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REPORT

‘KHORMOON’

Surveying LGBTQI+ Situation During COVID-19 Pandemic

ViiV Healthcare

Atlantic Fellows

THE EQUITY INITIATIVE

‘KHORMOON’

Surveying LGBTQI+ Situation During COVID-19 Pandemic

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Chawachol Boonyoprakan, *Rainbow Ratchaburi, Ratchaburi, Thailand*
Jedsadaporn Thongngam, *Payoon Sri Trang, Trang, Thailand*
Matcha Phorn-in, *Sangsan Anakor Yawachon, Chiang Mai, Thailand*
Nikorn Chimkong, *BKK Rainbow, Bangkok, Thailand*
Somchai Phromsombat, *The Poz Home Center, Bangkok, Thailand*
Surang Janyam, *SWING, Bangkok, Thailand*
Thissadee Sawangying, *HON, Chonburi, Thailand*

Community Representatives:

Special thanks to Mr. Rod Olete who provided his time to guide this project’s research design and methodology.

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ACRONYMS AND ABBREVIATIONS

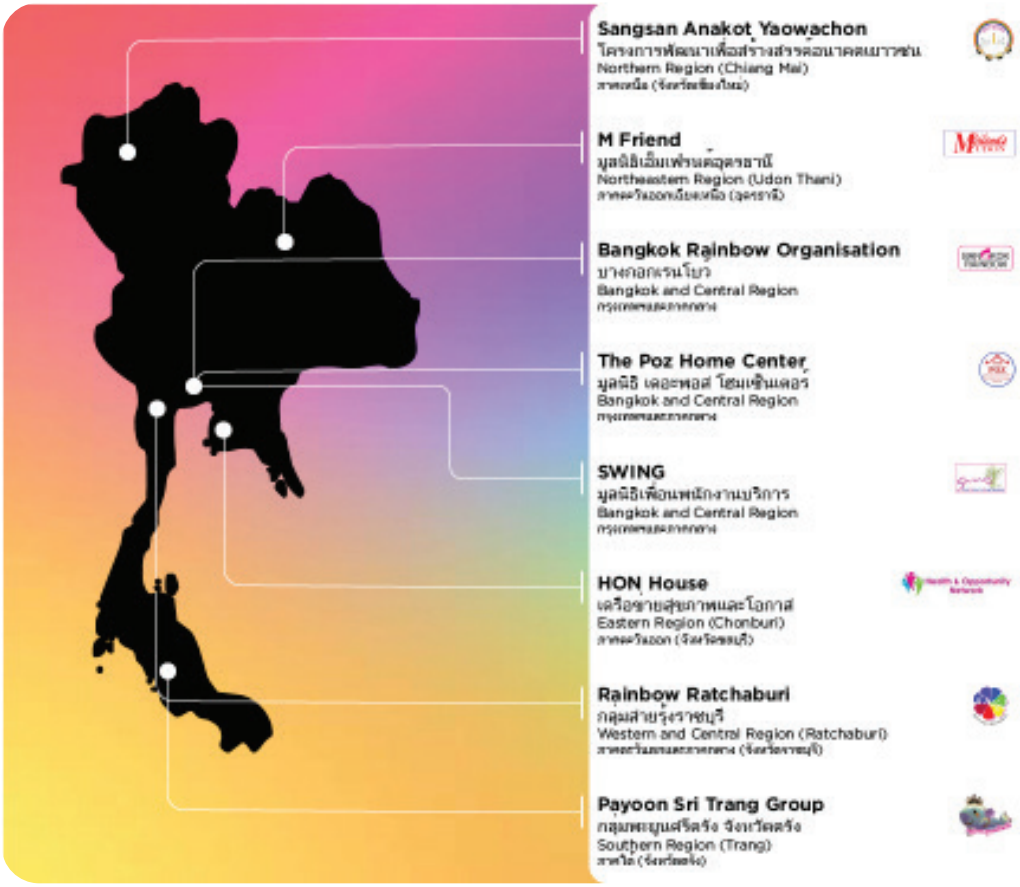
HIV	Human immunodeficiency virus
PLHIV	People living with human immunodeficiency virus
STI	Sexually transmitted disease
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, + is for other group such as gender fluid, asexual, etc.
CBO	Community based organization
PWUD	People who use drug
PWID	People who inject drug
PrEP	Pre-exposure prophylaxis
PEP	Post-exposure prophylaxis
ART	Antiretroviral Therapy
ARV	Antiretroviral (drug)
Displacement	the situation in which people are forced to leave the place where they normally live
Socioeconomic	involving both social and economic matters
Stimulus Check	A relief fund issued by the government of Thailand to keep unemployed population still have some sort of income.
Nightspot	Place where sex workers are working

EXECUTIVE SUMMARY

Background

COVID-19 has subjected half of the world's population to obligatory confinement, which includes curfews and quarantines. The present pandemic is affecting the key population who are living with and affected by HIV. Government restrictions on mobility and rules of confinement has greatly affected the delivery of health services at a local level.
In April 2020, APCOM Foundation (APCOM), in partnership with the POZ Home Foundation, set up a virtual meeting with Thai-based CBOs to discuss issues faced by key populations during the COVID-19 outbreak. To prevent further spread of COVID-19 virus, cities and provinces were placed under lockdown, hence restricting people's free movement. Business establishments were closed and a large number of the population observed mandatory quarantine and social distancing. Although this pandemic impacted everyone the key population felt the burden more than others. People who are living with HIV (PLHIV) and people who are in high risk of acquiring HIV and STI whose movements were restricted were heavily impacted through loss of employment and difficulty of accessing HIV services.

What is ข้อมูล ('Khormoon')?



