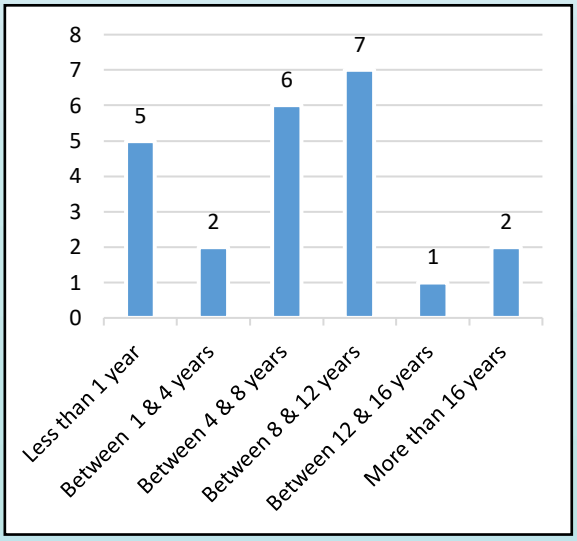


Figure 16. Self-reported CD4 count among the respondents (n=23)

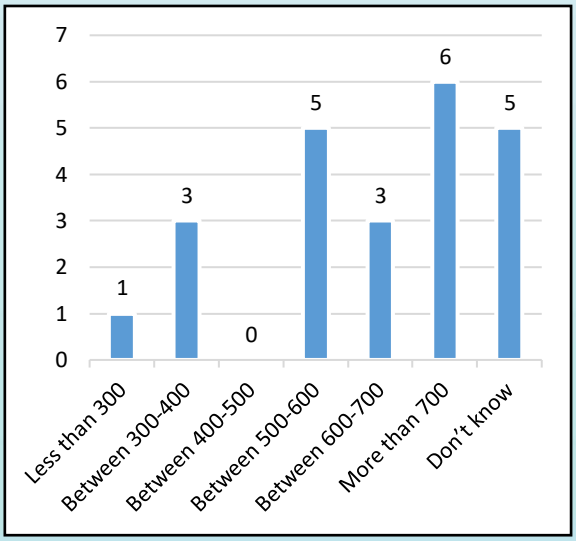
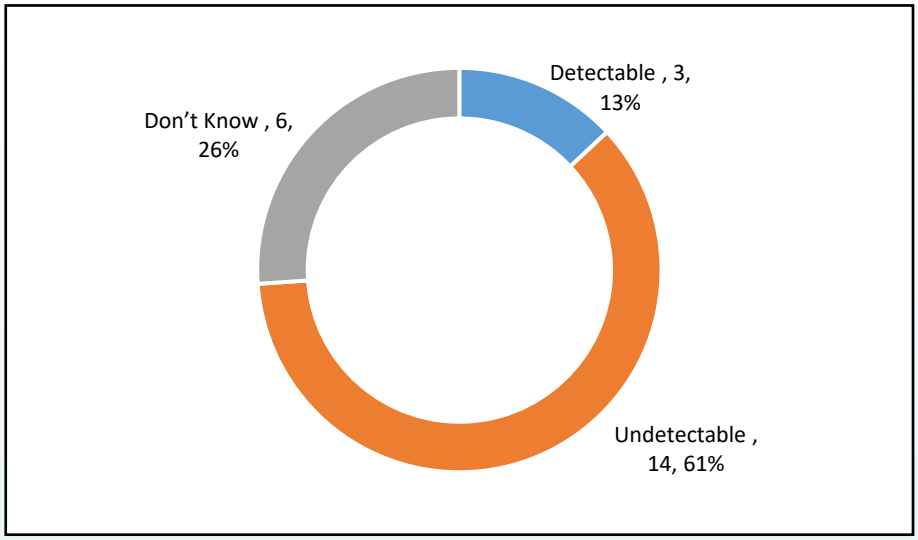


Figure 17. Self-reported viral load levels (n=23)



