



GLOBAL NETWORK OF
YOUNG PEOPLE
LIVING WITH HIV

**CASE STUDY ON
VOICES OF
YKP/YPLHIV
FOR COVID 19
RESPONSE
MECHANISM IN
BURUNDI**



2021

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LIST OF ABBREVIATIONS

AFRABU	: Association des Femmes Rapatriées du Burundi
AFRIYAN	: Réseau Africaine des Adolescents et Jeunes
AJVVIH	: Adolescent et Jeunes Vivants avec le VIH
ANCS	: Alliance Nationale des Communautés pour la Sante
ANSS	: Association Nationale de Soutien aux Séropositives et malades du Sida
ASOUPEVU	: Association de Soutien aux Personnes Vulnérables
ARV	: Antirétroviraux
BAPUD	: Burundian Association of People who Used Drugs
BAWA	: Burundian Association for Women in Action
CAPES+	: Collectif des Associations de Personnes vivant avec le Sida
CDS	: Centre De Santé
CDT	: Centre de Dépistage et de Traitement
CDV	: Centre pour le Dépistage Volontaire
DHIS2	: District Health Information Software 2
COOPED	: Conseil pour L'Education et le Développement
DSSR	: Droits à la Sante Sexuelle et Reproductif
EDSB	: Etude Démographique et Sante au Burundi
EPI	: Equipements de Protection Individuelle
FM	: Fond Mondial
FOSA	: Formation Sanitaire
INSP	: Institut National de Santé Publique
IO	: Infections Opportunistes
IST	: Infections Sexuellement Transmissibles
KP	: Key Population
MSM	: Men who Have Sexe with Men
OMS	: Organisation Mondial de la Sante
ONUSIDA	: Organisation des Nations Unies sur le SIDA
PTME	: Prévention de la Transmission Mère-Enfant
PS	: Professionnel de Sante
PVVIH	: Personne Vivant avec le VIH
RCL	: Rainbow Candle Ligth
RIA	: Revu intra-action
RNJ+	: Réseau National des Jeunes vivants avec le VIH
SIDA	: Syndrome d'Immuno Déficience Humaine
SRMNIA	: Santé de la Reproduction maternelle, néonatale, infantile et des adolescents
SWAA	: Society for Women against AIDS in Africa
TB	: Tuberculosis
TIA	: Transgender In Action
UNFPA	: United Nations Fund for Population Activities
VIH	: Virus d'Immunodéficience Humaine
Y+ Global	: Global Network of Young People Living with HIV

A. INTRODUCTION: CASE STUDY ON C19RM FOR YOUTH

1. Background to the case study

In Burundi, as in other countries around the world, young people represent more than 50% of the active population. With the emergence of COVID-19, they have also been affected because of the restrictive measures and other issues related to COVID-19 pandemic. The young key populations like so many other young people have been impacted by COVID-19.

To know the problems of these key young populations and the solutions/responses proposed by the C19RM, a case study was made by the RNJ+ through funding from the Global Fund and supported by Y+ Global.

2. Objectives of the case study

General objective

To document the meaningful engagement of the YPLHIV/YKP during the C19RM process and how their voices were heard in the decision-making process at the country level.

Specific objectives

- Inform young key populations about the GF's COVID-19 Response Mechanism, C19RM
- Identify the challenges related to access to essential services among young key populations in the COVID-19 context
- Provide recommendations for access to essential services for young key populations in the COVID-19 context

B. HIV IN BURUNDI

In Burundi, HIV infection is a generalized epidemic with an overall prevalence rate of 0.9% in the general population aged 15 to 49 years (EDSB III 2016-2017) and a seroprevalence of 1.2% in women compared to 0.6% in men in the same age group. HIV prevalence in the youngest age groups remains low with prevalence below the national average (0.1% for 15–19-year-olds; 0.4% for 20–24-year-olds; 0.2% for 15-24 year olds). However, there is also a high prevalence in the youngest age group (under 15), especially in the 0–4-year age group, due to mother-to-child transmission of HIV. Although the level of prevalence in the general population is low, large disparities are observed and HIV affects certain populations disproportionately, for example, prevalence rates of 4.8% amongst men who have sex with men; 21.3% amongst yYoung pPeople sSelling sSex; 3.8% amongst HCWs and 5.2% amongst their partners have been reported (PLACE study of 2013). HCWs are particularly concentrated in urban areas and are one of the drivers of the epidemic. In 2017, a rapid assessment carried out in Bujumbura Town Hall showed an HIV seroprevalence of 10.2% among people who inject drugs. Risk factors such as stigmatisation, lack of information on HIV and AIDS/STIs, poor access to prevention services and comprehensive care hinder efforts to reduce new infections amongst key populations.