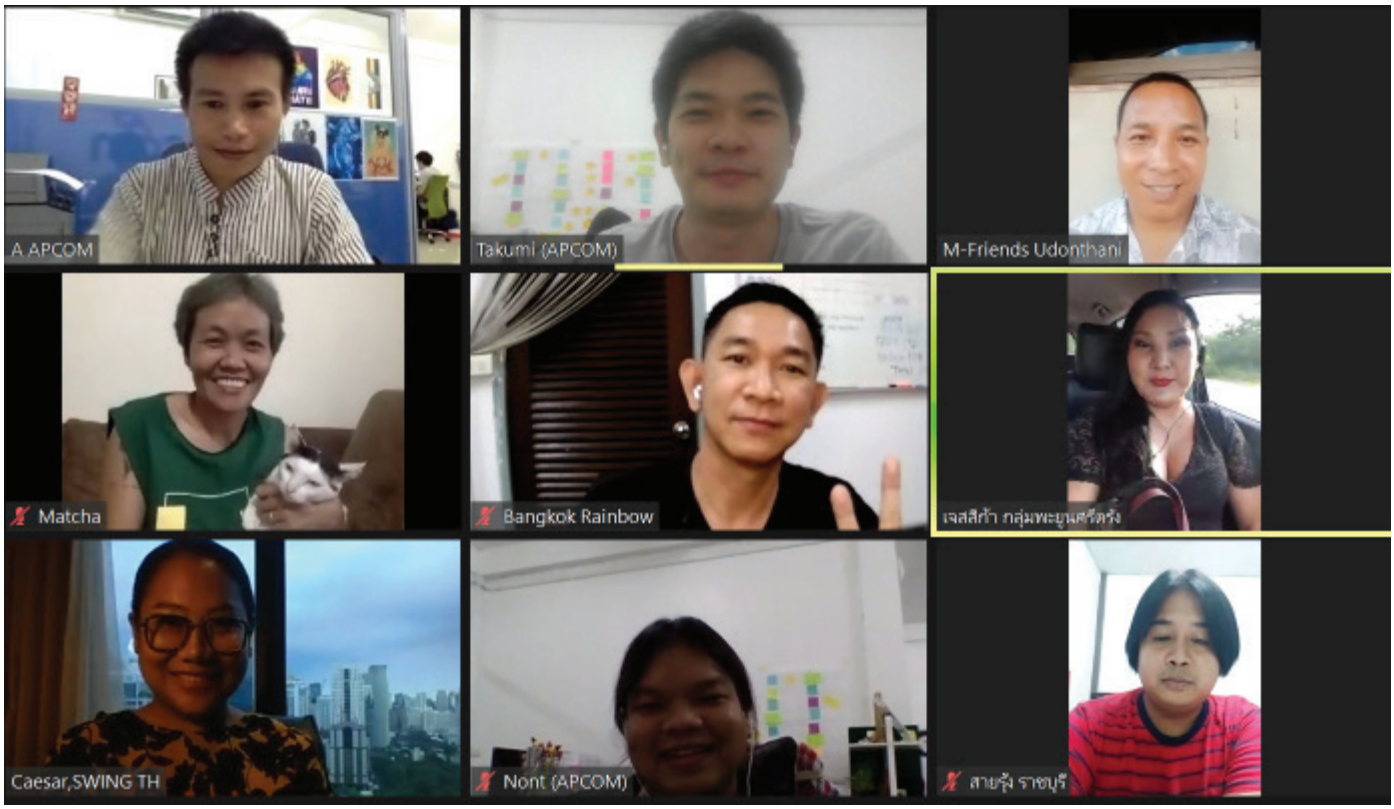
APCOM, together with a number of community-based organisations in Thailand, implemented 'Khormoon Project'. This is an initiative which allows Thai community-based organisations to gather essential information from the key population they serve about the challenges they encounter in accessing life-saving Anti-Retroviral Therapy (ART) during the lockdown period. These sets of information will allow them to establish service delivery arrangements tailored to PLHIV by providing specific data on their needs in relation to ART. In Thai language, ข้อมูล ('Khormoon') means 'information'.

By gathering specific information on PLHIVs, especially those who live outside the big cities of Thailand, the CBOs may be able to establish service delivery arrangements tailored to the needs of PLHIVs. This information will also allow CBOs to successfully access financial resources from technical agencies and/or governments to continue service delivery despite COVID-19. This initiative is funded by ViiV Healthcare to implement a community-led data gathering via online survey with our community partners (Community Based Organization). This activity, being community-led, will ensure that all the participants are key populations affected by COVID-19, most especially the PLHIV. The data gathered through Khormoon will produce a comprehensive report that not only presents the situation the affected group are facing but also, provide recommendations and future guidelines for stakeholders for a more effective humanitarian response.

What did Khormoon find?

The CBO partners across the country led the data gathering. Using the tool created for this project, the CBO partners reached out to the key population who are men who have sex with men (MSM), transgender women, sex workers, migrant workers and people living with HIV (PLHIV). The data collection was done in a period of six (6) weeks. A total of 1,430 respondents across the country participated in the data collection. 838 of these respondents disclosed as PLHIV. Data were collected from Bangkok and Central Region, Southern Region (Trang), Eastern Region (Chonburi), Northeast Region (Udon Thani), Western and Central Region (Ratchaburi), Northern Region (Chiang Mai).

Khormoon data presented glaring challenges faced by the key population arising the intersectional issues of sexual and mental health, discrimination, domestic violence, and socioeconomic disparity. These layers of challenges to health and human rights are lived experiences of many key populations in Thailand, but made manifest by the COVID-19 pandemic.



The following are the findings from the Khormoon initiative which need to be urgently addressed.

1. HIV services and information on COVID-19

Key populations believed and were worried that it is more difficult to access HIV services such as testing, PrEP, PEP and ART during the lockdown. In Thailand, the efficiency in delivering HIV services and outreach to people who needs access is due to the contribution and interventions of the community-based organisations (CBOs). However, there were no long-term structure or mechanism that is put in place to address travel restrictions which occurred.

A total of 1,430 respondents across the country participated in the data collection. 63.34% of these respondents disclosed as PLHIV. 82.30% of them are receiving ART, and 17.70% are not. On the other hand, 42.76% of participants self-reported to have risky sexual behaviors, whilst 42.03% of the total participants reported to have been diagnosed with STI.

During the lockdown, the majority of respondents (66.26%) were worried that ART, Pre-Exposure Prophylaxes (PrEP), or Post-Exposure Prophylaxes (PEP) would be difficult to access because of the imposed restrictions on travel and mobility.

Within the period when travel restrictions were in effect, the CBOs coordinated with health facilities (e.g. public hospitals) to ensure that PLHIV receive their ART. Community-led service delivery providers began to offer courier service to deliver condoms, PrEP, PEP, and ART to their clients who were not able to travel.

The intervention from CBOs and community-led service providers allowed majority of the participants to receive HIV services especially ART. The participants reported that the CBOs have ensured that STI, HIV testing, ART and harm reduction services continue despite the pandemic lockdown.

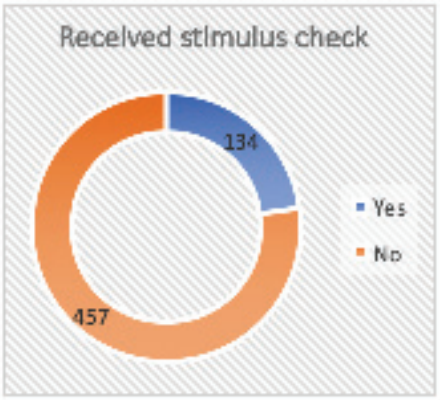
From the survey it could be said that testing, treatment, and prevention during the lockdown were mostly available and able to access. This includes consultation and support for STI and HIV. Thai citizens have access to affordable health service, this result in low-cost medication expense, however, Social Security Office and the National Health Security have lifted restriction in accessing ART from only in their assigned hospital to be able to access in any hospital in the network, but people working in the network and the patients itself are not are of the new policy causing confusion and worries in the PLHIV community which is a pressing issue.

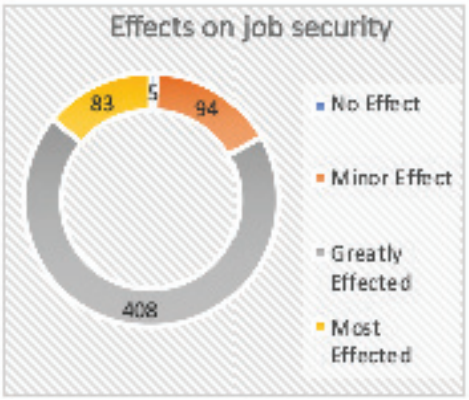
COVID-19 preventions in most health service providers are in place and information of about the pandemic were well distributed.