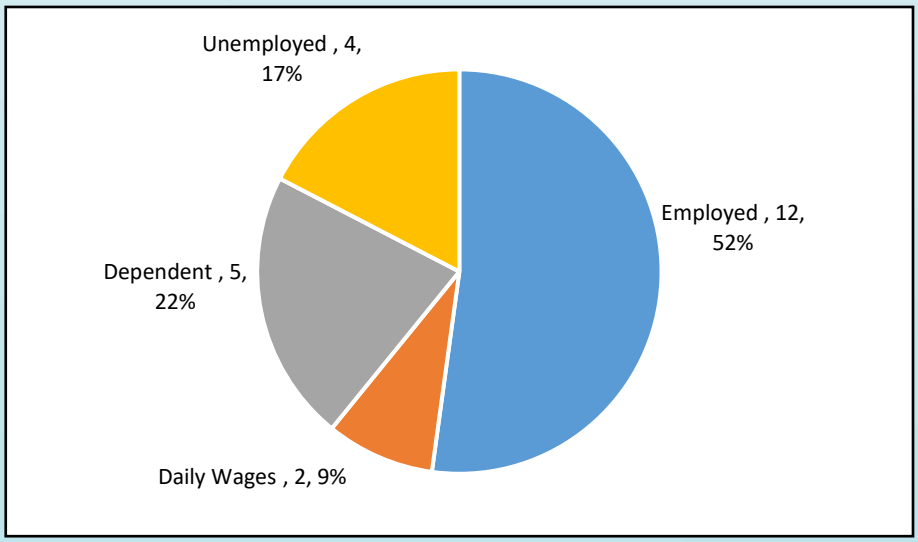
While the overall self-reported understanding of individual HIV status appears to be satisfactory, 22% and 25% of all respondents respectively were not aware of their CD4 count or viral load. It is important that the PLHIV organization in partnership with other stakeholders take measures to raise treatment literacy among PLHIV community and develop a mechanism to support the PLHIV community to keep track of their vital data.

Employment, Employment Security and Income

Similar to the key populations, PLHIV community also face numerous challenges with employment and income generation. Many members of the PLHIV community have faced uncertainties with their employment due to their HIV status, forced disclosures and because of stigma and discrimination.

Only 50% of the respondents self-reported to have ongoing employment while the remainder were either unemployed, daily wages employees, or dependent on others.

Figure 18. Employment Status (n=23)



Close to 80% of the respondents mentioned that they were not able to earn any income during the curfew period. Despite close to 50% (12) of the respondents mentioning that they are employed, only 5 respondents mentioned that they received wages from their current employment. Among those who were not able to earn any income during this period (n=15), 37% (7) mentioned that they were not able to engage in their current employment, 26% (5) mentioned that they are daily wages employees and were not able to find employment and 15% (3) mentioned that their employers did not pay salaries. Half of the respondents mentioned that they will not or may not and or not certain that they will have their employments back post curfew.

Figure 19. Income generation during curfew (n=23)

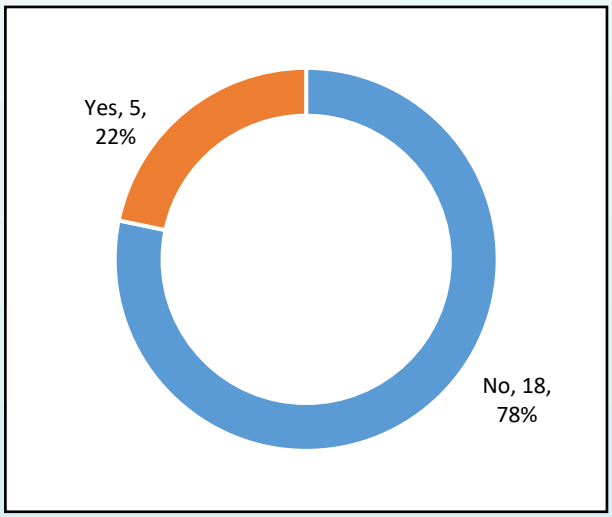
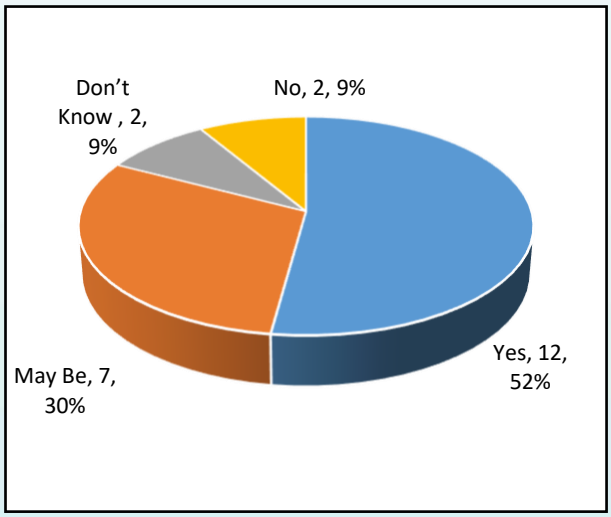