C. WHAT IS RNJ+?



Introduction to RNJ+

The National Network of Young People Living with HIV (RNJ+) is the first non-profit association directed and managed by young people living with HIV/AIDS in Burundi. The RNJ+ was created in 2004 by HIV-positive young people who were aware of the need to join forces to fight for their survival and the well-being of young people, with a particular focus on young people living with HIV.



Mission

The mission of RNJ+ is to effectively involve young people living with HIV/AIDS in the fight against new infections and to promote their self-help through income-generating activities



Vision

The vision of the RNJ+ is to build in Burundi "a conscious and competent youth in the face of HIV/AIDS and perfectly fulfill the needs of young people living with HIV/AIDS".



Values

The values of the RNJ+ are Solidarity, Hope and Dedication

D. YOUNG PEOPLE'S ENGAGEMENT IN THE C19RM

Background of the C19RM consultation

The COVID-19 Response Mechanism Funds were intended to provide support to young people from key populations to enhance their participation in fore fronting their priorities during the proposal development of the CCM. Young people in all their diversity were involved in the different phases of the concept note development. Initially, RNJ+ was invited in solitary and they took the opportunity to advocate for the involvement and engagement of other key population groups. To support the interactive process, RNJ+ with support from Y+ Global and UNAIDS organized a series of five focus group discussions and consultations with young people from 5 key populations including: Young MSM, Young PLHIV, Young People Selling Sex, Young PWUD, Young TG. The FDGs engaged Sixty-six YKPs who later participated in the development of the concept note for C19RM at country level. Each focus group discussion targeted one population at a time, and a specific questionnaire[2] was prepared for the population to identify their needs, challenges, and gaps during COVID-19.

Since the Centre d'Opération des Urgences de Santé Publique (COUSP) had not taken into account the YKPs in the development of the concept note and RNJ+ who had been invited pleaded for them to be invited too but we were allowed to invite 3 young key population from the RNJ+. After that, there was a national country dialogue that only civil society organizations were invited to. Since the YKPs were not invited, we asked if we could organize focus groups for them.

Profile of the participants:

“Sixty-six key populations took part in the whole COVID 19 Response Mechanism Process where 55 participants (11 participants in each category of the Key population) took part in the focus group discussion consisting of 32 Males and 23 females ages 20-40 years. Other 8 young people took part in proposal writing concept note at the country level and three took part in national-level civil society organisation consultation (total 66). The organisations represented include BAWA, TIA, HUMURE and RCL, RNJ+ and BAPUD”

FDG GROUP 1: Young people selling Sex

General information.

When asked about whether they are informed about the Global Fund response to COVID-19, the participants agreed that they do not have any information about it. They also mentioned that they are not certain about the processes at country level in regard to the control, relief, prevention and or vaccination of COVID-19. It was also further found that there was no action taken at organisational levels as there were not enough resources to support health and nutrition of the members of the organisations.

“I went to one of the COVID-19 screening and management centres, but as access to these services requires the compulsory wearing of a mask, which costs at least 500 francs, I could not access this service even though I felt the signs of COVID-19. So I resorted to traditional medicine to alleviate the pain ” (Charlotte a TS).

Access to services related to COVID-19

The focus group participants shared that there is limited information regarding the prevention and management of COVID-19. This was because there was limited awareness creation in many areas and much worse targeted to young people selling sex although the nature of their work was very high risk transmission. Where there was information, it was not coherent enough even at national level. The confusion on vaccines, transmission and protection from COVID-19 also raised a conversation among the group. The young people organisations were not able to refer to service centres for testing and management of COVID-19 positive cases as the referral system was centralised to the government. The service centres were limited and costly when they were available in addition to the SOPs that didn't favour referrals. In addition, the access to PPE was limited. Most of the participants reported that they did not have PPE, especially in their organisations. Organisations were limited with access to services as they were not aware where screening is done at their localities, lack of transport to navigate to further screening areas. Many participants were concerned that their peers were getting sick and dying without diagnosis of the diseases that killed them.