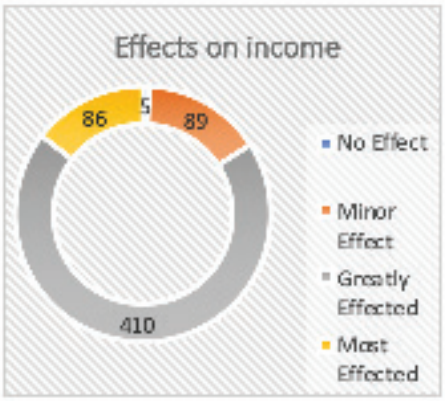
2. Socioeconomic condition

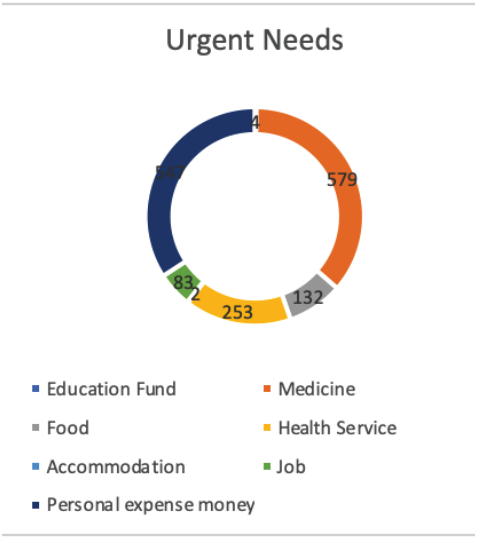
The socioeconomic condition of the PLHIVs and other key population were greatly affected by the pandemic.

From the data, it has shown that the key population were greatly affected by the pandemic. Nearly half of the respondents (44.53%) became unemployed or lost income due to closure of establishments and business during the pandemic. This number is staggering compared with the unemployment rate of the Thai society which hovers around 1-2%. This could indicate that PLHIV and other key populations felt the effect of the pandemic more than general members of the society. 69.56% of the respondents reported that the lockdown affected their job security. 93.08% of the respondents reported that the pandemic and corresponding restrictions have affected their income. Despite this, more than half (58.43%) of the respondents did not receive any government stimulus check or financial assistance.









The most urgent need that the respondents have is personal expense money, this may indicate that even some of the respondents already have a job but their income is not sufficient to live out their daily lives. The second most urgent need is medicine, which may be due to the fact that most of the respondents are PLHIV and always need medication, and since the lockdown impose travel restriction making their necessary medication is harder to reach. There is a staggering amount of people who need food as their urgent need (307 people), this may due to the lack of income which caused by the pandemic.

IMPORTANT:
The new outbreak of COVID-19 was recorded in December 2020. Beginning 02 January 2020, the Metropolitan Bangkok is placed under **"Red Zone"** together with 27 provinces.

This recent outbreak there are staggering number of new infections affected migrant workers hailing from the neighboring countries of Myanmar and Cambodia.
At the time of the writing of this research, there was a very limited number of migrant workers how responded to the survey.

3. State of mental health

PLHIV and other key populations reported that lockdowns and other restrictions have effects to their mental health. They are not aware of any available support that they can access to address the mental health issues.

During the lockdown, participants reported that there were increase of anxiety and depression, at the same time, increase of instances that they were not able to stop or control worrying. After the lockdown, although the participants reported a decrease in anxiety, the number of those reported depression and helplessness is still high. This may be caused by a number of factors including joblessness and/or loss of income. From the table, it is shown that PLHIV are more depressed and have little pleasure in doing things than non-PLHIV during and after lockdown. However, PLHIV could control their worrying than non-PLHIV during and after lockdown. During lockdown PLHIV felt more nervous or anxious than non-PLHIV but could cope better than non-PLHIV after lockdown.

Although the Thai government's Department of Mental Health is operating hotlines during the lockdown, the respondents are not aware of these services. Hence, none of the respondents have accessed this support to address their mental health issues.

4. Challenged human rights

Cases of domestic violence were reported by key populations during the lockdown period.

18.81% of the respondents (269 people) have been displaced from their own original location due to the lockdown, and 13.29% of the respondents (190 people) have to move out of their leased residence permanently.

41 respondents reported cases of domestic violence during the lockdown period. 183 participants reported they felt that their human dignity was violated. These numbers may be due to the long period of time that respondents are required to stay within the family household.

However, the majority of the respondents knows where to find legal assistant, it could be assumed that the organization that they have been contact with provide referral or legal assistant but there are 36.95% of the respondents (480 people) who felt unsure that they are safe from injustice, this might indicate that even though there are legal assistance mechanism in place there are on the constant threat of being treated unfair.

Where do we go from here?

APCOM

- Advocate with stakeholders for additional support to create a sustainable HIV intervention programme to ensure uninterrupted services for MSM and transgender communities during the emergency situation. (For example: COVID 19 pandemic)
- Develop documentation and dissemination of good practices from APCOM's research and community-led activities to MSM and Transgender-led organizations for the scale-up of HIV intervention programme.
- Advancement MSM and transgender communities understanding on human rights, gender equality through the conduct of workshops and trainings.
- Institutional support for MSM and transgender led organizations to strengthen its programme capacity to advocate and respond to gender and human rights.

CBOs

- Conduct advocacy meetings with health care providers to integrate mental health services into the existing intervention programme.
- Promote awareness on mental health issues of key population communities, in particular MSM and Transgender communities.
- Promote and educate communities on human rights and gender equality.
- Continue developing and expanding alternative testing, prevention and treatment distribution programmes that were initiated during COVID-19, to provide continuous treatment options to people living with HIV and those at risk, beyond the pandemic e.g. home delivery, decentralized community distribution, Mobile clinics.
- Develop health service guidelines to address PLHIV health during an emergency situation.

Authority

- Promote mental health services and integrate mental health component into the primary health programmes.
- Promote and educate community leaders about human rights
- Strengthen the National Human Rights Commission of Thailand and give more authority in deciding and penalizing human rights issues.
- Decentralize service delivery models such as mobile clinics or ARV home delivery to ensure people PLHIV or at high risk had continuous access to prevention and treatment to other STI.
- Provide more support/investment in the intervention programme for effective HIV response at the country level
- Allocate or reserve fund to meet MSM and transgender communities needs during emergency situation (For Example: COVID 19 crisis)
- Provide space to MSM and transgender communities at policy/ guidelines development meetings to ensure their voices are heard for the development of inclusive policy.

Funders

- Lobby the government agency to fund for human rights programmes.
- Engage with key population communities at all decision-making processes throughout the project implementation period.
- Advocate for enabling environment or inclusive policy for key population communities.
- Strengthen partnership with private sectors and CBOs for receiving funding support for the sustainability of organizations.
- Continue support and increase investment in the regional and multi country programmes to address key population communities' needs
- Provide alternate channels of financial support to fund key population led organisatons.

BACKGROUND AND RATIONALE

ข้อมูล ('Khormoon') means 'information' in Thai language. This initiative allows Thai community-based organisations to establish service delivery arrangements tailored to PLHIV by providing specific data on their needs in relation to ART. The challenge for the PLHIV community in Thailand is a reliable access to ART especially for those who are living outside the metropolitan area. In April 2020, APCOM Foundation (APCOM), in partnership with the POZ Home Foundation, set up a virtual meeting with Thai-based CBOs to discuss issues faced by key populations during the COVID-19 outbreak.

To prevent further spread of COVID-19 virus, cities and provinces were placed under lockdown, hence, restricting people's free movement. Business establishments were closed and a large number of the population observed mandatory quarantine and social distancing. Although this pandemic impacted everyone the key population felt the burden more than others. People who are living with HIV (PLHIV) and people who are in high risk of acquiring HIV and STI whose movements were restricted were heavily impacted through loss of employment and difficulty of accessing HIV services.