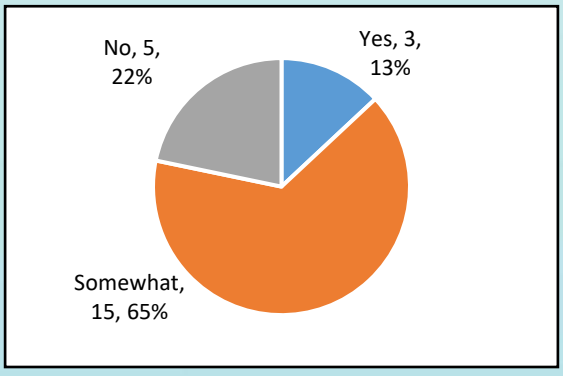
Figure 20. Employment security post curfew (n=23)



More than 80% of the respondents said they either they didn't have or somewhat had resources to survive the curfew period. This figure reflects on the income generation data during the curfew period as close to 80% of the respondents mentioned that they were not able to earn any income during the curfew times. Furthermore, only 5 individuals have received salaries from their employers whereas 12 respondents have mentioned that they were employed.

Financial sustainability remains a major challenge faced by PLHIV community. As mentioned before this could be due to stigma and discrimination. PLHIV organizations along with other stakeholders need to explore mechanism to build the capacity of PLHIV community to ensure financial sustainability and seek sustainable methods to provide additional financial support to members of the PLHIV community.

Figure 21. Resources to survive curfew period (n=23)



Access to Sexual Health Services

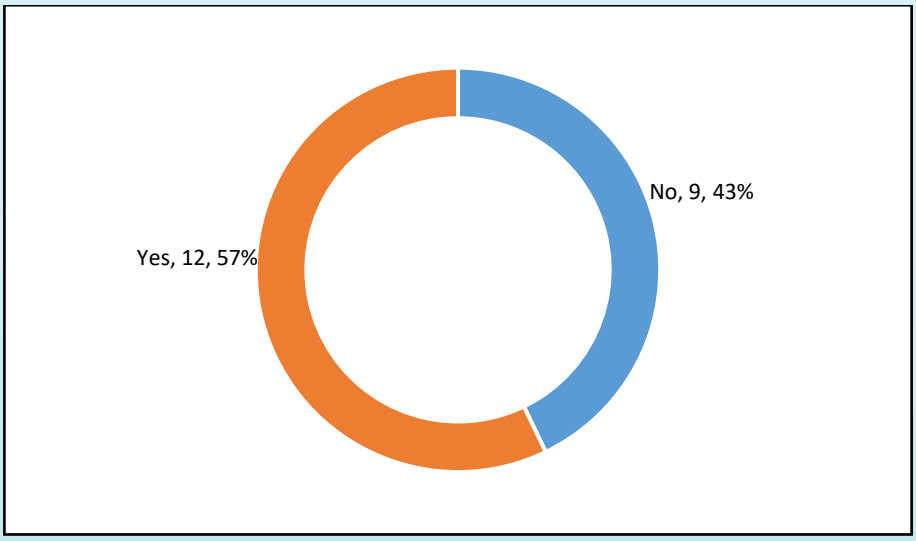
The survey did not gather information on access to ART, as the Family Planning Association of Sri Lanka and National STD AIDS Control Program (NSACP) along with the three PLHIV organizations have been distributing ARTs to people living with HIV since the imposing of the curfew. The survey, however gathered information on access to other sexual and reproductive health services by PLHIV community.

More than 80% of the respondents mentioned that they were not able to access sexual health services. Among those who were able to access them mentioned that they access such services by visiting the clinics. The main reasons for not being able to access such services were either not having curfew passes to travel to the clinics or not having transport facilities. However, the NSACP has communicated with the law enforcement authorities to allow people living with HIV to access STI clinics using a text message received from the clinic as a pass.