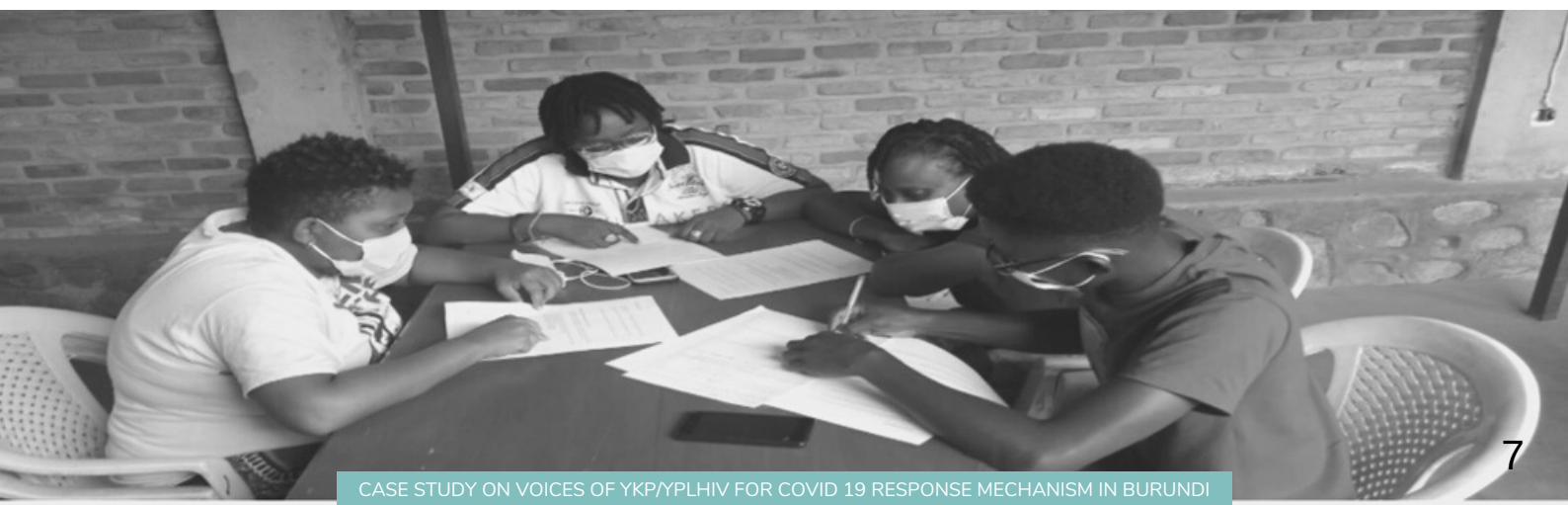
Young people living with HIV who sell sex reported aggravated discrimination in access to services. Since COVID-19, access to HIV related care was constrained by the outbreak of COVID-19. In addition, the income generation for young people selling sex was enstraged as cross-border travelling to get clients was abolished. the clients who showed interest also reduced their prices and were paying very little money for the services or not paying at all.

“I hope that life can improve when COVID-19 ends, although it will not be easy to heal from the after-effects caused by COVID-19” participant

Access to SRH, HIV and health services

Although some young people are missing behind dosage due to COVID-19, the multi-monthly system has been supportive in ensuring that people stay on medicines even during COVID-19. not so many young sex workers have reported supply problems as related to COVID-19. Advantageously, there are strong structures that facilitate access to SRH services like ABUBEF. members of KP organizations continued to receive and take TB treatment as before. members continued to access malaria treatment at a personal high cost. this includes the payments for opportunistic infections

Access to nutritional support, school kits, support groups, home visits and other health services that were free have ceased. Notably, Violence has also increased as security and protection reduced: physical, verbal and sexual violence are the most forms being practiced. The group identified the perpetrators to include, men in uniform, young people from the ruling party (mbonerakure), client of the young people selling sex, family members and caregivers. This has in addition to the stress levels of being confined in one space, increased on cases of mental health as young people selling sex have been subjected to stress, anxiety, depression and suicidal thoughts due to COVID-19 discrimination and they have resorted to consumption of high degrees of alcohol and narcotics for relief.



KEY POPULATION ORGANIZATIONS OF MSM


General information

Young KP organizations reported that they are not informed about the GF COVID-19 response system. The participants noted that they are informed and well aware of the national mechanism to fight against COVID-19 but the YKP do not directly benefit as a category. Most of the participants noted that there are certain actions, in particular the distribution of preventive kits. However, many confirmed that they did not have specific training on COVID-19.