This research will mainly focus on people who are at high risk of acquiring HIV, and PLHIV who are MSM, transgender person, sex worker, and the effects especially in accessing and receiving STI treatment, Anti-Retroviral Treatment (ART). By gathering specific information on the key populations, especially those who live outside the big cities of Thailand, the CBOs may be able to establish service delivery arrangements tailored to the needs of the key populations. This information will also allow CBOs to successfully access financial resources from technical agencies and/or governments to continue service delivery despite COVID-19. This initiative implement a community-led data gathering via online survey with our community partners (Community Based Organization). This activity, being community-led, will ensure that all the participants are key populations and LGBTIQ community affected by COVID-19, most especially the key population. The data will be collected on SurveyMonkey which is an online survey web based. Subsequently, analyzing the data and creating a comprehensive report that not only report on the situation the affected group are facing but also, added suggestion and future guidelines for stakeholders for a more effective national program design.

In order to achieve the desired result, the data collection will be done on selected sites across the country.

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SIGNIFICANCE OF THE STUDY

Specific Objective

- Determine the state of HIV care and other STI related treatment service quality during the lockdown, which government impose travel restriction.
- Identify problems and finding effective and efficient approaches in ensuring sexual, mental well-being, human rights protection and socioeconomic safety net among key populations during the COVID-19 outbreak and for future pandemic.
- Analyze and identifying the problems and challenges that prevent HIV and STI treatment to become effective and efficient.

Expected Outcomes

By gathering specific information on PLHIVs, especially those who live outside the big cities of Thailand, the CBOs may be able to establish service delivery arrangements tailored to the needs of PLHIVs. This information will also allow CBOs to successfully access financial resources from technical agencies and/or governments to continue service delivery despite COVID-19. Funders allocating more funding to support the gap that research have shown. Moreover, it will be used in advocating to the government in changing the policy that currently be in place to improve the overall quality of life of the key population. Those includes socioeconomic aspect, mental health, and human rights. And especially, the sexual health services.

METHODOLOGY

Rationale for the Research Design

Create an online survey to have a one-point access of all information and easier for analysis. To get information from key population, we rely on CBO that are close and better well-known to the key population, which will make the data more accurate and reliable. CBOs insight on the handling of the respond will be added in addition to compile good practices of the respond. Information will be presented in numerical data and will be analyze to create a comprehensive report.

Schedule

The survey will start from October 2020 – November 2020 and will have these following details:

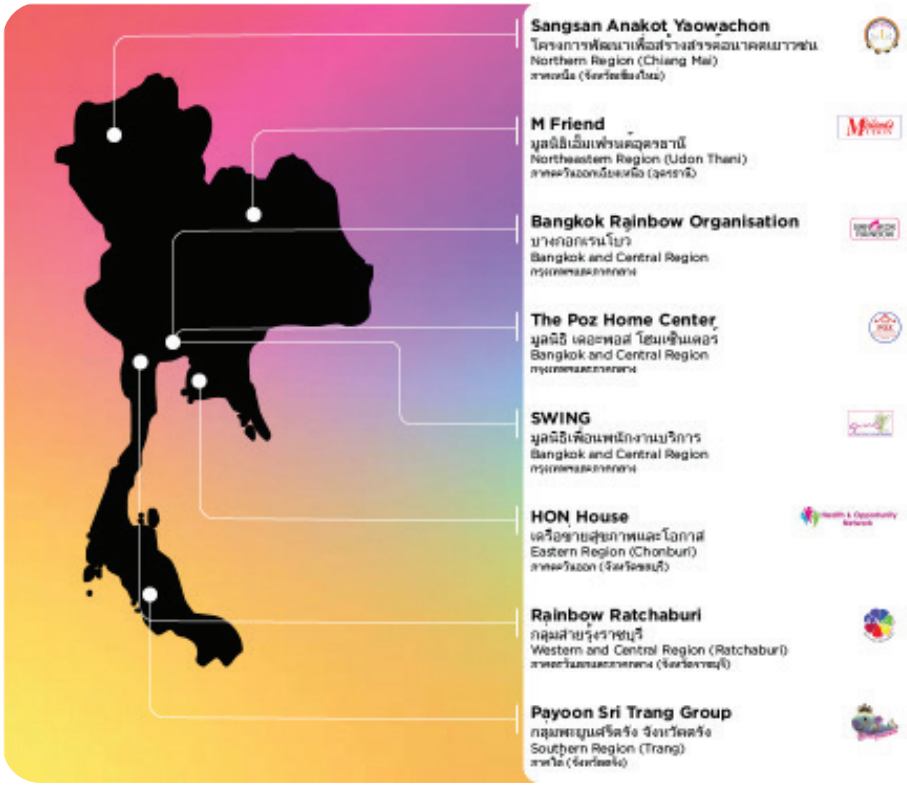
Activities	September 2020				October 2020				November 2020				December 2020			
	Week				Week				Week				Week			
Step 1	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Recruitment TOR for the COVID-19 Consultant Coordinator	■	■														
Preparing information about the project		■														
sharing of project information to the CBOs		■														
First call with the CBOs regarding the project			■													
	September 2020				October 2020				November 2020				December 2020			
	Week				Week				Week				Week			
Step 2	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Methodology applying in data collection		■														
Draft questionnaire			■	■												
Online call with CBOs: Develop drafted questionnaire				■												
Online call with CBOs: Monitoring progress				■												
Project Reporting				■												
Step 3																
Collecting and gathering data in cities/provincial by CBOs staff on online based survey					■	■	■	■	■	■						
Online call with CBOs: Monitoring progress					■											
Project Reporting								■								
Step 4																
Data cleansing and validation										■						
Analyzing the data and developing report with recommendations										■	■					
Online call with CBOs: Monitoring progress												■				
Project Reporting												■				
Step 5																
Providing recommendations to CBOs on the report													■			
Report findings to government agencies, CBOs and global funder related to the key population														■	■	

Inclusion Criteria

The respondents and participants for this study shall include members of the key population and will be conducted through community-based organizations in Thailand:

- Sex workers (either male or female or member LGBTQI+)
- People who use and/or inject drugs (PWUD/PWID)
- People living with HIV (PLHIV)
- People who are at high risk at contracting STI (sexual transmitted disease)
- Members of LGBTQI+ community
- Refugee, immigrant

Thai CBOs and Geographic Area



Organization	Geographic Area	Respondents
Bangkok Rainbow	Bangkok and Central Region	131
Poz Home	Bangkok and Central Region	596
Swing	Bangkok and Central Region	107
Payoon Sri Trang Group	Southern Region (Trang)	110
HON House	Eastern Region (Chonburi)	118
M Friend	Northeastern Region (Udon Thani)	104
Rainbow Ratchaburi	Western and Central Region (Ratchaburi)	102
Sangsan Anakot Yaowachon	Northern Region (Chiang Mai)	60

Findings and results

From 6 weeks period of collecting data there were 1,430 respondents and were collected from all region of Thailand. The result is as follows.

