



ASSESSMENT ON THE IMPACT OF COVID-19 ON RWANDAN LGBT COMMUNITY

ASSESSMENT REPORT

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ACRONYMS & ABBREVIATIONS

AHR: Amahoro Human Respect

AIDS: Acquired Immunodeficiency Syndrome

BSS: Behavioral Surveillance survey

IBBS: Integrated behavioral and biological assessment

CSO: Civil Society Organization

HIV: Human Immunodeficiency Virus

FGDs: Focus Groups Discussions

LGBT: Lesbian, Gay, Bisexual, Transgender

SGL: Same-Gender Loving

SOGIE: Sexual Orientation and Gender Identity and Expression

MTF: Male To Female

FTM: Female To Male

MSM: Men who have Sex with Men

WSW: Women who have Sex with Women

WHO: World Health Organization

OHCHR: Office of the United Nations High Commissioner for Human Rights

UNAIDS: Joint United Nations Programme on HIV/AIDS

Chapter 1: INTRODUCTION

ABOUT AMAHORO HUMAN RESPECT ORGANIZATION (AHR)

Background

Amahoro Human Respect (AHR) is a non-governmental, non-profit organization based in Kigali and registered with the Rwandan government law. AHR strives to improve both accessibility to healthcare and Human rights for all Rwandans through advocacy, education and training. AHR was founded 2014 by a dedicated group of young people passionate towards inclusivity. This diverse group of young people shared a common goal of striving for a fully inclusive and peaceful Rwandan society for the vulnerable communities free from all forms of stigma and discrimination.

Vision

A healthy and prosperous young generation free from all forms of injustices.

Mission

To promote youth livelihoods through capacity building, advocacy, economic empowerment and access to good health as well fighting all forms of stigma.

Values

The core values of Amahoro Human Respect:

- **Equality:** AHR promotes and advocates human rights of all persons using a rights-based approach
- **Accountability:** AHR is accountable to the communities it serves, its donors, and other stakeholders for resources that come into its possession.
- **Partnership:** AHR believes in building nurturing partnerships for efficient, effective, and collaborative service to Rwandan communities.
- **Transparency:** AHR's primary responsibility is to target beneficiaries of its interventions; the organization operates in an open manner, with all stakeholder voices respected.
- **Sustainability:** AHR believes that communities and partners should be left stronger and more resourceful after its interventions are complete.
- **Gender sensitivity.**AHR believes in a society where all people are equal regardless of their gender.i.e of being man, woman or Transgender.
- **Equity:** Promotion of social justice for all with no discrimination on the basis of sex, body weight, background, gender, religion, and area of residence, disability and other factors will be the guiding principle in AHR's work and operations. All partners and organizations are expected to promote this virtue.
- **Integrity:** Professionalism, moral uprightness, honesty, incorruptibility and trustworthiness will guide AHR's work and the implementation of this Strategic Plan.

Programs

Amahoro Human Respect is currently running the following programs:

- Educational programs
- Capacity building and community living skills
- Advocacy
- HIV/AIDS prevention, care and treatment
- Research
- Sports outreaches
- Legal aid support
- Sexual Reproductive Health and Rights,
- Economic empowerment,
- Socio-Economic support to vulnerable groups

LGBT TERMINOLOGY

Language is powerful and has historically been used to discriminate against LGBT people.

Below is a list of some of the terms that can be useful to define in training, resources and websites. This is in thematic order rather than alphabetical in order to assist with learning:

LGBTQ Acronym for Acronym for Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or Questioning

Understanding Sexual Orientation

Sexual orientation: A person's identity based on emotional, romantic and/or physical attraction to individuals of a different gender, the same gender, or more than one gender.

Sexual Orientation: Each person's enduring capacity for profound romantic, emotional and/or physical feelings for, or attraction to, person(s) of a particular sex and/or gender. Encompasses hetero-, homo- and bisexuality and a wide range of other expressions of sexual orientation.

Sexual Behavior: What we do sexually, and with whom; not always an accurate indicator of sexual orientation.

Heterosexual: An adjective that describes persons whose romantic, emotional and/or physical attraction is to person(s) of a different sex and/or gender (also referred to as "straight").

Homosexual: An adjective that describes persons whose romantic, emotional and/or physical attraction is to person(s) of the same sex and/or gender (also referred to as "gay").

Bisexual: An adjective that describes people who have the capacity for romantic, emotional and/or physical attraction to person(s) of the same sex and/or gender, as well to person(s) of a different sex and/or gender. Note the term "pansexual" describes individuals who have the capacity for attraction to persons of all gender identities.

Asexual: A person who may experience romantic or emotional attraction, but generally not sexual attraction.

Gay: An adjective used to describe a man whose enduring romantic, emotional and/or physical attraction is to other men. The term can also be used to describe women who are attracted to other women.

Lesbian: A woman whose enduring romantic, emotional and/or physical attraction is to other women.

Queer: Traditionally a negative term, queer has been re-appropriated by some LGBT persons to describe themselves. It is considered inclusive of a wide range of sexual orientations and gender identities.

Same-Gender Loving (SGL): A phrase used in queer communities of color as an alternative to LGB. It was coined by activist Cleo Manago to better reflect the culture and experiences of persons of African descent.

Ally: A heterosexual, cisgender person who supports LGBT people.

Sex: The classification of a person as having female, male and/or intersex characteristics. Infants are usually assigned the sex of male or female at birth based on the appearance of their external anatomy. A person's sex is a combination bodily characteristics, including chromosomes (typically XY chromosome = male, XX chromosome = female), reproductive organs and secondary sex characteristics)

Intersex: An umbrella term describing a wide range of natural bodily variations related to sex characteristics (including genitals, gonads, reproductive organs and chromosome patterns) that do not fit typical binary notions of male or female bodies. Intersex people are typically assigned a sex of male or female at birth, and the majority of intersex people identify as male or female.

Gender Identity

Gender: Whereas “sex” refers to biological and physiological characteristics, “gender” refers to the socially constructed roles, behaviors, activities and attributes that a given society considers appropriate for individuals based on the sex they were assigned at birth.

Gender Identity: Refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth or the gender attributed to them by society. It includes the personal sense of the body (which may involve, if freely chosen, modification of appearance or function by medical, surgical or other means) and expressions of gender, including dress, speech and mannerisms.

Gender Expression/Presentation: The external manifestation of one's gender identity expressed through one's name, pronouns, behavior, clothing, haircut, voice or bodily characteristics. Society identifies these cues as masculine and feminine; what is considered masculine and feminine changes over time and varies by culture. Transgender people may seek to make their gender expression match their gender identity rather than the sex they were assigned birth.

The Gender Binary: The classification of gender into two distinct, opposite forms labeled masculine and feminine. As our understanding of gender evolves, it becomes increasingly clear that gender is a spectrum and the binary fails to capture the nuances of lived gender experiences.

Masculinity/Femininity: Possession of the qualities associated with men and women, or maleness and femaleness, in a particular society at a particular time.

Transgender: Transgender is used by some people whose gender identity and, in some cases, gender expression, differs from what is typically associated with the sex they were assigned at birth. Trans, transgender, gender diverse and gender non-conforming may be used as “umbrella

terms” representing a variety of words that describe an internal sense of gender differing from the sex assigned at birth, whether one feels male, female, another gender or no gender.

Transsexual: An older term still preferred by some whose gender identity differs from their assigned sex. Transsexual persons may take steps to alter their bodies through medical interventions such as hormones, implants and surgery.

Cisgender: Describes a person whose gender identity, gender expression and sex assigned at birth align.

Genderqueer/Third Gender/Non-binary: Terms used to describe people whose gender identity falls outside the male-female binary; can also describe persons who identify as both male and female (bigender), don’t identify with any gender (agender) or identify as a mix of different genders (e.g., male, female and agender on different days).

“Cross-Dresser”: While anyone may wear clothes associated with a different gender, the term cross-dresser typically refers to heterosexual men who occasionally wear clothes, makeup and accessories culturally associated with women.

Transition: The process of changing one’s external gender presentation to be more in line with one’s gender identity.

Gender Confirmation/Affirming Treatment: Gender confirmation, or gender affirming, treatment, refers to various medical interventions that may be one part of transition. Not all transgender people choose or can afford medical interventions such as hormone therapy or surgery.

Gender Dysphoria: A diagnosis contained in the fifth edition of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-V). It refers to a feeling of discomfort with one’s assigned sex. It replaced “gender identity disorder,” but is controversial as it classifies being transgender as a medical condition. Some trans people, organizations and the UN have called for the reform of medical classifications to depathologize trans identities.