In regard to access to COVID-19 service information, the participants mentioned that they are informed but do not have easy access as YKPs because they do not have structures specific to their identity. The structures available are discriminative and do not favour them. The participants noted that their organisations did not have access to PPE materials and care to cases that are positive is done within the general population but after noticing their sexual orientation, especially if the person identifies with LGBTIQ community, access to COVID-19 services becomes very difficult. The HIV positive YKPs are stigmatized or discriminated against when accessing health services they get slurs for example “you are a living dead” and yet access to the pick-up service is not guaranteed.



Economically, the members of the YKP organizations have reported to have been affected on the socio-economic level, their small businesses were closed, some didn't get the clients they serve and poverty and dependence rates increased in the process. The cross border traders were blocked with border closures and shutdowns and lack of funding for LBGTIQ organizations left the staff unpaid. Scaringly, it will be difficult for YKPs to regain their lost resources of income.



***"I sold my clothes
and jewelry to meet
my family's needs"
Participant***

Access to SRH, HIV and health services

Many YKPs live far from health centres, so they lack the means to travel to get HIV or TB related drug supplies, *"many YKP are reported as lost follow-up at our health centre"* participant. There is also a shortage in supply of lubricants and condoms at the health centres due to COVID-19. Generally, transport has hindered access to TB / HIV services

When asked about access to malaria services, the participants mentioned that access is not possible as YKPS are scared of the stigma that they face at health centres. Many opt to self-medicate or stay at home without any medical attention.

Access to other services

Many YKPS income generating work was disrupted, organisational funds diverted and hence members lost their purchasing power to basics like food and clothing. access to basic necessities was injured. There was an increase in gender-based violence but members of the organisations were afraid to report it. For example violence made by landlords to tenants, at school by school authorities, at work by colleagues and threats from communities due to gender identity, Mental health also continues to affect some YKP, they face anger and depression due to inability to solve the issues they face.

KEY POPULATION ORGANIZATIONS Drug Users

General informations

Participants from the young drug users mentioned that beneficiaries are not informed of the GF response, equally, they are also not aware of the National COVID-19 system, as some of them do not have phone devices to follow news updates information and no actions are being taken by BAPUD because it does not have the capacity.

Regarding information on access to services related to Covid-19, young drug users did not have safe and reliable information about COVID-19 to share with their peers. Most of them did not know where COVID-19 testing and treatment centres are located and hence were not able to access the information, the organisation was not capacitated enough to purchase personal protective equipment and hand washing devices. They mentioned that knowledge on access to TB treatment was not available and hence they didn't have discrimination experience.

Some YPWUD lost their jobs because of the reduction of employees in companies following the outbreak of COVID-19. They are not certain that the economy will go back to normal even after the end or control of COVID-19.

Access to SRH and HIV services

Since many YPWUD do not have a fixed places of residence, food or the means to travel to purchase ARV / anti-tuberculosis treatment, they are not able to access these services. They also continue to self-stigmatize and shy away from accessing the services they need. The situation has been made worse with the outbreak of COVID-19. Some drug users participants reported to have stopped ART / anti-tuberculosis drugs due to lack of food. There are drug users who do not go to health facilities to benefit from services related to the diagnosis and management of malaria and other opportunistic infections as a result of self-stigmatization, stigma and discrimination. Nutritional access has also been constrained by COVID-19.

Violence has been reported including verbal, physical and sexual violence, the perpetrators are neighbors, members of the public security forces. The drug users reported to lack safe spaces to express their needs, lack of home and food worsened by COVID-19 hence affecting their mental health.

General information

Most organizations and members reported that they do not know about the GF's COVID-19 response. They are aware of the national measures to fight against COVID-19 but these are not specific to the population. However, some transgender organisations have already carried out awareness trainings on COVID-19 preventive measures in the province of BUJUMBURA, but not everyone was reached because those in the interior of the country do not have information on COVID-19. They have false information and beliefs and continue to ignore the possibility of catching COVID-19.

Information on access to services related to COVID-19

The leaders of the organizations reported that they have the information on COVID-19 and they will be able to disseminate the information following the training workshops with members of the community, also with the support of healthcare givers. Finding PPE is a personal responsibility and most people have no knowledge about the different testing centres. The members who test positive do not get the support they need from the organisations as they are not capacitated enough. The transgender community is a victim of discrimination / stigmatization because of their gender identities and expression, this makes most of the members self-discriminate out of the fear of getting tested because of certain questions that doctors ask. Also because of their security.