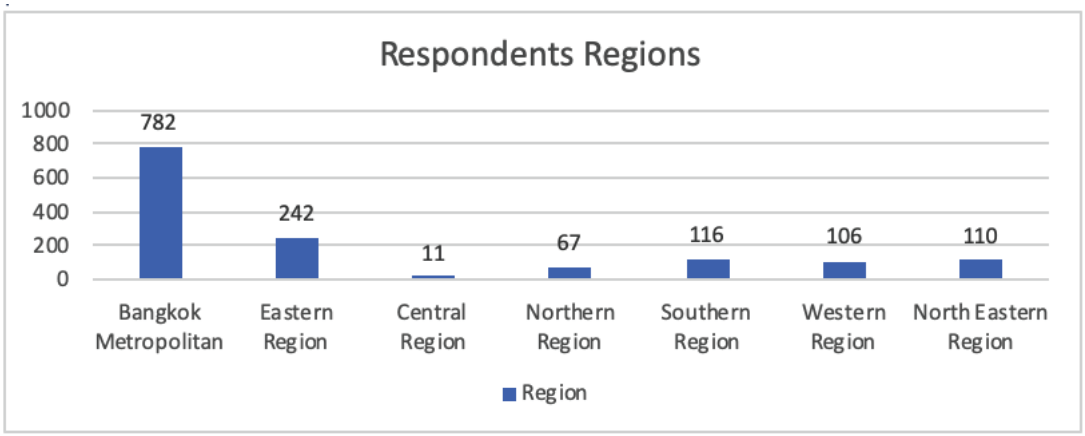


Figure 1 Region of respondents

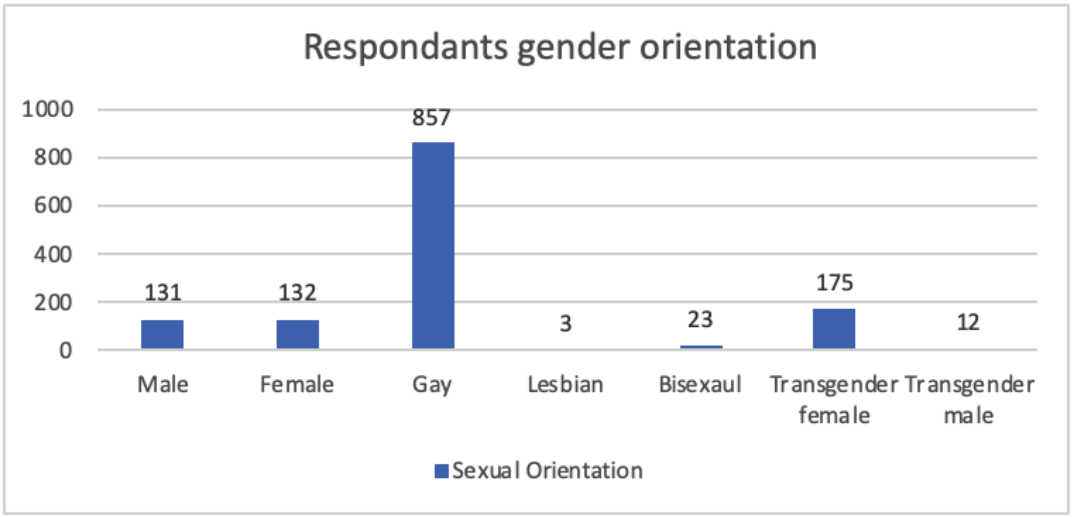


Figure 2 Gender orientation of respondents

The majority of respondents are in Bangkok Metropolitan area (54.69%) and are mostly gay men (64.29%) as shown in figure 1 and 2.

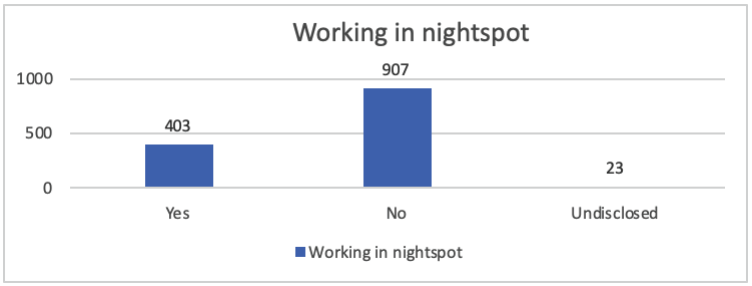


Figure 3 Respondents who work in nightspot

There are 30.23% who work in a nightspot (Figure 3).

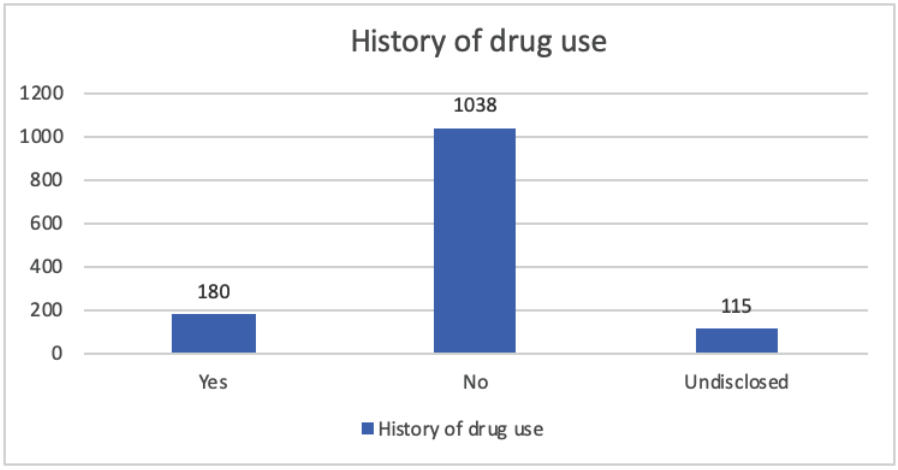


Figure 4 Respondents who have history of drug usage

As shown in figure 4 there are only 13.50% of respondents who have history of drug usage.

Displacement

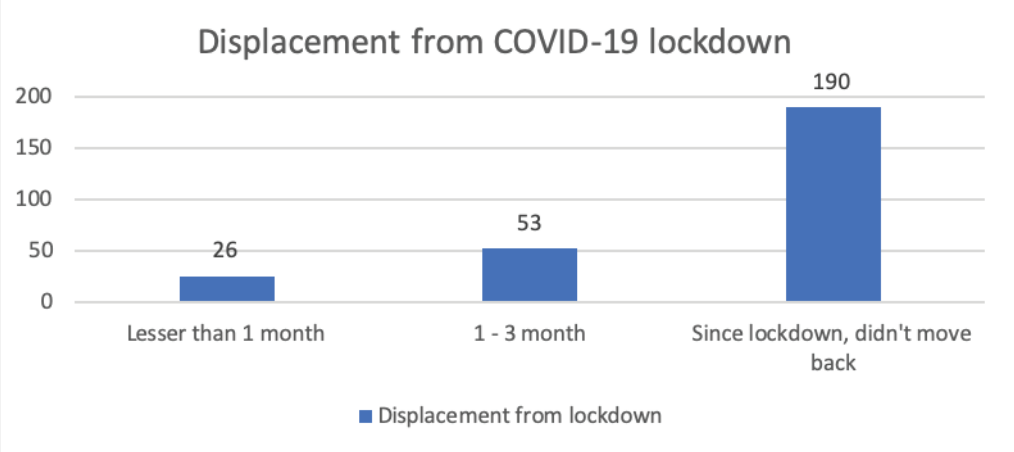


Figure 5 People who have been displaced during lockdown

18.81% of the respondents (269 people) have been displaced from their own original location due to the lockdown (Figure 5). And 13.29% of the respondents (190 people) have to move out permanently.