Addressing Trans and Gender Non-Conforming Individuals: When referring to transgender and gender non-conforming people, as with non-transgender people, ask what name, gender, pronoun and title they use.

MTF/FTM: Some transgender women may refer to themselves as M to F or MTF (male-to-female) transgender. Some transgender men may refer to themselves as F to M or FTM (female-to-male) transgender.

Coming-out: A process of self-acceptance. People may acknowledge their identity first to themselves and then share it with others. Publicly identifying one’s identity may or may not be part of coming out, and the concept of coming out is not specific to every culture. For some, coming out can be a lifelong process.

Outed/Public Outing: Describes an individual’s sex, sexual orientation or gender identity being made public against their will or without their knowledge, often for malicious purposes.

Questioning: People who are uncertain of their sex, sexual orientation or gender identity.

Sodomy Laws: Laws that prohibit adult, consensual, private, non-commercial anal sex. While sodomy laws may also prohibit anal sex between a man and a woman, they are typically disproportionately applied against persons of diverse sexual orientations and gender identities who engage in same-sex sexual acts.

Laws of General Application: Laws that are not specifically targeted towards LGBT persons but may be used disproportionately against them as a way to police the expression of identities that differ from the mainstream. These may include public debauchery, public morality, public order or impersonation laws.

Homophobia, Biophobia or Transphobia: Fear or hatred of gay or lesbian people, of homosexuality, of bisexuality or of transgender individuals

Civil Union: Formal recognition of committed same-sex relationships. In some countries, civil unions confer many, but not all, of the same rights, benefits and privileges enjoyed by different-sex marriages, including in relation to the payment of taxes, social security benefits, estate planning or medical decisions.

Prejudice: Perception: In this context, refers to the act of viewing others in relation to their sex, sexual orientation, gender identity or gender expression. This is often based on stereotypes and may be done in an unconscious manner.

Heterosexism: Promoting heterosexuality as superior or assuming that all people are heterosexual.

Sexual and Gender-Based Violence: Any act of violence targeting individuals or groups on the basis of their sex and/or gender. It includes acts that inflict physical, sexual or psychological harm or suffering, the threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Gender-based violence encompasses violence directed against people because of how they experience and express their gender and sexual orientation.

Other Terms

The following are just a few examples of the thousands of terms that are used to describe diverse sex, sexual orientation and gender identity in various locations around the world. You are encouraged to identify the terms relevant to your language(s) and specific context.

Men Who Have Sex with Men (MSM): A term used to categorize males who engage in sexual activity with other males, regardless of how they identify themselves.

Women Who Have Sex with Women (WSW): A term used to categorize females who engage in sexual activity with other females, regardless of how they identify themselves.

Third Gender/Third Sex: The term third gender is in some contexts used in relation to a gender identity that describes someone who considers themselves, or is considered, neither male nor female by societal definition; in other contexts it is used to describe individuals whose gender identity does not match the sex they were assigned at birth.

ASSESSMENT BACKGROUND

To the end of September 2020, over 32.7 million COVID-19 cases and 991 000 deaths have been reported to WHO update Report Sept 2020. The Region of the Americas continues to carry the highest incidence of COVID-19 globally, reporting similar numbers of new cases and deaths as the previous week. The Region accounts for 38% of all new cases and 52% of all new deaths reported in the past seven days. The Eastern Mediterranean Region showed the greatest increase (9%) in cases in the past week, while the European Region reported a substantial rise in deaths, with a 9% increase compared to the previous week. The WHO African, Western Pacific and South-East Asia Regions reported decreases in the new case and deaths over the past week.

Rwanda's first case of COVID-19 was confirmed on 14 March 2020. As of 30 September, there were 4,840 confirmed cases of whom 3,154 have recovered. 495, 793 tests were performed while 29 people have died since the first confirmed case of COVID-19 in March 14th 2020.

The COVID-19 response is led by the Rwandan Ministry of Health and Rwanda Biomedical Center. An eight-pillar National COVID-19 Response Plan was developed in March 2020 as follows: i) Leadership and coordination; ii) Epidemiological surveillance; iii) Points of entry; iv) Laboratory; v) Infection Prevention and Control (IPC); vi) Case management; vii) Risk communication and community engagement; and viii) Logistics.

LGBTPEOPLE SITUATION AND FREEDOM IN RWANDA

Rwanda is amongst those countries and offers a conducive environment on this issue compared to other neighboring countries in its geographical region. This was emphasized in a recent speech by the Rwandan president in his answer to the question asked by one of attendees at Rwanda Cultural Day 2016 in San Francisco, USA, an event that gathers all Rwandans living in diaspora and he stated that homosexuality isn't Rwanda's problem and they do not intend to make it one, and that Rwanda is a country where everyone is supportive to each other. Although the decriminalization of homosexuality in Rwanda indicates a progressive approach on non-normative sexual orientation and legal and human rights provisions exist that protect all citizens including lesbians, gay, bisexual and transgender people, stigmatization and discrimination still persists among Rwandan society, sexuality is perceived as taboo in particular non-normative sexual practices (UHAI-EASHRI, n.d.). Strong religious beliefs and rigid perceptions of culture influence public opinion and have contributed to increased perpetuation of human rights abuse and vulnerability to different acts of violations, including arbitrary arrest and detention, denial of access to justice, family expulsion, denial of employment rights and discrimination (Ibid). In addition, myriad of empirical studies has contributed to understanding the legal and policy frameworks surrounding sexual orientation and gender identity.

Same sex conduct remains problematic in Africa, politicians and government officials continue to fuel homophobia in their statements and this remains a predominant concern for LGBT activists (Wood et Al. 2007). The rights of LGBT people in many African nations are described

indistinctly for the legal provision but have some provisions against homosexuality. Rwanda provides a special case in which the legal provision offers a progressive stand towards homosexuality but it does not have either a specific legal provision on sexual orientation and gender identity nor codes against it.

Therefore, LGBT people in Rwanda are not assured to any specific protection to their rights, it has led to invisibility of the LGBT people caused by social repression in a form of silence about sexual orientation and gender identity expression.

In workplace, fear of discrimination, sexual identity disclosure, working environment and social construct influenced by power and authority are the factors that push LGBT employees to perceive invisible stigma and discrimination that happens in their working place.

While HIV prevalence in general population at National is 3%, the HIV among MSM, transgender women and other gay men HIV is 4% (MSM BSS 2015) According MSM IBBS in Kigali City 2018, the HIV prevalence among MSM, transgender women and other gay men is 10% and with an estimation of 6,000-10,000 MSM, transgender women and other gay men in Kigali City. This study has revealed the higher percentage (35%) of members of MSM, transgender women and other gay men with mental health problems 261 out of 736 participants in study)

The history underpinning the legalization of homosexuality in Rwanda

Like other African communities, homosexuality is still perceived as taboo in the Rwandan society despite its legalization. In the past years, homosexuality discourse in Rwanda has taken another level in which involved some discussions with inappropriate languages used to describe homosexuals by the government officials, religious leaders and the population in general. The discussions portrayed homosexuality as deviance, private matter⁴ and moral genocide. Nevertheless, Rwanda's genocide history has played a big role to prohibition of discrimination, since the history has taught what discrimination can result to a particular group. It therefore, pushed also to exemplify its constitution and expressed a national resolution to eradicate form of division with respect of fundamentals of human rights and tolerance to all. This was made clear in the clauses of article 16 and 46 of the Rwandan constitution 2015 that states:

“All Rwandans are born and remain equal in rights and freedoms. Discrimination of any kind or its propaganda based on, inter alia, ethnic origin, family or ancestry, clan, skin color or race, sex, region, economic categories, religion or faith, opinion, fortune, cultural differences, language, economic status, physical or mental disability or any other form of discrimination are prohibited and punishable by law.” and the respect of human dignity states that: ***“Every Rwandan has the duty to respect and consider his or her fellow beings without discrimination, and to maintain relations aimed at safeguarding, promoting and reinforcing mutual respect, solidarity and tolerance.”***

Progressive laws and policies towards homosexuality in Rwanda do not clearly offer a safe environment to the LGBT people in Rwanda, since the respect of human rights have been criticized by human rights observers that it only focuses on civil and political rights but when it

comes to sexual orientation and gender identity the issues receive a limited attention. (Haste and Kevin 2015). In this regard, efforts to bring attention to this issue were approached by different actors such local and international NGOs to advance LGBT rights.