All respondents who have accessed sexual health services during the curfew period mentioned that they did not face any stigma or discrimination.

However, among 21 respondents who answered to the question on access to condoms and lubricants 57% (12) mentioned they were able to access condoms and lubricants while 42% (9) mentioned they were not able to access. The survey did not gather information on how they were able to access or not access condoms and lubricants.

Figure 22. Access to condoms and lubricants during curfew (n=21)



Similar to the key populations, access to sexual health services, except for ARTs has been challenging due to restriction of movement imposed by the law enforcement authorities. However, PLHIV organizations should work in collaboration with other stakeholders to establish a system to regularly asses the sexual health needs of the PLHIV community apart from the regular clinic visits and develop a system to meet those needs.

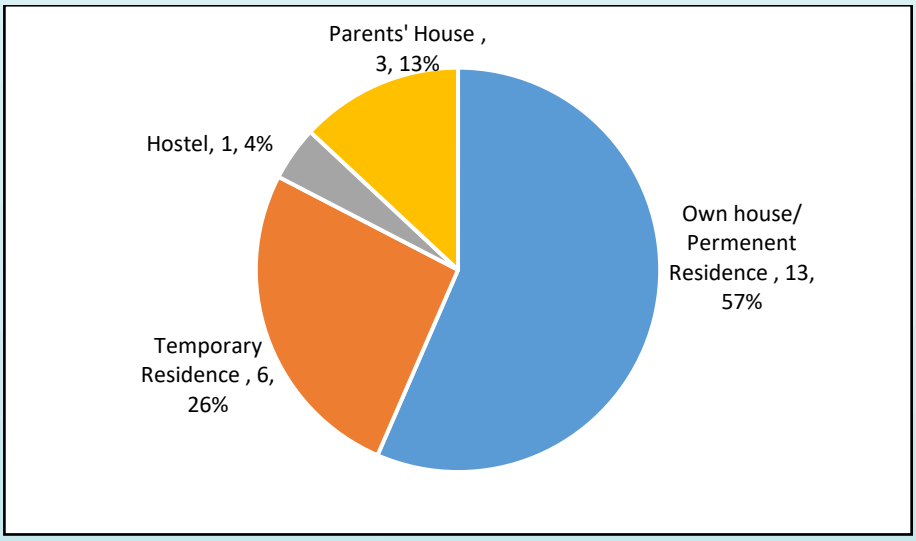
Housing, Safety and Violence

Housing, safety and addressing violence are important considerations in periods such as these where members of households are expected to remain indoors for an extended time period. As per the data in the previous section, key population respondents have reported facing significant amount of violence during this period.

Majority of the respondents have resided on their own houses during this period of time and other respondents have reported staying at temporary accommodations or with parents. More than 80% of the respondents mentioned that they feel safe in their housing arrangements during the curfew while only one respondent mentioned feeling not safe. 95% of the respondents also reported that they did not face any kind of violence during this time except for one respondent who mentioned verbal abuse from family members.

Reasons for not facing violence, stigma or discrimination during this time from family members could be a result of family members being aware of the respondents' HIV status even though no information was collected on this. Despite no violence, stigma and discrimination being reported, it is important that PLHIV organization along with other stakeholders continue to address violence, stigma and discrimination faced by PLHIV community. PLHIV organizations and other stakeholders should continue to address legal and policy barriers that contribute to instigate violence, stigma and discrimination against PLHIV community.

Figure 23. Housing, Lodging or Accommodation During Curfew (n=23)



Mental Health

Similar to key population respondents, close 80% of the respondents of this survey reported experiencing mental health issues during the curfew period. The survey collected self-reported information on mental health conditions and did not gather data on any history of

mental health conditions among the respondents. The survey also didn't provide the respondents with any scale or tool to identify their mental health conditions.

Majority of respondents reported experiencing stress related conditions during this period with others self-reporting anxiety and depression. As the question did not limit only one answer per respondent, the respondents have chosen several answers for mental health conditions they have been experiencing. Importantly 80% of the respondents who answered the question on being aware of support available for mental health issues, reported that they knew where to access mental health support.

Among the 23 respondents, close to 60% (13) respondents mentioned that they received support from PLHIV organizations or individuals during this time and respondents had multiple choices in the answers to select which forms of support was received.