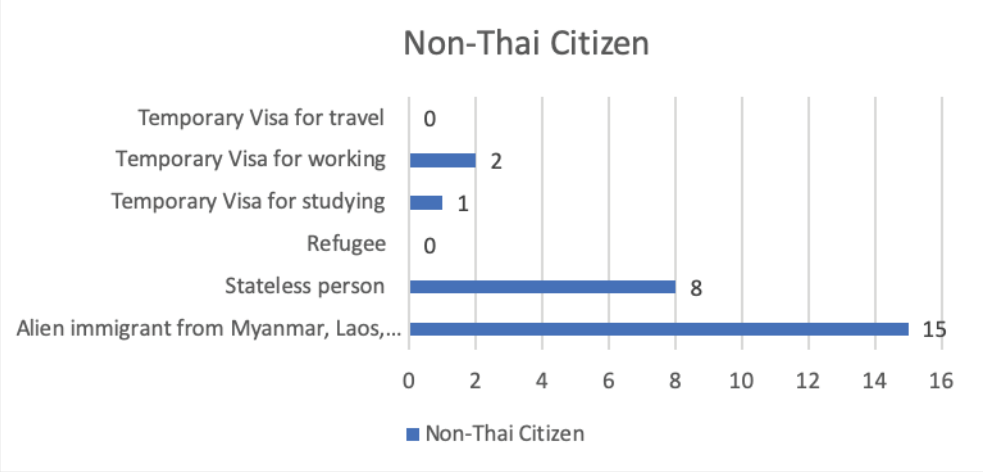


Figure 6 Non-Thai citizen status

Figure 7 Alien immigrant & stateless person location

As shown in figure 6 there are 26 respondents who are a non-Thai citizen. There are 15 alien immigrants, most of which stayed in Bangkok (10 people) and are working in night spot. From the data, stateless people do not received consultation for HIV or STI or legal issue and are 100% jobless. Most of the respondents (62.50%, 5 people) have to travel far to get necessary treatment or prevention drugs. All of the stateless people did not receive any stimulus check from the government. And only some alien immigrant received the stimulus check (13.04%, 3 people). There are high number of domestic violence compare to the whole respondents (30.43%, 7 people) and also high cases of violation of human dignity (43.48%, 10 people). mostly gay men (64.29%) as shown in figure 1 and 2.

PLHIV

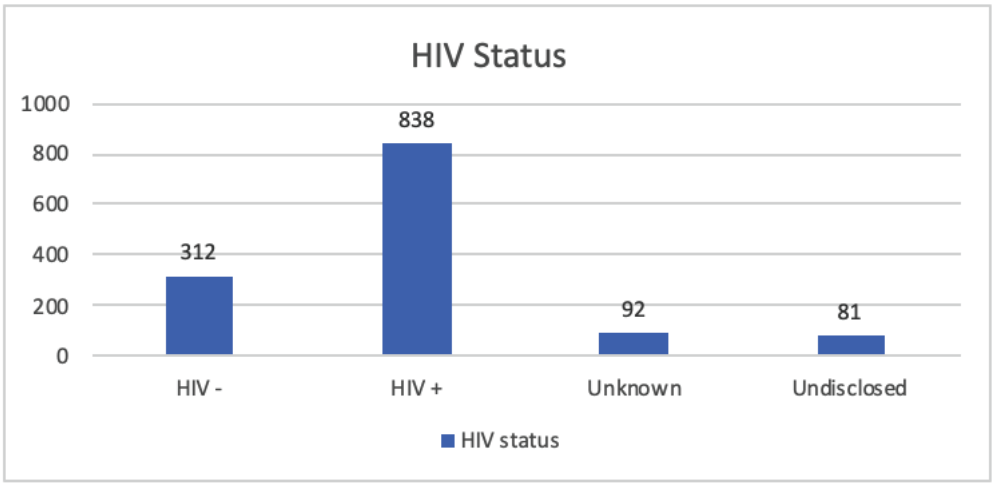


Figure 8 HIV Status of the respondents

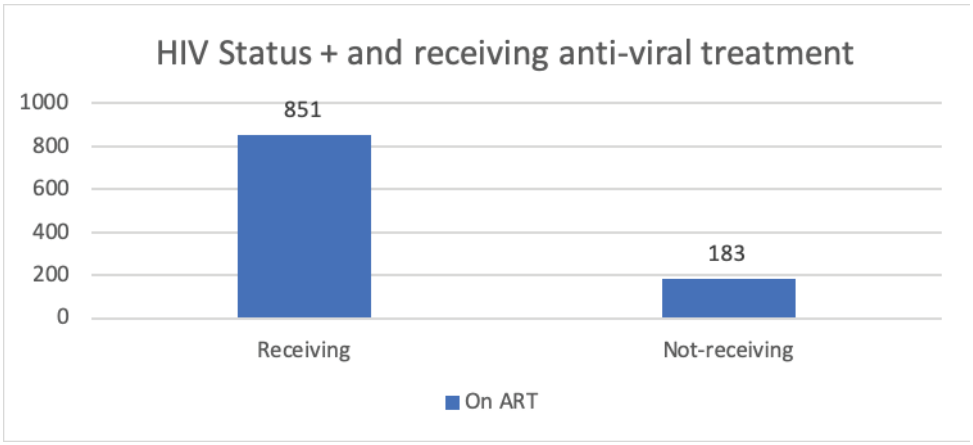


Figure 9 Having a HIV positive and receiving ART

The majority of the respondents (63.34%) are PLHIV or have HIV positive status (Figure 8). There are 92 respondents who does not know their status, this is unclear the reason why they did not get a test.

The majority of PLHIV are receiving ART (82.30%) as shown in figure 9, however, there are still a large sum of the respondents who are not getting the necessary treatment (17.70%).