Economically, there has been changes in incomes due to the pandemic, because most of the members are not economically self-sufficient to survive. Many of them have not had the chance to study due to their gender identity and family rejection which has caused many transgender people to lack educational security. Most of them survive on the small businesses they do, some work in bars and some in nightclubs, however, with COVID-19 their work was interrupted. Closure of the borders, reduction of workers due to lack of funds for wages, for transgender sex workers, they do not have clients. All of this increased the vulnerability of transgender people. They are hopeful that the situation will normalise when activities re-open in the country but skeptical that it will be as before.

Access to SRH and HIV services

The organisations reported that there is still a major challenge in regard to access of sexual and reproductive health within the transgender community. For others who live in certain provinces because there is a lack of drugs for STIs, lack of Condom and Lubricant GEL, access to health care for transgender people. It is not easy for transgender people to attend public hospitals and identify themselves as such because of the fear of being stigmatized. Another thing is that most healthcare workers don't have enough information about how to treat transgenders and others are against it. This has further been escalated by COVID-19. The supply of lubricants and condoms was completely stopped.

There are no free malarial diagnostics and free support. So because of the pandemic there has been an economic crisis in Burundian society, which is why there has been a rise in the price of malaria drug purchases. And all of this impacts on the health of the members.

Access to other services

There were funds that were intended for other programs, but following the pandemic, there was a complete shutdown of all programs and the fund was directed towards the management of COVID-19. But without forgetting that the members of the community are starving because of the situation that exists now.

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"I was afraid to go to one of the testing and care centres because of the discrimination we face on a daily basis. In addition to being transgender, being HIV positive makes me doubly stigmatized, which does not allow me to go anywhere," a transgender man told us during the interview.

Violence

There are public speeches made by the President of the Republic saying that COVID-19 is a punishment that God wants to give to the people of Burundi because of homosexuality. It affects the transgender community because it starts causing verbal aggression and all of this affects the vulnerability of the transgender community.

Mental Health

There are several members who have been affected by mental health issues due to this pandemic. With the verbal assaults of parents towards their transgender children, family rejection, lack of food, lack of rent payments following the economic crisis caused by COVID-19, most members encounter mental health issues. In addition with the situation of the Burundian context which does not tolerate transgender people.

Role of civil society in the country's overall response to COVID-19 pandemic

In Burundi, national civil society is involved in activities such as community awareness-raising on the prevention of COVID-19, community surveillance, and the implementation of barrier measures within their institutions by supporting the deployment of the system. Several organisations are involved (Burundi Red Cross, CAPES+, CARITAS BURUNDI, BAPUD, BAWA, RNJ+, ASOUPEVU, SWAA BURUNDI, ANSS, AFRABU, etc.)

C19RM Proposal Drafting and level of Coordination

Since receiving the allocation letter from the Global Fund, the secretariat of the Country Coordination Mechanism, in collaboration with partners including WHO, UNDP and Expertise France, have started the process by developing a national roadmap for submission by 15 June 2021. The drafting committee has been set up and the need for additional expertise for the drafting has been expressed.

The Minister of Public Health and AIDS Control, who chairs the National COVID-19 Task Force appointed the National Committee for the Drafting of the Full Application. This committee is composed of members identified in the various departments and programmes involved, the United Nations system organizations, bilaterals, national and international non-governmental organizations and civil society organizations, including the RNJ+. All these actors are actively involved in the drafting of the funding request. Meetings were held with the main actors during meetings or drafting workshops. A community dialogue was organized (with the participation of all key populations) and the conclusions were incorporated into the drafting of the application. Drafts were shared, inputs were integrated. In Burundi, the coordination of the response to COVID-19 is carried out by three national bodies:

1st level of coordination: The High National Committee for the fight against the spread and contamination of COVID-19 chaired by the Minister of the Interior, Community Development and Public Security; assisted by the Minister of Public Health and the Fight against AIDS;

2nd level of coordination: The COVID-19 multi sectoral task force chaired by the Minister of Public Health and the Fight against AIDS;

3rd level of coordination: The technical sub-committees of the Task Force.