Figure 24. Forms of mental health conditions faced by respondents (n=23)

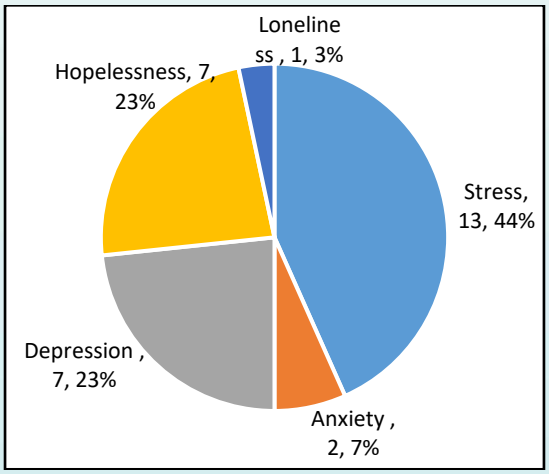
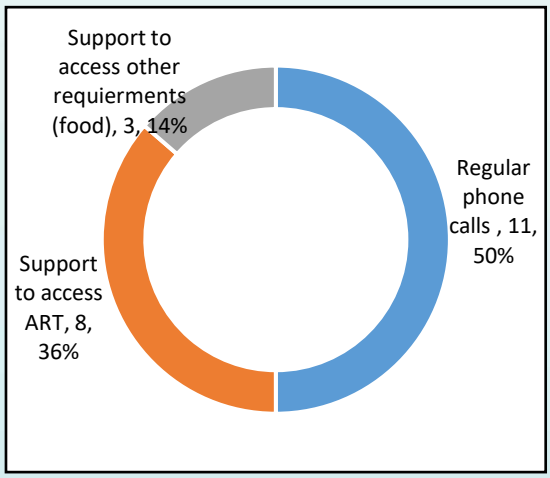


Figure 25. Forms of Support Received by Respondents (n=13)



It is crucial that organizations led by PLHIV community in collaboration with other stake holders establish sustainable support mechanisms to provide mental health support to PLHIV community. These mental health support interventions need to address immediate mental health issues faced by the PLHIV community as a result of curfew imposed to control the spread of COVID-19 pandemic but should also provide long term mental health support.

Recommendations

- Information related to HIV status

    - Treatment literacy awareness among the PLHIV community should be further improved and resources should be allocated for PLHIV organizations to lead interventions targeting increased treatment literacy among PLHIV community members.
    - New methods should be explored and implemented to support PLHIV community members to keep a track of vital information related to their HIV status. PLHIV organizations should be supported to develop such methods in collaboration with the NSACP and strengthen the link between health service providers and PLHIV community members.

- Employment, Employment Security and Income

    - Extended advocacy should be done using the "National policy on HIV and AIDS in the world of work in Sri Lanka" to address stigma and discrimination faced by PLHIV community at work place. Necessary legal support should be made available to PLHIV community members who have experienced stigma or discrimination at work place to redress their grievances.
    - Support should be provided to PLHIV organizations to build capacity of the PLHIV community for financial sustainability and implement interventions targeting PLHIV community members.
    - PLHIV organizations should be supported to explore innovative means of providing additional financial support to members of the PLHIV community when required. Partnerships with private sector could be explored to establish support systems.

- Access to sexual health services

    - In collaboration with PLHIV organization, a system should be devised to gather information regularly from PLHIV community on their sexual health needs and should be provided to sexual health service providers to provide better and comprehensive sexual health services.

- Housing, Safety and Violence

    - In collaboration with PLHIV organizations further research should be conducted to understand violence and domestic violence situations faced by the PLHIV community.

- Mental Health

    - In collaboration with PLHIV organizations further research should be conducted to understand mental health conditions faced by the PLHIV community.

- PLHIV organizations should integrate addressing mental health issues among PLHIV community in to their organizational mandates and should implement concrete interventions targeting mental health issues.
- Mental health services should be integrated in to HIV services as a key component of comprehensive HIV prevention, testing, treatment and care packages for PLHIV community.
- Partnerships needs to be developed between PLHIV organizations and organizations that provide mental health support to provide sensitive and comprehensive mental health services to key populations.