Chapter 2: PROBLEM STATEMENT

Since the government of Rwanda introduced a nationwide lockdown in March 2020, Amahoro Human Respect Organization has received a large number of reports from Rwandan LGBT individuals about food starvation, homelessness, unemployment, poor access to healthcare and lack of appropriate personal protection equipment (PPE), such as face masks. These reports are still coming in, exceeding the usual numbers of reports Amahoro Human Respect receives regarding problems faced by the LGBT community. In addition, the pandemic-related problems are affecting not only LGBT individuals but also the organizations meant to help them. The funding, for instance, has been clearly affected by the pandemic. Therefore, this assessment has assessed the impact of the Covid-19 crisis on the LGBT community in order to redirect and rebuild better strategies of supporting the community to respond to the identified issues. It is against this backdrop that Amahoro Human Respect, has launched an assessment of the Covid-19 crisis' impact on the LGBT community.

Chapter 3: SCOPE OF ASSESSMENT

This assessment has covered all districts of all Kigali City (Gasabo, Nyarugenge and Kicukiro), Rubavu in Western Province and Muhanga District in Southern Province for the following reasons. First, most of the existing LGBT organizations in Rwanda operate in Kigali city and it was, therefore, most fruitful to start collecting data in Kigali. However, in Kigali, there are also many LGBT people who do not belong to any organization but who still might want to benefit from services provided for the LGBT people. This assessment project was an effective way to reach these people.

We chose to extend this assessment in the Southern and Western provinces, in Muhanga and Rubavu districts, where one group in each district is already operating and could help the assessment team with finding people to participate in the assessment.

3.1. Assessment Methodology

3.1.2. Respondent Driven Sampling

Respondent-driven sampling (RDS), combines "snowball sampling" (getting individuals to refer those they know, these individuals in turn refer those they know and so on) with a mathematical model that weights the sample to compensate for the fact that the sample was collected in a non-random way.

Due to the existed discrimination and stigma towards LGBT in society and taking account that no baseline conducted before to estimate size of LGBT in Rwanda, RDS was the best methodology to reach out hidden LGBT people.

- The assessment has used a networking methodology to reach out to potential participants. First, we used the LGBT organizations' leaders to reach their members. Second, through current members of LGBT organizations, the assessment has reached out to LGBT individuals who are not currently members of any existing organization.
- All participants were interviewed by data Collector to fill the questionnaire designed for this assessment.
- Individual interviews and focus group meetings were conducted with selected participants. The selection of FDGs participants was done in collaboration with LGBT organizations Leaders.

Chapter 4: COVID-19 IMPACT ON SOCIO-ECONOMIC SECTOR

Rwanda is a fast-growing low-income economy. Before the onset of the COVID-19 crisis, Rwanda was among the ten fastest-growing economies in the world. In the past decade, GDP growth was consistently higher than most countries in Africa, averaging 8 percent over this period). In 2019, Rwanda's economy grew by 9.4 percent, above the 8.6 percent recorded in 2018. Although growth was broad-based across main economic sectors, the growth was mainly driven by a double-digit growth in the industrial sector, as construction activities rebounded in 2019 supported by stronger investment.

With the advent of COVID-19, international flows of goods and services have been seriously disrupted with significant spill overs to the global economy. The services sector which accounts for over half of Rwanda's gross domestic product has taken a strong hit amid disruption in international trade and travel. Conservative estimates for 2020 have reduced economic growth by about 7 percentage points to between 2 and 3.5 percent signaling the acute impact already on Rwanda.

Chapter 5: COVID-19 IMPACT AND THE HUMAN RIGHTS OF LGBT+ PEOPLE

According to the OHCHR **COVID-19 AND THE HUMAN RIGHTS OF LGBT PEOPLE** April 2020, Lesbian, gay, bisexual, trans and intersex (LGBT) people may be particularly vulnerable during the COVID-19 pandemic. People living with compromised immune systems, including some persons living with HIV/AIDS, face a greater risk from COVID-19. Homeless persons, a population that includes many LGTBI people, are less able to protect themselves through physical distancing and safe hygiene practices, increasing their exposure to contagion.

Access to Health Services: LGBT people regularly experience stigma and discrimination while seeking health services, leading to disparities in access, quality and availability of healthcare.

Laws that criminalize same sex relations or that target trans persons due to their gender identity or expression, exacerbate negative health outcomes for LGBT people, as they may not access healthcare services for fear of arrest or violence. Examples of health care discrimination based on sexual orientation and gender identity/expression have been extensively documented in many countries. This discrimination can elevate the risk for LGBT+Q people from COVID-19.

De-prioritization of required health services: Given overloaded health systems, treatment of LGBT people may be interrupted or deprioritized, including HIV treatment and testing, hormonal treatment and gender affirming treatments for trans people. Decisions about scaling back services should be medically-based and data-driven, and should not reflect bias against LGBT people.

Stigmatization, discrimination, hate speech and attacks on the LGBT community: LGBT people have previously been blamed for disasters, both manmade and natural, and there are scattered reports of this happening in the context of the COVID-19 pandemic. In some countries, reports suggest an increase in homophobic and transphobic rhetoric. There are also reports of police using COVID-19 directives to attack and target LGBT organizations. In at least one country, the State of Emergency has been used to propose a decree that would prevent transgender people from legally changing their gender in identity documents. A few countries have put in place restriction of movement based on sex, with women and men allowed to leave their homes on alternate days, which have put non-binary and trans people at risk of heightened discrimination, as they may get stopped and questioned.

Domestic violence and abuse: Due to stay-at-home restrictions, many LGBT youth are confined in hostile environments with unsupportive family members or co-habitants. This can increase their exposure to violence, as well as their anxiety and depression.

Access to work and livelihood: LGBT people are more likely to be unemployed and to live in poverty than the general population. Many in the LGBT community work in the informal sector and lack access to paid sick leave, unemployment compensation, and coverage. Additionally, due to discriminatory paid leave policies that do not cover all genders equally, LGBT people may not be able to take time off from work to care for family members.

According to the survey conducted during the peak of the epidemic and lockdown between mid-April and mid-May this year 2020 by an international collaboration of researchers. *Erik Lamontagne of UNAIDS* told the conference that it involved 58 questions in ten languages and was advertised and hosted by a number of LGBT social media sites.

The survey as a whole received replies from over 20,000 LGBT people in nearly 140 countries. There were particularly large responses from Russia (5429 responses) and Turkey, with significant numbers of respondents from France, Brazil, Thailand and Indonesia.

Conducted as it was during the peak of the epidemic, three-quarters of respondents said they were partly or totally confined to home at the time.

Twelve per cent said they had HIV and 16% did not know their HIV status. Of those with HIV, the vast majority (94%) were on HIV treatment.

Although 72% said they had no interruptions to HIV treatment, 21% said their access had been limited or complicated, with 7% saying they either had or were at imminent risk of running out of antiretroviral. Forty-two per cent said they had one month or less of medication left.

In terms of their economic position, 13% of respondents said that they had lost their job as a result of the COVID-19 lockdown, 21% said they felt at risk of losing their job, and 23% said they felt insecure about their employment. Food insecurity was frequently reported; 23% said they were eating less or had skipped meals.

Thirteen per cent of respondents had been using sex work as their source of income or to supplement it before COVID-19, but only 2% of respondents were continuing it during the pandemic (and therefore risking infection), while 1% said they had actually started doing sex work due to poverty caused by the lockdown. Eleven per cent said they had lost significant income due to stopping sex work.

Of those continuing sex work, 17% said sex work became riskier; 4% said they were being paid less per customer and 4% said either that they had had to accept riskier sex or to do sex they would previously not have done.

In terms of HIV prevention accessibility, over 40% said they had access to PrEP, PEP and HIV self-testing, with over 60% reporting access to in-person testing. Only 7% said they had no access to condoms. However, the survey did not ask about whether this accessibility had decreased during COVID. It did find that people who described themselves as belonging to racial or ethnic minorities had slightly, but consistently, less access to HIV prevention.

In order to contain the spread of the coronavirus, the government of Rwanda imposed a nationwide lockdown on the 21st of March 2020. During the weeks-long lockdown, Rwandan citizens were not allowed out of their homes beyond the essential services such as seeking health care services, shopping groceries, or visiting a bank. The lockdown related heavy restrictions profoundly impacted the lives of many poor Rwandan citizens and particularly those who were already vulnerable. The LGBT individuals have been vulnerable in Rwanda even before the outbreak of the coronavirus, due to discrimination, stigma, and human rights violations perpetrated against people belonging to the LGBT community. Given that the confinement and the regulations imposed by the Rwandan government severely affected the LGBT community during and after lockdown.