In the implementation of this request by the Principal Recipient (PR) of the current grants, i.e. UNDP, the effective participation of national bodies will be required. National programmes, other MSPLS implementing partners, current SRs, COUSP, SRHs and civil society will be included in the implementation mapping. The CCM will monitor the implementation of interventions under this grant. [1]

Thus, the initial budget allocated was 1,010,732.28 USD. An amount of 107,735.87 USD has been spent and the financial commitments are 421,721.07 USD. The total spent and committed is USD 529,456.94. This grant covered the purchase of Xpert Xpress SARS-Cov-2 kits (COVID-19 cartridges) including consumables. It also covered the required PPE (FFP2/N95 masks, goggles and face masks, gowns and overcoats, capes), hand washing kits and Thermoflash. However, the only activity carried out was a situational analysis visit and proposal for reorganization of isolation if necessary at 346 health facilities at the central level to assess prevention in terms of infection control, as well as the organization of patient flow at the health facility level in order to limit transmission of COVID-19. The short time remaining after the grant was approved did not allow for the completion of most of the planned activities.

E. LESSONS LEARNED

Engagement of the young key population should have happened at earlier stages of the concept note development. Much of the information shared at the FGDs showed a lack of engagement in the national processes for YKPs. This means that the challenges identified will still be faced when their voices are not highly articulated.

For better understanding and engagements of the YKP in the concept note development, invitation of a CCM member to be part of the conversations would have given a clear insight and won more allies to support the uptake of the recommendations from the different key populations groups.

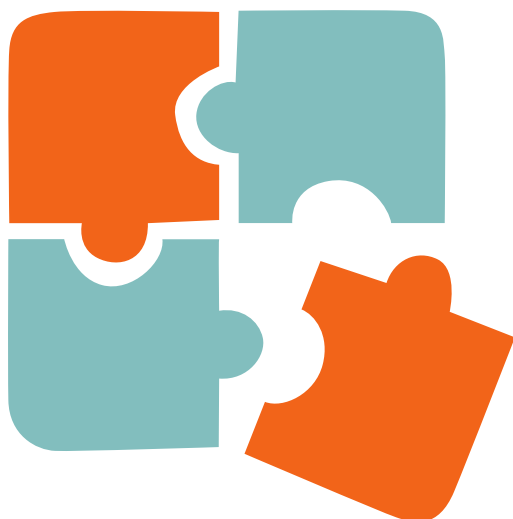
Country dialogue and the FDG would have been impactful in the same setting to share the different thoughts and ideas from the members of the different key population groups with group divisions of similar key population identification.

Young key populations need tailored information on different issues including COVID-19. This is so because their needs are unique and general population information can not cover the special needs and challenges that the YKP face.



F. CHALLENGES AND RECOMMENDATIONS:

The challenges in developing the concept note are:



- The activities on the concept note were pre-written and hence changing them or incorporating new ones was not possible and challenging. there was no option to choose the kind of activities that fit the Key populations best.
- The different categories at the national teams have different priorities that they wish to forefront and hence when the ideas are suggested to them , they would ignore them as there are competing priorities on their end. recommendations coming from the Civil society organisations were always sidelined.
- The communication channels are not clear enough and they certainly do not distribute information equitably to the different stakeholders which is also a major challenge and hindered participation
- Since the CCM doesn't have youth representation, the voices and tributes of the young people, especially the YKP are taken for granted. for instance, the contribution made by the team into the concept note development was first rejected and required forceful management for it to be added

Below are the written challenges from the FDG discussions and recommendations suggested by the networks of YKP:

CHALLENGES	RECOMMENDATIONS
Lack of information on COVID-19 and lack of prevention kits	Intensify the distribution of preventative measures.
Disruption of funds	Professional training of KP according to their potential or talent, financing of local associations.
Lack of structures for the care of KP	Set up specific health structures for KP And the staff who understand it.
Lack of transport for the supply of ARVs and other support.	The structures can organize the descent of the distribution of drugs (ARVs and others) at the base
Discrimination of YKPS on COVID-19	The establishment of specific structures for the screening and management of YKPS for COVID-19.
Discrimination and stigmatization by Burundian society.	Training and awareness on human rights, psychosocial support
Permanent violence, lack of security /Lack of legal security/protection or scheme	Legal assistance for imprisoned YKPs
Lack of STI and malaria drugs	Availability of drugs for STIs and Malaria free of charge