STI and HIV

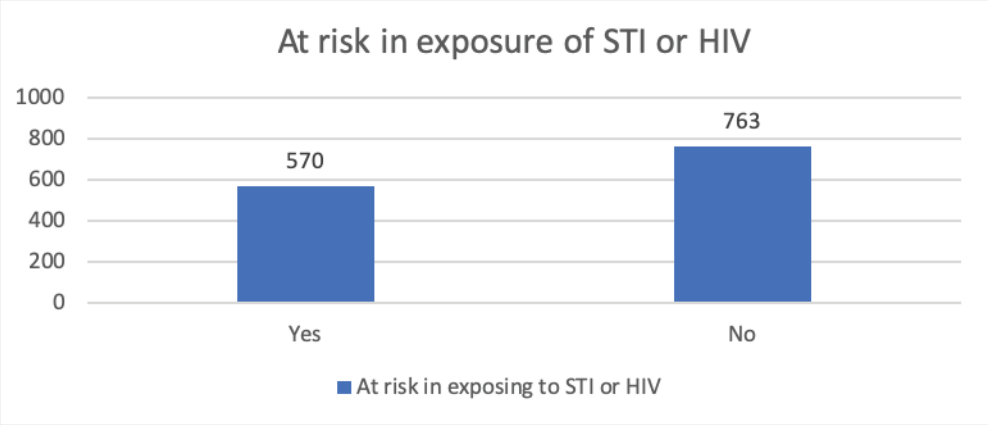


Figure 10 Respondents that are at risk in exposing to STI or HIV

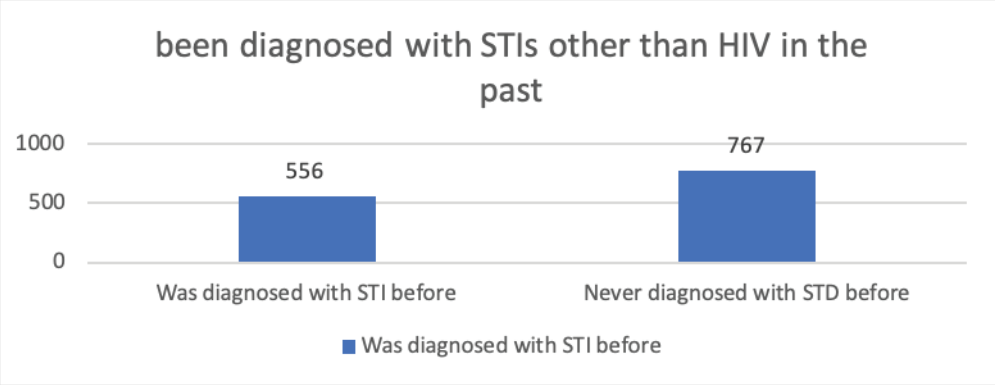


Figure 11 Diagnosed with STI other than HIV

42.76% of the respondents (570 people) are at risk in exposing to STI or HIV (Figure 10). And 42.03% of the respondents (556 people) have been diagnosed with STI (Figure 11). The two number are correlated and could be interpreted that people who are at risk in exposing to STI or HIV are highly likely to acquire STI.

Access & Services and information to HIV service and COVID-19

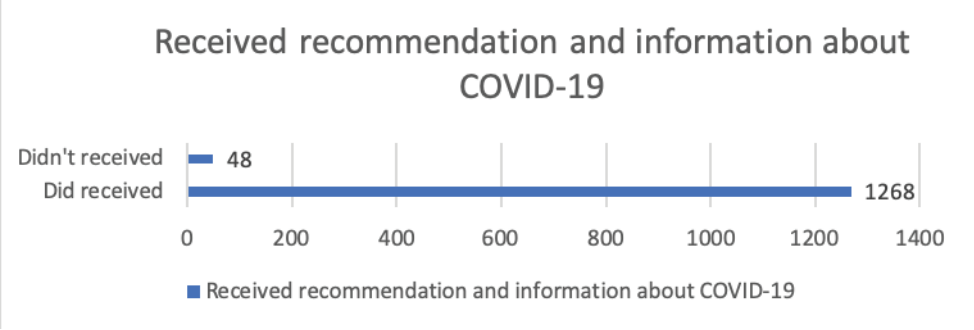


Figure 12 Received recommendation and information about COVID-19

Information about COVID-19 is well distributed throughout the community as shown in figure 12 with only 3.36% of the respondents that did not received information about the disease.

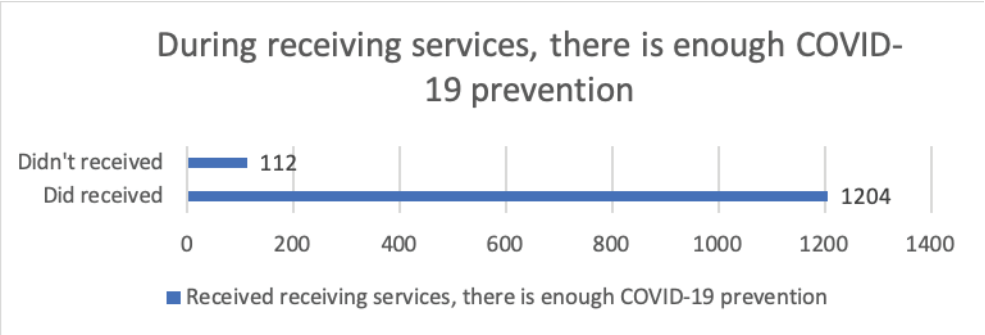


Figure 13 During receiving services, there is enough COVID-19 prevention

91.49% of the respondents (1204 people) felt that the health service providers are well equipped and prepared for the COVID-19 disease as shown in figure 13

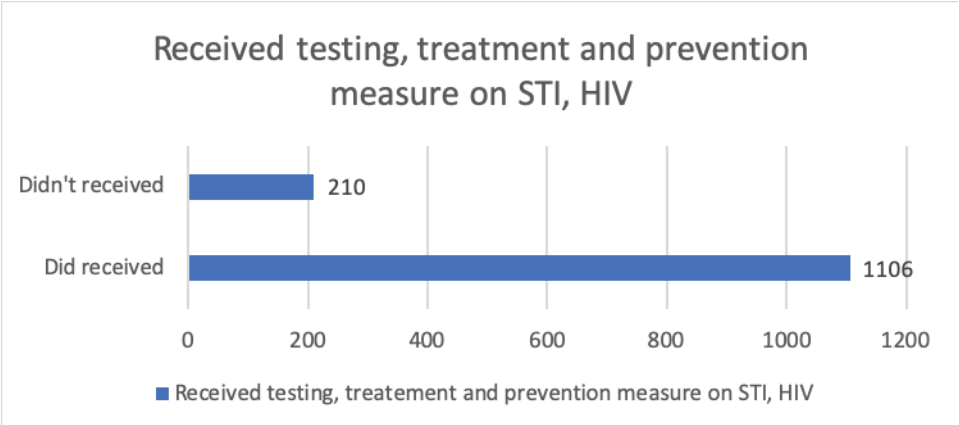


Figure 14 Received testing, treatment and prevention measure on STI, HIV

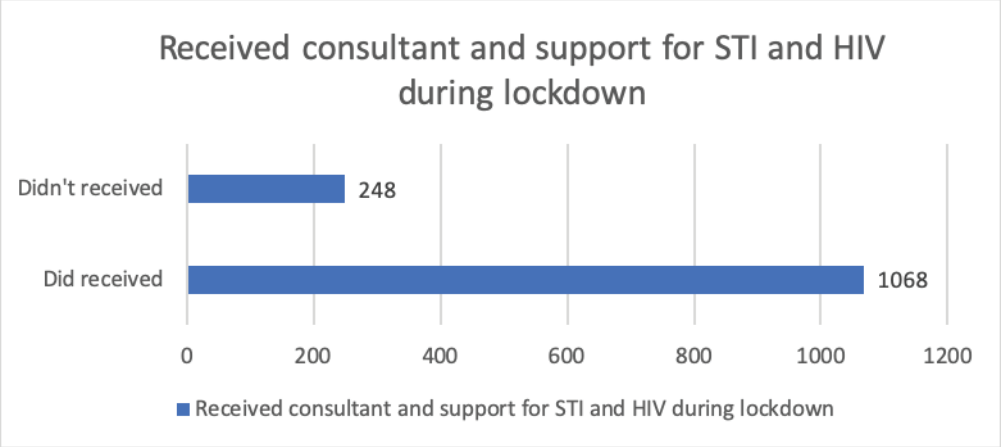


Figure 15 Received consultant and support for STI and HIV during lockdown

The majority of the respondents received testing, treatment, prevention, consultation and support STI and HIV during lockdown (Figure 14 & 15). However, there is a good portion of the respondents who are not receiving those services, this may be because unable to access or the respondents do not need the service at that moment.