Chapter 6: THE ANALYSIS OF FINDINGS ON THE IMPACT OF COVID-19 ON RWANDAN LGBTQ

6.1. Introduction

COVID-19 pandemic has caused many negative effects in many sectors including economic, social and health. And which have increased the incapacity and the vulnerable suffered most. However, the analysis of findings intended to show the impact of COVID-19 on LGBT community in different aspects. Meanwhile, this assessment was conducted in five Rwandan districts including Nyarugenge, Gasabo, Kicukiro, Muhanga and Rubavu whereby the 493 LGBT community members participated in the study. In fact, the analysis of this study focused on the impact COVID-19 on the individuals ‘members of LGBT community as well as the impact on the LGBT organizations, this descriptive analysis tried to summarize the situation by looking into different sectors affected.

PART 1: DEMOGRAPHIC CHARACTERISTICS

The participants of this study were described by various demographic characteristics including, the age category, education level, sexual orientation, marital status, among others, therefore this part will display the frequency by looking those characteristics. Additionally, this part shows the characteristics of LGBT community members during the period of COVID-19 period.

Table 1: Demographic characteristic of LGBT

Characteristic	Category	n(493)	%
Age category			
	15-18	17	3.4
	19-30	410	82
	Above 30	66	13.2
Education level			
	Bachelor and above	22	4.4
	Diploma (A1)	35	7
	Secondary (S4-S6)	242	48.4
	Secondary (S1-S3)	103	20.6
	Vocational training	14	2.8
	Primary (p4-p6)	70	14

	Lower primary	6	1.2
	Never attended school	1	0.2
LGBT category			
	Lesbian	21	4.3
	Transgender	27	5.5
	Bisexual	173	35.1
	Gay	273	55.3
Sexual orientation			
	Bisexual	173	28.4
	Homosexual	320	64
Marital status			
	Co-habitat	30	6
	Married	8	1.6
	Separated	3	0.6
	Single	451	90.2
Occupation			
	Full time employee	26	5.3
	Part time employee	48	9.7
	Salaried	11	2.2
	Student	91	18.5
	Unemployed	317	64.3
District of residence			
	Gasabo	70	14
	Kicukiro	88	17.6
	Muhanga	95	19
	Nyarugenge	197	39.4
	Rubavu	43	8.6

Source: Impact of COVID-19 on LGBT

The table1 shows the demographic characteristic of LGBT participated in the study by looking at different aspects. The majority of LGBT participated in this study fitted in the 19-30 age category with 82%, this explains that most of them are still the youth. According to the level of education, the majority of LGBT have attained the upper level of secondary education with 48.4% and only 4.4% have a bachelor's degree. By looking into LGBT category, most the respondents are gay with 55.3% followed by Bisexual with 35.1% and few of them fall in the category of Lesbian with 4.3%. By diving into the marital status of the LGBT participated in the study, almost all LGBT respondents are still single represented by 90.2% and least proportion is the LGBT who have legally separated with 0.2%. Meanwhile, most of the LGBT community members are unemployed, 64.3% of study participants are unemployed and only 2.2% have a regular monthly salary. Moreover, LGBT participated in the study came from in five districts, including 3 of Kigali city and one from the southern province (Muhanga district) and one from the western province(Rubavu district); the highly represented is; Nyarugenge district with 39.4% followed by Muhanga district with 19% and the least represented is Rubavu district with 86.5%.

During our focus FGDs, participants revealed that they are concentrated in Nyarugenge District because of most of Nyarugenge locations they offer a positive welcoming comparing to other remaining districts. One of trans woman in FGDs said ***“Before I came to live in Nyamirambo (Nyarugenge District), I couldn’t express myself. So, now I live with other trans women and we can express our gender and no one can come to harm us”***

In the interview with LGBT orgonizations Leaders, they also said that almost their organizations have opted to put their offices in Nyarugenge District because of it welcoming environment and tolerant community. On Activist said: ***“the community in Nyarugenge District is tolerant comparing to other parts of the country. Community can see our members come to our offices and when we organize meeting or events like IDAHOT; local leaders they are free to attend and celebrate with us.”***

Table 2: COVID-19 awareness and situation among LGBT community members

Variables	Category	n(493) %	
Access to information on Covid-19 prevention among LGBT community	Always	12	2.4%
	Don't know	63	12.8%
	Most of times	5	1.0%
	Never	267	54.2%

	Sometimes	146	29.6%
LGBT received COVID-19 test	No	363	73.6%
	Yes	130	26.4%
LGBTQ ever put in COVID-19 quarantine	No	474	96.1%
	Yes	19	3.9%
LGBTQ got sick of COVID-19 and isolated	No	489	99.2%
	Yes	4	0.8%

Source: Impact of COVID-19 on LGBT

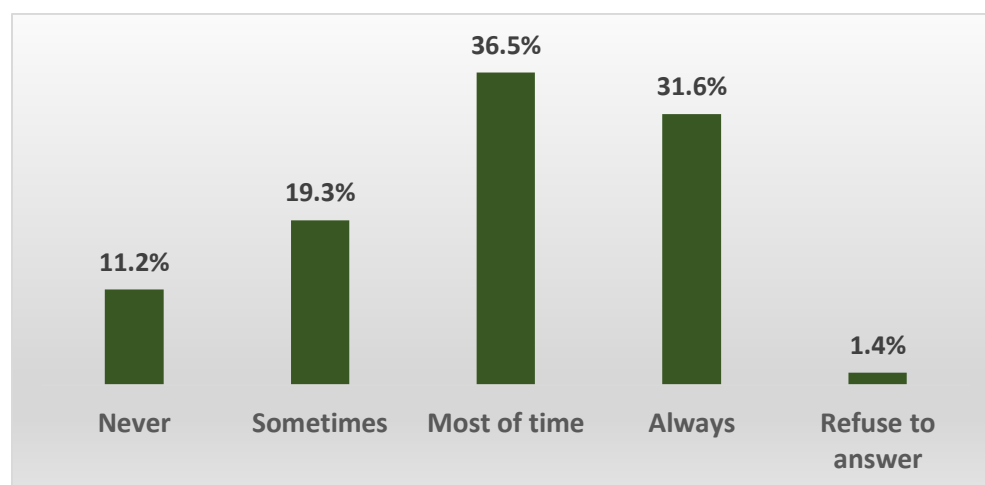
One of the best ways to prevent and the slowdown of COVID-19 virus are to be well informed about the virus how it spreads and follow recommended prevention measures. The government of Rwanda has committed to providing the accurate information and updates on the disease. It has also put in place COVID-19 testing, and the people get into contact with the COVID-19 patient must be traced and put into quarantine and if he/she got sick with COVID-19 he must be isolated. Despite, the effort made on providing information on COVID-10 prevention, most of LGBT community did access on disease prevention information specifically for LGBT in such that 54.2% stated that they have never got information on it; 29.6% sometimes they get information and only 2.4% always get information of COVID-19. Moreover, only 26.4% LGBT community ever test for COVID-19, 3.9% ever went into quarantine and only 0.8% have ever been the COVID-19 patients.

During the FGDs, participants said that they could expect to get information related to LGBT life style and their specific consideration in terms of prevention. But according to them, COVID-19 awareness was more general specific some specific to old people and others with respiratory diseases. But in this regards, few LGBT organizations have tried spread COVID-19 information to their members through social networks because all possible physical channels were closed including offices.

PART2: THE IMPACT OF COVID-19 ON LGBT COMMUNITY MEMBERS

This part shows the impact COVID-19 had on LGBT community by looking on psychological, economic and social aspects. Despite these areas were severely affected by COVID-19's preventive measures that have been taken by governments, the LGBT community has been on the top among the group mostly affected.

Figure 1: The proportion of LGBT experienced the homophobia (n=493)



Source: Primary data on the Impact of Covid-19 on LGBT

In everyday life the LGBT experience discrimination and homophobia, that they affect the life and the choice made by LBGT in all social area.¹ Figure 1 shows the frequency, LGBT reported that have faced by homophobia during the COVID-19 period; 19.3% have reported that sometimes they face homophobia, 36.5% stated that, most of time they face with and 31.6% of interviewed LGBT face homophobia always in daily life, there is also a low proportion (1.4%) of non-response. There is always a need to strengthening on implementation of the laws to protect the human right for every human being regardless of gender, race, sex orientation among others.

In our FGDs, it was revealed that most people experienced homophobic acts are transgender women because of their gender expression. In rural area like Muhanga and Rubavu District, most of participants in FGDs said they fear to come out because of higher stigma and discrimination in rural areas.