Economic disruptions	Provide training on vocational opportunities that can support income generation.
Mental health problem, which causes alcohol and abuse of narcotics.	Set up a psychological support and social care <u>center</u>
Lack of nutritional support	Establishment of nutritional assistance and support
Forcibly repatriation of YKPs with their families who are on ARVs within the country by the police	Set up counselling and resettlement services before repatriating any person
Deaths of several members of the YKP community due to COVID-19	<ul style="list-style-type: none"> -Intensify information sharing on the protection of COVID-19. -Train and inform peer educators in charge of supporting drug users in general and those living with HIV and TB -Decentralization of screening sites and wider dissemination of information
Lack of a friendly space equipped and equipped to facilitate adequate care and support for YKPS	Create and equip specific user-friendly <u>centers</u> adapted to different YKPS

G. CONCLUSION:

During the discussions, it was found that most YKPs didn't know about the GF COVID-19 response mechanism. However, the facilitators used the opportunity to inform the YKP of the process details, its information stages and the progress of the processes. It was noted that the implementation of this scheme had not started yet, and could explain why YKPs were facing problems in accessing essential services and other related challenges.

Among the challenges indemnified in relation to access of essential services related to COVID-19 include: the stigmatization of YKPs, lack of access to information, lack of access to quality and structured care, lack of access to lubricants and SRHR services, lack of access to nutritional support and limited access to HIV, Malaria and TB services



The YKP suggested solutions that are YKP friendly including better engagement of YKP in the CCM process, providing nutritional support for the YKP, and improving services for YKP in relation to HIV, TB and Malaria.

YKPs are now in position to engage meaningfully in the process and be able to be part of the issues that impact their health in regard to HIV during COVID-19. The recommendations that were given to the CCM were taken up and included in the final documents.

H. ANNEX:

1. Photos from the Focused Group Discussions



2. Questionnaire used

QUESTIONNAIRE FOR FOCUS GROUP DISCUSSIONS

The aim of the survey is to collect information on how the current spread of COVID-19 is affecting key populations and their access to essential services. We hope to use the information gathered through the survey to advocate for more comprehensive interventions during the national dialogue process for the submission of the C19RM funding request to the Global Fund.

Thank you for your contribution.

General information

1. Are organizations of PLHIV informed about the FM's COVID-19 response device? No information on the existence of the device.
2. Are your organizations aware of the National COVID control system?
3. Have your organizations already taken action against Covid-19?

Information on access to services related to COVID-19

1. Do PLHIV organizations have information on COVID and do you think you can ensure it is disseminated to your members and beneficiaries?
2. Do organizations of PLWHA know or refer for obtaining services in the framework of the Prevention and Management of COVID 19:

- Covid-19 screening service:
- Support for positive results:
- Personal protective equipment (PPE)

3. Do you have the necessary inputs (PPE) for barrier measures within your organizations to benefit members and staff?
4. Do PLHIV who are members or beneficiaries of your organizations have access to the correct care if they test positive for Covid 19?
5. Are PLHIV / Tuberculosis patients stigmatized or discriminated against because of their HIV status when accessing health services linked to COVID-19?

Returned (Incomes)

6. With the restrictions due to Covid -19, are there any PLHIV who have not been able to maintain their income as before?
7. Do you think those who have lost their income can get it back when the situation improves?

Access to SRH and HIV services

8. Could there have been an ARVS / anti-tuberculosis drug supply problem related to the COVID -19 restrictions in the country?

9. Have YPLHIV members of your organizations continued to access sexual and reproductive health services since there were restrictions related to Covid-19?

Access to TB / HIV services

10. Did members of PLHIV organizations continue to receive and take anti-tuberculosis treatment as before?

Access to malaria control services

11. Do members of your organizations have continued access to diagnostic and management services for malaria or other OIs since there are restrictions related to Covid -19?

Access to other services

12. Are there other services for YPLHIV who have experienced disruption following Covid 19 (Food, other forms of assistance?)

Violence

13. Have people living with HIV been confronted with any form of violence (verbal, physical or sexual) following Covid 19? Which ones if there are any? And who are the authors?

Mental Health

14. Are there PLWHIV members or beneficiaries who complain or show other mental disturbances as a result of COVID 19 (stress, anxiety, depression, suicidal thoughts, despair, anger,...)? Are they getting the help they need?

15. ARE THERE other difficulties that PLHIV HAVE encountered in accessing services / benefits since the COVID 19 pandemic that we have not mentioned and what solutions do you propose?