Community-led Rapid Survey: Impact of COVID-19 on Sub-Recipient Organizations

This survey was implemented to assess the impact of the measures imposed by the Government of Sri Lanka to control the spread of the COVID-19 pandemic on the sub-recipient (SR) organizations which implement HIV prevention, testing, treatment and care interventions under the Global Fund support and other organizations which also implement interventions supported by the Global Fund such as care and support to PLHIV community members and operating drop-in-centres.

A total of XX organizations operate as SRs currently implementing interventions as part of the national HIV prevention, testing, treatment and care response. A total of 21 respondents participated in the survey.

Respondents' Profile

The respondents of the survey represented three main areas related to Global Fund; SR organizations, membership of the Country Coordination Mechanism (CCM) and membership of the Key Affected Populations' (KAP) Committee. The organizations represented by the respondents are providing services to all key population including PLHIV community.

The organizations of the respondents operate in Anuradhabura, Badulla, Colombo, Galle, Hambanthota, Jaffna, Kaluthara, Kegalle, Kurungala, Matara, Puttlam and Rathnapura districts.

Figure 26. Affiliation with the Global Fund (n=21)

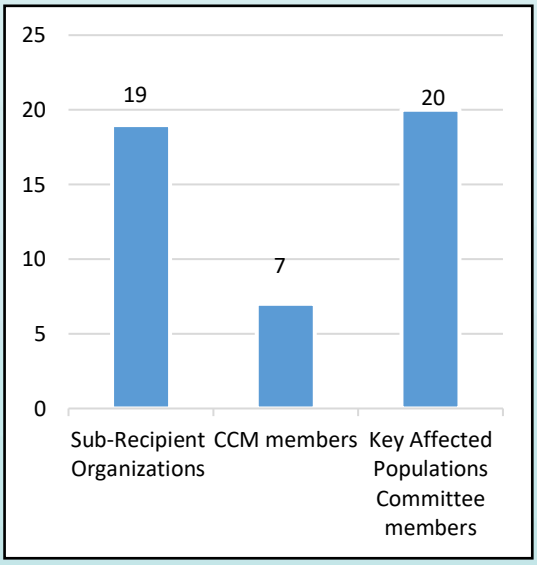
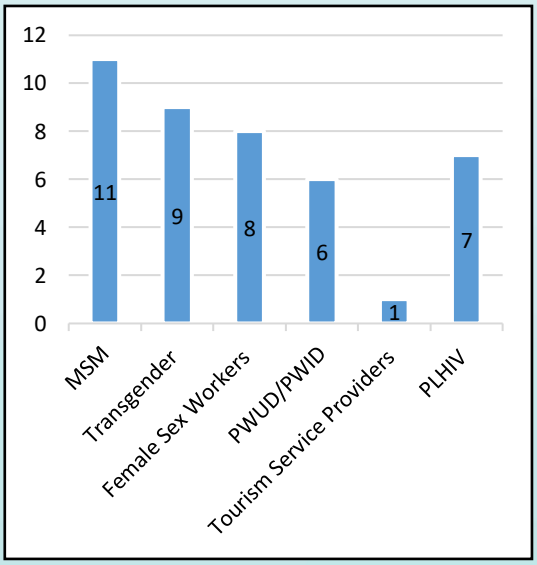
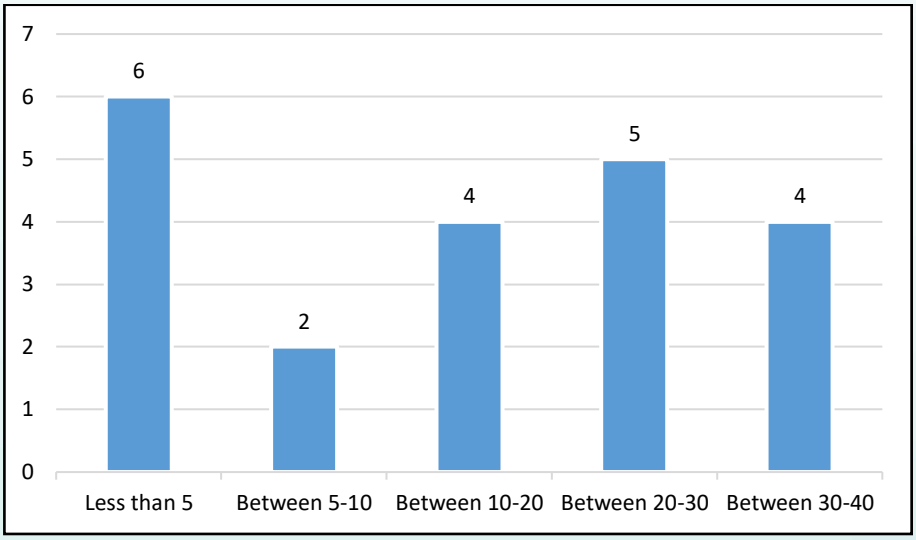