Figure 2: The place LBGTI encounter homophobia

	n=438	%
In law enforcement services settings	19	4.3%
At work environment	25	5.7%
At health facilities	26	5.9%
At civil society organizations	28	6.3%
In markets	28	6.5%
In churches/mosques	31	7.1%

Family	82	18.6%
In bars, hotels and night clubs	92	21.0%
In community	108	24.7%

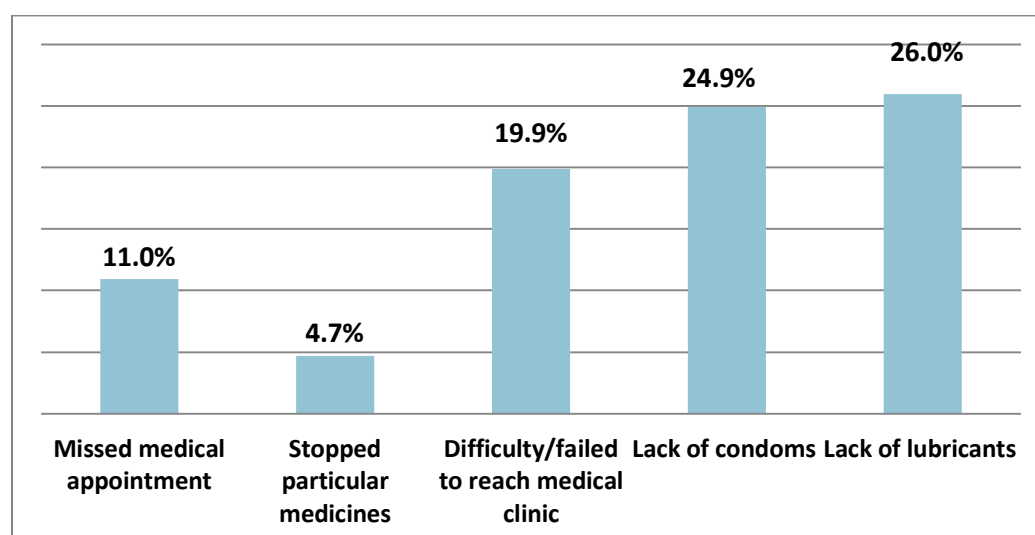
Source: Impact of COVID-19 on LGBT

LGBT meet homophobia in many places, in their daily life as they have reported in figure 2, 19.7% of all LGBT participated in this study stated that; they have faced homophobia in the community, 19.1% of them have faced homophobia in bars, hotels and night clubs, there is also another significant portion stated that; they encountered homophobia in their family (17.6%). Among other places, LGBT reported that they ever faced homophobia include churches/mosques, in markets, CSOs, health facilities and work environment. This figure gives the directives on places that should be to be targeted, in different campaigns against discrimination and homophobia on LGBT people.

During FGDs, participants especially transgender women raised their complaints for above institutions where still homophobic acts are still happening there. Transgender women sex workers who actually use to meet their clients in public places like bars/night clubs and hotels they revealed how others attendees mock them, harass them, beat them or kicked them out! In the interview with LGBT Organizations said that though they have been training law enforcers and local authorities to respect rights of LGBT people, but they still receive cases of LGBT members whom their rights are violated by some of law enforcers including police and local authorities.

“Some law enforcers think homosexuality is illegal in Rwanda. So, those they arrest they think it’s their duty to arrest anyone who behaves control to the law and culture values. It’ is our job together with our stakeholders to continue educating law enforcers and community to respect LGBT rights” Said LGBT Activist

Figure 3: Challenges on health services needed by LGBT



Source: Impact of COVID-19 on LGBT

Lockdown has been a serious challenge to the accessibility of health services needed by LGBT, among the services most needed by LGBT include; Lubricants, condoms and other various services. According to the figure 3, a high proportion of LGBT suffered for lacking lubricants with 26.0% among interviewed, there 24.9% did not find where to get condoms, additionally, 19.9% of them failed to reach a health facility, 4.7% have stopped the medicine because of lack of access to that medicine and 11% have reported that they have missed the medical appointment because of transport restriction. In focus groups discussion meetings, participants revealed that because no transport was in place during lock-down; most of them have failed to access necessary health services including treatment. In focus group discussion meeting with LGBT who live with HIV, a huge number of them revealed that they struggled to access medications due to movement restrictions. While most of them took their medications from far clinics instead of neighboring clinics because of fearing stigma and discrimination if his/her SOGIEE is known by society around him.

Figure 4: Human right violation of LGBT during Lock-down

	n	%
Variable		
Beaten	24	4.9%
Intimidation	45	9.1%
Denial service	45	9.1%
Chased from home	54	11.0%
Homeless	59	12.0%
Harassment	63	12.8%

As reported by LGBT interviewed, there has been an increase in human right violation among LGBT during the lockdown period. Figure 4 shows different types of human right violation cases happened in LGBT community during the lockdown. 12.8% have reported they have been harassed, 12.0% they were homeless and 11% of all have been chased from home. Moreover, there is a portion of LBGTI who have been beaten during the lockdown (4.9%), and other proportions have faced intimidation and denial of service with 9.1% reported.

Table 5: The human right violation cases by district

	Gasabo	Kicukiro	Muhanga	Nyarugenge	Rubavu	Grand Total
Violence						
Rape	4	9	9	22	2	46
Intimate violence	3	5	1	11	3	23

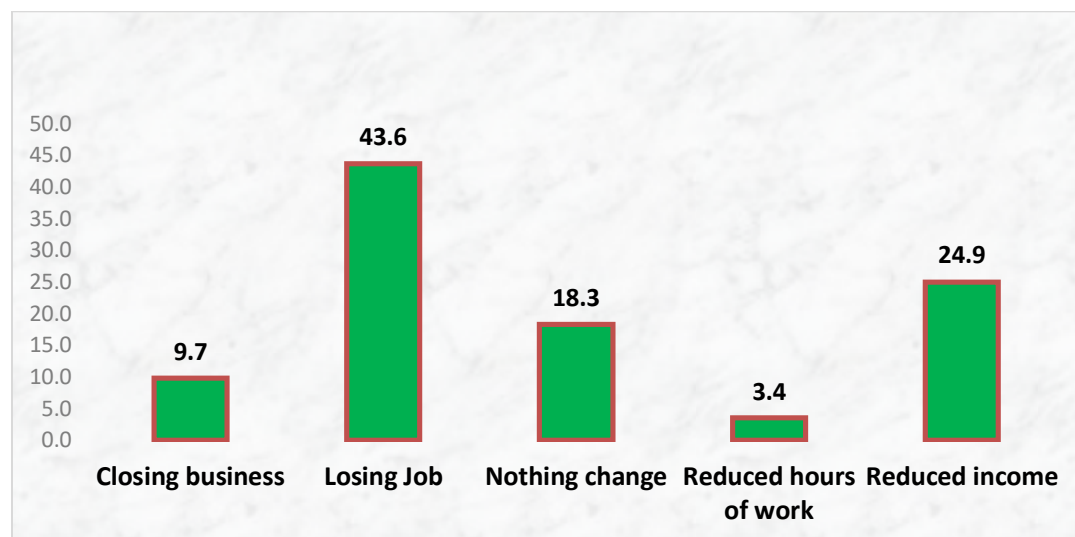
Domestic violence	5	6	2	8		21
Refusal of service because of SOGIE	10	10	2	12	1	35

Source: Impact of COVID-19 on LGBT

Table 5 gives minor details on different types of human right violation perpetrated on LBGTI community during the lockdown and the distribution of these cases in districts, those cases of violation include; rape, intimate violence, domestic violence and refusal of service because of identity as well as sexual violence. The most prevalent human right violation is rape, it has presented in all districts of the study, Nyarugenge presents a high number of cases with 22 and Rubavu only has 2 cases of rape. Other hands, 35 LGBT did not get services because of their SOGIE, There is also 23 cases of intimate violence and 21 cases of domestic violence. This table shows that COVID-19 has increased the human right violation whereby, the cases have been revealed in all districts selected. In focus groups discussion meetings, participants revealed one of refusal to services of not included in the list of vulnerable people to be supported in community. Government, CSOs, faith based organizations and other private institutions have proved support primarily of foods and hygiene commodities to people who lost their jobs or incomes closed. During the FGDs, participants revealed that during the selection of vulnerable people, members of LGBTs were omitted from list because of their SOGIE.