Figure 27. Target Populations of Respondents (n=21)



Many key population-led and serving organizations in Sri Lanka depend on the Global Fund as the main source of income. While this remains a bitter reality, the consequences of this dependence has threaten the sustainability of these organizations beyond the Global Fund support. A specific question was asked to assess the number of staff in each organization supported by the Global Fund. As reported by the respondents a total of 279 staff positions is supported by the Global Fund across the 21 organizations.

Figure 28. Number of Staff Supported by the Global Fund (n=21)



Immediate Impacts of COVID-19 Control Measures

All respondents specifically mentioned that service provision to the beneficiaries have come to a halt as a result of COVID-19 control measures. The services include provision of information on HIV prevention, testing and treatment; distribution of condoms and lubricants and escorting for HIV testing at designated STI clinics. Respondents have flagged that disruption of condom and lubricant distribution may result in increased HIV and or STI incidence as majority of the beneficiaries rely on these organizations for condoms and lubricants. Organizations working with sex workers have emphasize the impact of the COVID-19 control measures especially on street based sex workers as they will be most impacted due to loss of income. Organizations working with people who use or inject drugs have specifically reflected on the impact of their target communities as they may be especially vulnerable to COVID-19 infections due to drug use behaviours.

Respondents have also reflected on the impact on daily operations of the organizations. A portion of the salaries of some staff positions, mainly the case finders and peer educators depend on number of targets achieved. As these staff members were not able to reach their targets during the curfew period, the respondents have expressed concerns over payment of salaries of those who are supported by the Global Fund.

Interventions Adopted to Address Immediate Impacts of COVID-19 Control Measures

Communication with beneficiaries have been continued using virtual platforms, phone calls or text messages. However, as STI clinics were also closed at the beginning of the curfew period, organizations have not been able to direct their beneficiaries to the clinics.

Despite the curfew, PLHIV organizations, together with NSACP and FPA have been able to coordinate distribution of ART to PLHIV community members.

Respondents have emphasized the lack of contingency planning within the organizations to face emergency situations such as the COVID-19 outbreak. They have reflected that service provision to key populations need to be a combination of online and offline methods so that service provision may not get interrupted entirely during emergency situations.

Emergency Response Plans

All respondents have recognized the lack of comprehensive and inclusive emergency or contingency planning and mechanisms to respond to situations such as the COVID-19 outbreak as an organizational weakness as well as a weakness of the national HIV response.

Respondents recognized the need for broader consultations among key population-led and serving organizations and other stakeholders of the HIV response to devise emergency operation plans which can address immediate and long-term impacts of emergency situations. Capacity building of the organizations and staff is identified as key component of such emergency plans.

In addition, respondents have also reflected on the establishment of an emergency fund to support organizations and key populations during emergency situations. As of now, several organizations have supported their beneficiaries through donations from individual supporters. Despite these contributions supporting communities in need, there is a greater need for more coherent and collaborative approaches to providing such financial support to key population members who are in most deprived situations.

Respondents have also mentioned the need to explore insurance schemes for staff members as part of contingency plans as they would become front line service providers during emergencies and post emergencies.

Impact on Staff Members

The staff of the organizations working under the Global Fund supported interventions, mainly the Case Finders and Peer Educators, have been identified by the respondents as an asset of the national HIV prevention efforts as they are the direct link between HIV services and target communities. Significant funds have been invested in building the capacity of these staff members and it is crucial that they are retain in the program to ensure more accelerated service provision to key population post curfew.

However, all respondents have mentioned that the staff members are concerned of the employment security as no proper information have been provided to them on the continuation of their employments post COVID-19 outbreak. During the period in which the survey was conducted, the staff members have also been concerned of receiving salaries and incentives as they have not been able to reach their targets. However, FPA, PR of the project has taken necessary actions to compensate the staff members of the SR organizations as per the guidance provided by the Global Fund.