*“I remember in middle April 2020, when group of village Leaders came to our location to identify and select vulnerable people who could be given food and hygiene commodities support; I told them to put me also on list because it was very hard for to get food during that period and even my neighbors knew well my situation. But a response from one Village Leader who knows my SOGIE was terrible. He said go and get your support from white people who support such people like you. I was neglected from the list until LGBT Coalition knew my situation and send their support.”*said LGBT member

Figure 5: The impact of COVID-19 on the income of LGBT



Source: Impact of COVID-19 on LGBT

COVID-19 outbreak and with measures taken by governments to prevent and control it, has brought numerous negative effects to societies including LGBT members. Among those participated in research, 43.6% reported to lose their jobs, 9.7% to close their business, 24.9% their income have reduced, 3.4% their hours of work reduced while 18.3% reported nothing change. During the focus groups discussion meetings, among those whom their works were not affected are those working in services which were not closed like those businesses which sell food stuffs and those working in health sector or financial institutions like banks. But others who were working in businesses which were closed have stated that since then they lost their jobs. Others who have unessential businesses they closed. *“I was working in a saloon as a hairdresser and our business was closed for the entire period of national lock-down. You can imagine how life is after such long period without any income to support myself. And most of our families have rejected us so, it’s ourselves to know everything we need”* Said a FGDs Participant

Table 4: The impact of COVID-19 on food/meals intake

	n	%
Variable		
The difficulties on getting food		
A lot of difficulty	203	41.2
Little difficulty	73	14.8
No difficulty	43	8.7
Some difficulty	174	35.3
How the meal was organized		
3 times a day	24	4.9
A day without eating	45	9.1
Almost two days without eating	7	1.4
Once a day	256	51.9
Twice a day	161	32.7

Source: Impact of COVID-19 on LGBT

Getting food among LGBT people was very difficult where only 8.7% to have reported no difficulty in finding food. Concerning their ability to afford food daily, only 4.9% reported they could get/eat three times a day. 9.1% said they could pass the whole day without eating while 51.9% reported to get food at least once a day. Also 1.4% reported to pass almost two days without eating.

Table 5: The impact of COVID-19 on living housing rent

	n	%
Variable		
The difficulties on paying rent		
A lot of difficulty	245	49.7
Little difficulty	41	8.3
No difficulty	93	18.9
Some difficulty	114	23.1
Time spent without paying house rent		
1-3 months	230	46.7
4-5 months	98	19.9
5+ months	32	6.5
Didn't have the problem	113	22.9
Kicked out by landlord	20	4.1

Source: Impact of COVID-19 on LGBT

LGBT members interviewed 49.7% have revealed much difficulty to cover their living house rent versus 18.9% who reported no difficulty. This assessment also wanted to know how this difficulty to cover their living house rent has affected their daily life. Among those interviewed, 49.7 said that they have spent one to three months without paying rent to landlords, 19.9% they also spent 4-5 months, 6.5% spent above 5 months without paying house rents. Also 20 people (4.1%) reported to be kicked out by landlords. During the focus groups discussion meetings, most of those reported to spend many months without paying house rent, they were also kicked out by their landlords. Few have got support from LGBT organizations to pay their house rent for short period.

Table 6: Support given to LGBT community members during the lockdown

	n	%
Support		
Food support	247	50.1
Hygiene commodity support	101	20.5
House rent support	10	2.0

Clothes support	2	0.4
Medicine support	11	2.2

Source: Impact of COVID-19 on LGBT

During the lockdown and after, government and various CSOs provided various support with the different households, the support included food, hygiene materials among others. However, LGBT community as part of community population was in need of different kind of supports during the uncertain period of COVID-19, table 4 shows different supports given to the LGBT; most of them got the food support where half of them (50.1%) got that support, 20.5% got hygiene commodity support, there is 2.0% who got support to pay their house rent, 2.2% supported to medicine and 0.4% supported to clothes. Through focus group, majority of participants reported to receive this support from LGBT organizations and small number reported to receive such support from other CSOs and government.

LGBT Organization Leader said that, support of government and CSOs were targeting citizens who lost their but formal jobs like motorbikes transport, artisans and others. But for example, LGBT who were getting incomes from sex work, were not considered.

Another thing these Activists mentioned during our interview was the homophobia behind that rejection of LGBT members.

“We had cases where people in community could tell LGBT members that COVID-19 is the God’s punishment because of the homosexuality taking another step. So, LGBT member deserve no mercy”. Said LGBT Activist

Table 7: The impact of COVID-19 on mental health on LGBT

	n	%
Unusual habit		
Feeling of loneliness	252	51.1
Feeling of hopeless	324	65.7
Suicidal ideology	36	7.3
Suicide attempts	12	2.4
Alcohol and drugs abuse	64	13.0
Fear	311	63.1

Source: Impact of COVID-19 on LGBT

COVID-19 has been the source of mental health problem due to disease experience, stigma, discrimination, and job losses in many sectors most affected by the pandemic. LGBT community is among the population profoundly mentally affected by the pandemic. Table 5 shows various

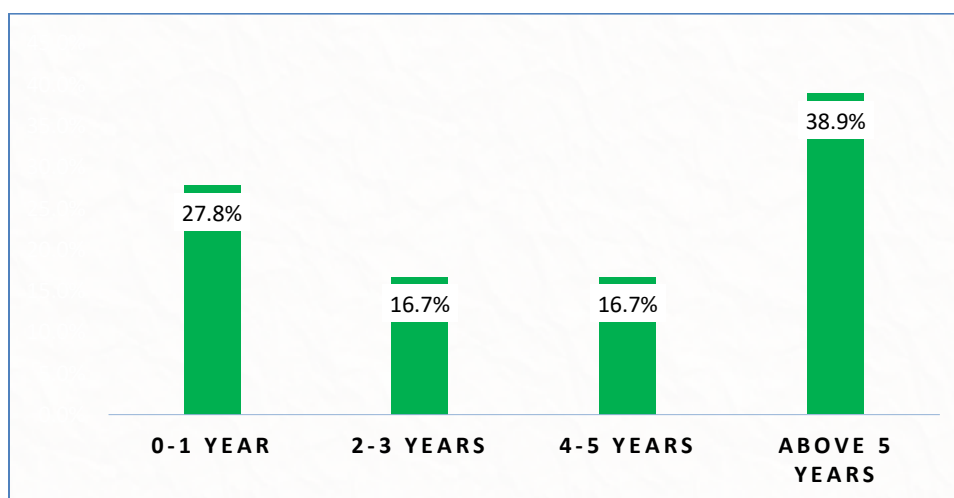
impacts happened on the mental health of LGBT people during the uncertain period of COVID-19. The majority of LGBT felt hopelessly during the lockdown with 65.7% reported, 63.1% stated that they were afraid in the lockdown period. However, during the lockdown everyone demanded to stay home, some of the LGBT sometime felt loneliness (51.1%) because they do not have someone to be with, there is another proportion of them dived in alcohol and drug abuse (13%), additionally, 7.3% ever got suicidal ideology and 2.4% ever attempted to suicide. In focus groups discussion meetings, some members have revealed other effect like being chased from their families. Members reported that they still see their future as complicated due to different conditions including lack of jobs, lack of family support and stigma which is still persisted.

“I tried to kill myself. I bought an acid which kills rats and enter in my room and mix it with water. In a moment I wanted to drink it, surprisingly, a child of my aunt came in my room and unknowingly she kicked that cup and hugged me. When my aunt entered also jus to say hi, she saw water flowing to the ground and she saw an empty package of that acid. I informed he everything about my life and we cried together”. Said FGD participant

PART 3: THE IMPACT OF COVID-19 ON LGBT ORGANIZATIONS

This part spotlights the impact, COVID-19 had on the organizations of LGBT as revealed by eighteen representatives of LGBT organizations interviewed. This part assesses the impact of COVID-19 by looking into different areas including the effect on working time, effect on the services they provide, economic complications, moreover, this part shows different strategies used by organizations to combat for the consequences of the pandemic. Out of 22 LGBT organizations known, the assessment has met 18 representatives of them.

Figure 5: Working years of LGBT organization(n=18)



Source: Impact of COVID-19 on LGBT

The LGBT organizations have the responsibility to serve the LGBT community and make advocacy for preventing discrimination and homophobia against LGBT community members. Most of LGBT organization have been served for more than 5 years ago (38.9%), 16.7% of

organizations have 4-5 years of experience, and same proportion (16.7%) of organizations have 2-3 years of experience and 27.8% of organizations have less or equal one year of experience.

Table 8: The impact of COVID-19 on organization's working time

	n	%
Variable		
Schedule		
Closed full day	7	38.9
Open half day	6	33.3
Opened full day	1	5.6
others	3	16.7
Locking period		
0-1 week	3	16.7
1-2 months	4	22.2
2-4 weeks	3	16.7
3+ months	7	38.9

Source: Impact of COVID-19 on LGBT

During the lockdown, many of organizations have closed the doors, others decided to change the schedule of working because of various preventive measures initiated by the government, table 7 shows the change happened on time of working. The is 38.9% of organization have closed for the whole day, 33.3% were working but on half of day and only 1 (5.6%) organization continued to serve for a full day. According to the period spent closed, 38.9% of organizations spent more than 3 months closed, 22.2% stopped giving service for 1 to 2 months, and 16.7% of organizations stop to serve in less than one week and then continue to serve.

Table 9: The services affected by COVID-19 lockdown

	n	%
Services affected		
• Provide Condoms /Lubricants	14	77.8
• Referral for HIV services	8	44.4
• Counselling and education on HIV and STI prevention	11	61.1
• Psychological support for LGBTQ people	7	38.9

• Legal support for LGBTQ	8	44.4
• Support for HIV+ (MSM and trans) people to ensuring the adherence to treatment	8	44.4
• Providing test/referral for HIV self-testing	7	38.9
• Testing/referral for STIs testing and treatment	7	38.9
• Stop advocacy meeting and events	7	38.9

Source: Impact of COVID-19 on LGBT

Regarding the services provided by the LGBT organizations, almost all services have been affected by COVID-19 lockdown. Table 6 list all services which have been affected. Among them 77.8% of organizations reported that the service of providing condoms or lubricants to members have been affected, 61.1% of organizations stated the service of counselling has been affected, furthermore, some of the organizations have service of providing legal support to their members, reported that it has affected by lockdown(44.4%). In the interview with leaders of LGBT organizations, they mention such difficulty where their members were demanding such services but they couldn't get them because of COVID-19 prevention restrictions. Essential services for HIV prevention were not able to be provided (condoms and lubricants) which give worry for these leaders if this can't fuel new HIV infections among LGBT members who had unprotected sex. And organizations which had advocacy activities were stopped and LGBT members who were facing human violations acts were not to find how to get help because most transport means were shut down. *“You know before if someone was either beaten or chased, our team would immediately arrange how to meet local leaders or police to intervene. But this time we couldn't reach out where the case is taking place because people were ordered to stay home. And the victim was facing challenge to escape the scenario.”* Said LGBT Activist

Table 10: The impact of COVID-19 on human capital and economical status of organization

	n	%
Variable		
Problem of organization in lockdown		
Cost of internet	8	44.4
Lack of experienced team	6	33.3
Lack of funds	14	77.8
Lack of equipment	9	50

Cut off of funds

All funds got cut off	5	27.8
Refusal to answer	5	27.8
Some funds got cut off	6	33.3

Challenge of lack of fund

Big challenge	12	66.7
Not a problem	1	5.6
Small problem	5	27.8

Awarded funds situation

Insufficient funds	7	38.9
No funds received	11	61.1

Staff of organization affected by covid19

All staff have kept their job and salaries	1	5.6
All staff were kept but their salaries reduced	2	11.1
Few staff have kept their job and salaries	4	22.2
Other	2	11.1
The organization closed and all staff were ordered to return until the end of lock down	7	38.9

Source: Impact of COVID-19 on LGBT

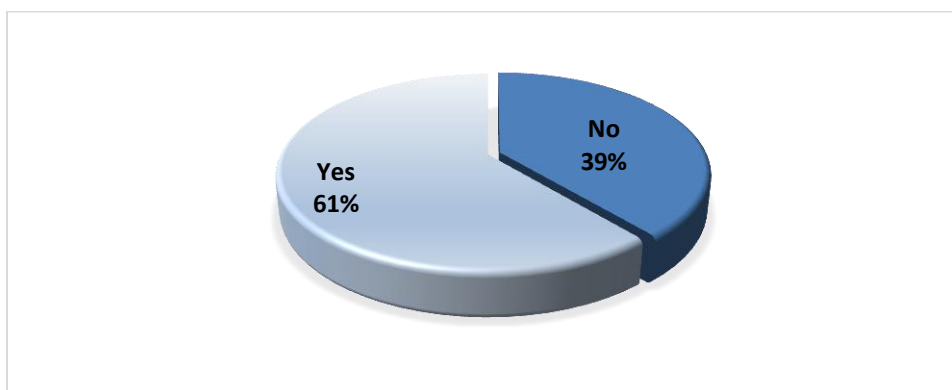
The LGBT organizations have been economically affected by COVID-19, various challenges faced by LGBT organizations among the challenges include, the cut off of funds, lack of funds, as well the challenge on the human capital of organizations. Most of the organizations reported that they faced the challenge of lack of funds with 77.8% of all organizations reported, 50% of them faced the challenge of lack of equipment and 44,4% struggled with the cost of internet. By looking on the finance of organizations; 27.8% stated that their funds have cut off and 33.3% of all organizations stated that some of their funds cut off because of COVID-19. Furthermore, 66.7% reported the challenge of lack of funds was the big challenge to them, 27.8% stated that the challenge was small to the organization. Some of the organizations got some of the funds at insufficiently (38.9%) and other majority did not receive any funds (61.1%). Furthermore, by looking on the impact of COVID-19 on human resource of the organizations; 38.9% of

organizations suspended the contracts of the staffs until the end of the lockdown, 22.2% tried to keep few of their staffs in the lockdown and 11.1% kept their all staffs but reduced their salaries and finally only 5.6% of the organization managed to keep all staffs and their all salaries.

In the interview with LGBT organizations, they said that they still face challenge of lack of funds to mitigate the negative impact of COVID-19 on LGBT members' lives. They said that most of LGBT who lost their jobs or businesses they are starving because they can't even return to their families because most of them were already rejected.

“It is a burden for us. They come to us think that they can receive support and most our organizations don't have funds to deal with this problem”. Said LGBT organization Leader

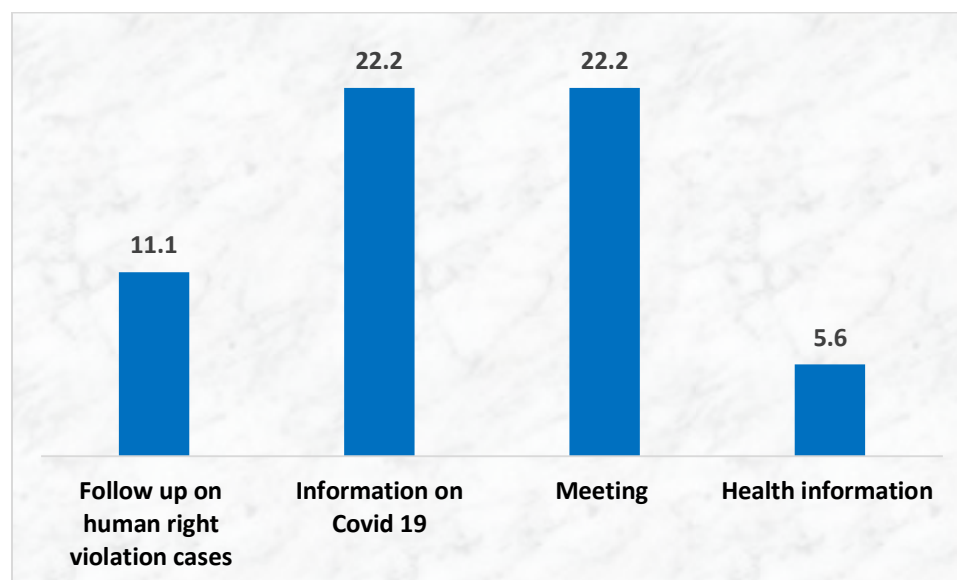
Figure 7: Proportion on Organization providing online services



Source: Impact of COVID-19 on LGBT

During lock-down when most services were closed including the movement restrictions, most of organizations and institutions opted to provide some essential services through online platforms. LGBT organizations interviewed said when their offices closed and all members locked their respective homes or families; they continued some activities. 61% of interviewed organizations provided their services through online platforms while 39% they said no online services provided.

Figure 8: Online services provided during COVID-19



Source: Impact of COVID-19 on LGBT

Among online services provided, 22.2% was COVID-19 awareness, 22.2% were meetings, 11.1% were follow ups on human rights violation and 5.6% was about health information (including psycho-social support). In the interview with LGBT organizations Leaders, they mentioned phone calls and social media as ones most tools they used to reach their members during lockdown.