COVID-19 Impact on the National HIV Response

Respondents reflected on the impact of COVID-19 pandemic in achieving the national 2025 HIV targets. Concerns have been raised in terms of resources being reallocated from national budget to control the pandemic but also to revive the economy that has been affected by the pandemic and the impact of such reallocation on health systems and future budget allocations for the HIV response. As Sri Lanka is expected to transition out from the Global Fund support in the next few years, it is crucial that the national budget is capable of adequately funding the national HIV response.

Respondents have also emphasized the impact of COVID-19 on the global HIV funding landscape as funding will be reallocated to other priorities brought about by COVID-19 impacting the global HIV targets. Diminished funds for the HIV response at the global level will affect funding available for key interventions such as HIV related advocacy which is not typically funded through national budgets.

The disruption to HIV services including prevention and testing may result in increased number of HIV incidence and STI infections which will put an additional burden on the HIV response and will require additional resources. As Sri Lanka may require to adhere to new methods of daily operations to ensure control of COVID-19 pandemic, this may also impact the distribution of condoms and lubricants, community outreach and escorting for testing. It is crucial that stakeholders collaborate to explore innovative methods to increase and sustain provision of HIV services to key populations.

In addition, respondents have also recognized the burden that COVID-19 may place on procurement of HIV related commodities such as rapid test kits and ARTs. Number of countries have indicated possible stock out of such commodities and Sri Lanka may have to pay attention early on to this reality as well to avoid such situations.

Community Advocacy During COVID-19 Pandemic

Organizations of the respondents have engaged with the PRs and with other SR organizations to a certain extent to address issues related to continued service provision to beneficiaries including HIV prevention, testing and treatment services and addressing stigma and discrimination.

However, there is an urgent need for key population-led and serving organizations to engage among themselves initially to discuss community needs and challenges and strategize their advocacy as a group. Provided the equipment, know-how and access to internet challenges

that the communities face in engaging via online platforms, a system should be developed to train the community representatives to join online platforms and compensate them for internet access.

Respondents have also reflected the importance of continuing stakeholder engagement platforms such as CCM and KAP committee by reallocating the exiting budgets to provide additional support to ensure community participation. The importance of conducting the country dialogue process expected to take place towards the end of the year with maximum community engagement despite the COVID-19 situation has been emphasized by the respondents.

Recommendations

- Continuation of service delivery
    - SR organizations along with PRs should develop a comprehensive system to provide HIV and sexual and reproductive health services to key populations using a combination of online and offline methods while adhering to COVID-19 pandemic control rules and regulations.
- Contingency plans to respond to emergency situations
    - CCM, PRs, SRs, technical partners and other stakeholder should collaborate in devising comprehensive contingency plans to respond to emergency situations such as the COVID-19 outbreak.
    - Resources should be allocated from existing budgets or new resources should be explored to build the capacity of PR and SR organizations to respond to emergency situations.
    - Continuation of service delivery and advocacy in emergency situations should be included as part of pandemic preparedness in the next funding request to the Global Fund.
- Impact on the National HIV response
    - Stakeholders of the national HIV response including key populations should engage in extensive consultations to understand the impact of COVID-19 on the national HIV response and targets to identify immediate and long term responses.
    - Stakeholders of the national HIV response including key populations should initiate discussions on strategizing advocacy with the government on continued and increased budget allocations for national HIV response in the context of Global Fund transitioning.

- Community advocacy during COVID-19

    - SR organizations and other key population-led and serving organizations should initiate regular engagement among each other to assess and respond to the impacts of COVID-19 pandemic on key populations and on organizations.
    - Existing budgets should be reallocated to support the engagement of communities via online platforms for joint advocacy. Existing platforms such as the CCM and KAP committee should continue to meet regularly to ensure community engagement.

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Produce by

CARE Consortium is a collective brought together by Diversity and Solidarity Trust (DAST), National Transgender Network Sri Lanka (NTNSL) and Young Out Here Trust (YOH) as a technical support facility to provide capacity building, community mobilization and advocacy technical support to communities and civil society in Sri Lanka working with key and vulnerable populations mainly in the HIV response to strengthen their meaningful engagement in decision making in designing, implementing and monitoring interventions.