Table 11: Support provided to organization members

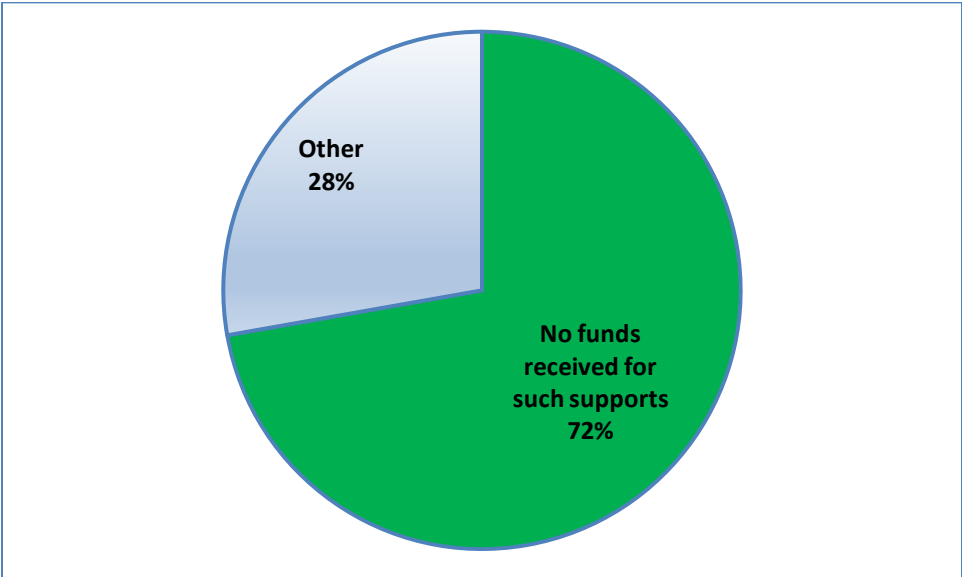
	n	%
Support		
Food support	9	50
Hygiene commodities support	5	27.8
House rent	2	11.1
Linkage to health services	4	22.2
Medicines	2	11.1
Nothing has done	4	22.2

Source: Impact of COVID-19 on LGBT

Trying to mitigate the impacts of COVID-19, some of the organizations provided some support to their vulnerable members. Table 9 shows different support provided by organizations in lockdown period. 50% of organization delivered food to their members, 27.8 of them provide hygiene commodities and only 11.1% provided the housing rent to their members. In focus group with

leaders of LGBT organizations, only few organizations have got fund to support their vulnerable members. Meetings with LGBT organizations also revealed that funds were tiny comparing to members who needed support. Members of LGBT community who were chased by their families during that period of pandemic, they couldn't be supported for house rent or safe houses.

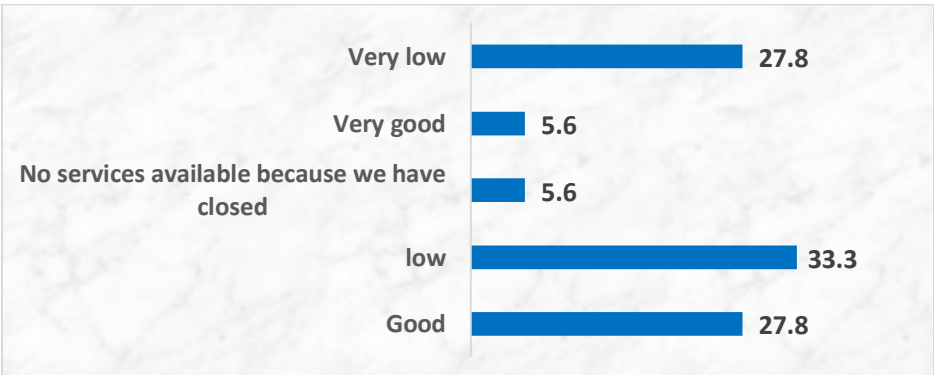
Figure 9: The reason behind for LGBT organizations not supporting their vulnerable members



Source: Impact of COVID-19 on LGBT

As reported in above tables, supports for vulnerable LGBT members who were starving because of COVID-19 was very limited. And assessing the reason behind of this, 72% of organizations interviewed they mentioned lack funds as the main reason versus 28% of other reasons including the closing of organizations activities. Lack of funds was the major problem, for these organizations support their vulnerable members.

Figure 10: How the LGBT seek service during Covid-19 period



Source: Impact of COVID-19 on LGBT

COVID-19 has also the way LGBT people seek services. According to this figure, seeking services is 27.8% very low, 33.3% low while 27.8% said it is good and 5.6% said very good.

During focus group discussion meeting, representatives of LGBT organizations revealed that after government of Rwanda removed some restrictions and allow institutions to open their offices by repecting COVID-19 measures including reduction of staff to be present in the office and others to work from their homes; LGBT have started visiting offices and centers to seek available services. But 5.6% of these organizations have closed their offices due to the lack of funds to continue their operations.

PART 4: DISCUSSION

The data showed a burden of stigma and discrimination towards LGBT people. The assessment highlighted also services providers and law enforcement among those actors stigmatizing this community of LGBT. It is an issue for the community of LGBT to access services if such homophobia, transphobia, biophobia persist.

The assessment revealed negative impacts caused by COVID-19 including lack of access to health services, food security, shelter and high level of mental health problems. .

Rwanda was in the middle of an economic boom prior to the COVID-19 pandemic with a real economic growth of 9.4 percent in 2019, driven mostly by large public investments for implementation of the National Strategy of Transformation. With the advent of COVID-19, international flows of goods and services have been seriously disrupted with significant spill overs to the global economy. This is a huge blow for society and mostly LGBT members because of other existed vulnerabilities.

The high level of uncertainty presented in the wake of COVID-19 requires every actor to ask ourselves how do we build back better; how do we build a more resilient global economy, institutions, systems and communities, and how do we limit the impact of future crises? Governments newly formulated Economic Recovery Plan in response to COVID-19 should equally consider the necessity to build an inclusive approach.

The assessment data showed an impact of COVID-19 to LGBT organizations including lack of funds to mitigate COVID-19 negative impact, closing offices and some services

PART 5: CONCLUSION

COVID-19 is generating complex challenges and risks and while the virus does not discriminate, it is very clear that it hits marginalized communities in our societies disproportionately hard. In addition, prevention measures, as needed as they are, can have unwanted negative impacts on the lives of LGBTQ people. This should be taken into account and mitigated as much as possible.

Similarly, the COVID-19 has hampered production globally, disrupted economy, and upset services; affecting severely major donors to LGBTQ programs. Lack of funds for LGBTQ has created instability for their works towards mitigating the challenges members are facing. Data from this assessment shows that there is clear intervention needed to support Rwandan LGBT organizations to respond to specific issues this community is facing. Further researches are needed

to adequately map and identify gaps that hindering rights of Rwandan LGBT community and issues related to COVID-19 impact.

PART 6: RECOMMENDATIONS

The following are recommendations from this assessment:

1. All key players must ensure that any emergency measures taken (such as lockdowns/quarantines and emergency legislation) are lawful, necessary, and proportionate, do not have a disproportionate impact on LGBT people or other marginalized communities, are not arbitrary or discriminatory in application, and are of a limited duration. The commitment to “leave no-one behind” must be upheld, and the particular vulnerabilities of marginalized populations must be taken into account.
2. To ensure that testing and treatment for COVID-19 is available and accessible to all persons, without discrimination.
3. As the report shows a higher burden of depression upon Rwandan LGBT people due to COVID-19 impact, mental health intervention is needed to deal with mental health problems identified among LGBT people
4. In addition, other vital healthcare services should continue, and support should be provided to those who may struggle to access such services (e.g. treatment for HIV/AIDS, reproductive and sexual healthcare, and mental health services).
5. The principle of non-discrimination must be upheld in all aspects of the response and recovery efforts during the COVID-19 pandemic,
6. In particular, any support should be inclusive of the various forms of domestic violence such as homophobic, biphobic, transphobic abuse and violence that LGBT people may face.
7. Economic support is essential for those who have lost income due to the COVID-19 pandemic, and any recovery policy should be inclusive and recognize all forms of income formal or informal employment, and self-employment. Any support offered should be available and accessible, ensuring that efforts reach LGBT and vulnerable populations, and implemented without discrimination.
8. Proposal solutions to address homelessness driven by the COVID-19 pandemic, provide shelter to all those who are currently in need of safe and secure housing, and focus on measures to decrease the risk to homeless people and prevent the spread of the virus.
9. To ensure the collection of SOGIE-disaggregated data during the COVID-19 pandemic, to record any disproportionate impact on LGBT people, ensure that LGBT communities are included in response and recovery efforts, and guarantee that measures are not implemented in a discriminatory manner, or have discriminatory effects.
10. Involvement of LGBT organizations in the design and implementation of response and recovery policies, to ensure that the needs of LGBT people are sufficiently considered, and any measures taken will not leave LGBT communities behind, or exacerbate existing inequalities and marginalization.

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