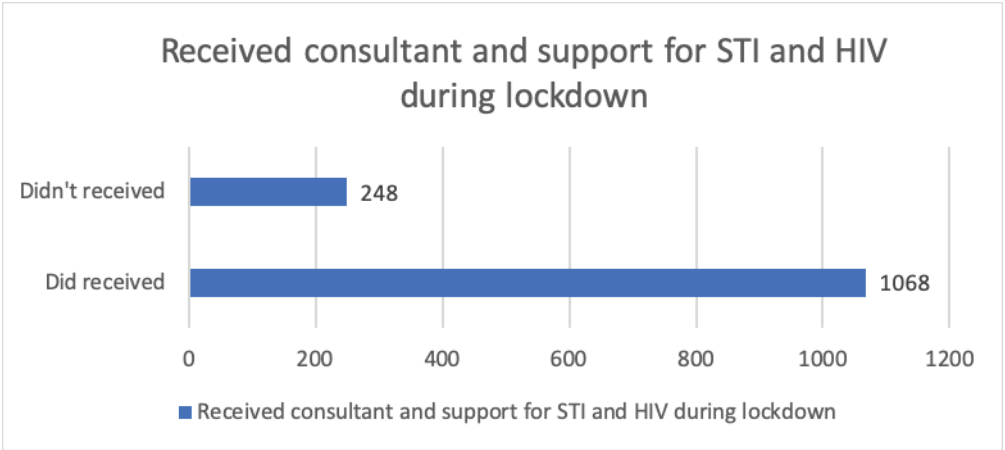


Figure 16 Respondents have to travel afar to receive necessary treatment for STI and HIV

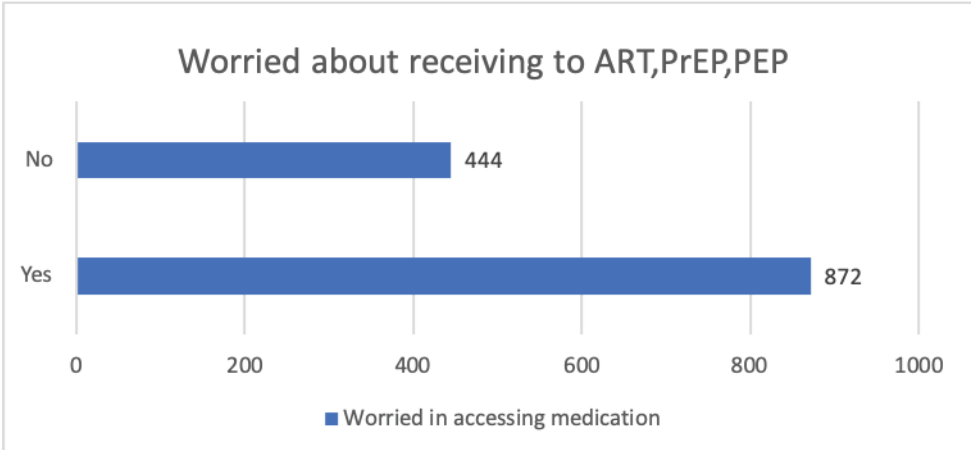


Figure 17 Worried in receiving ART or PrEP or PEP

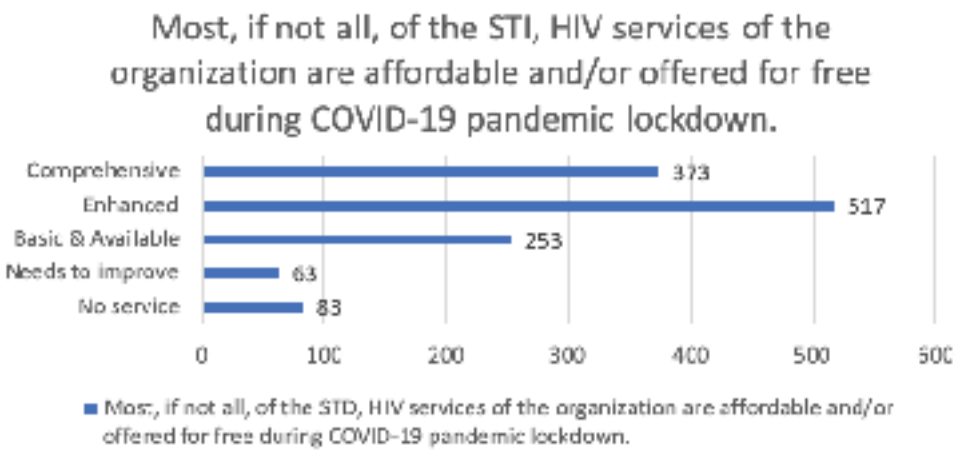


Figure 18 STI and HIV services are affordable and/or free

During lockdown, the majority of the respondents (66.26%) are worried that from the lockdown would make them receiving ART or PrEP or PEP, harder this is due to the travel restriction imposed during lockdown. Since the National Health Security and Social Security Office (Social Security Office, 2006) required that patient must get ART at the designated hospital but with COVID-19 pandemic, restriction were relaxed and a new regulation were announced that PLHIV could receive their ART in any locations in the network, however, the announcement was small and not all PLHIV knew about this new regulation and even personal in the system still not know about this new regulation, making confusion for both patients and health service provider (National Health Security Office, 2020a). In Thailand, PrEP is free but in a limited program that implemented in 50 locations across Thailand covering 2,000 people, carried out by National Health Security and in 2021 will implement more widespread locations (153 locations) across Thailand (National Health Security Office, 2020b). Hence, the high percentage of affordability of STI, HIV services in figure 18. However, for people who have to travel afar to get the medication fell to 20.84% (Figure 16) from 66.26% that are worried (Figure 17). For people who have to travel may be due to the social stigma from local health service provider and going afar will make the stigma disappear, or this could be an effect of displacement that happened from the lockdown.

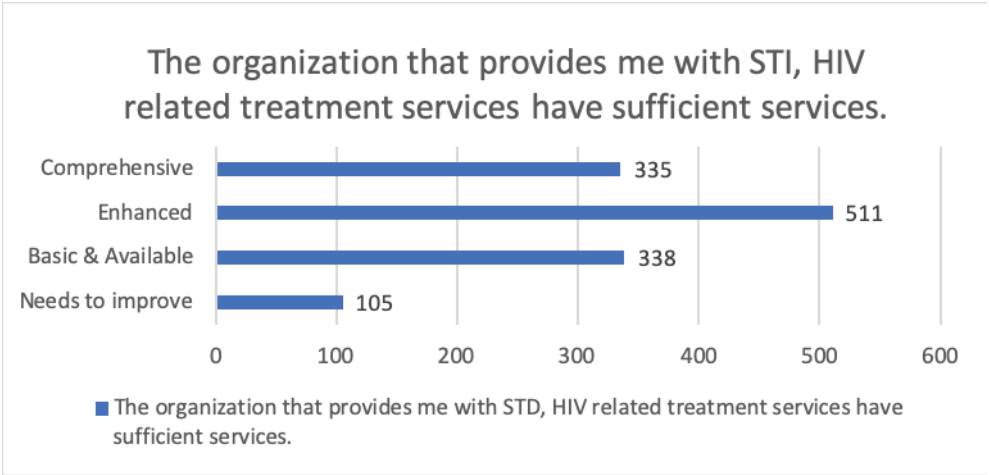


Figure 19 Provide sufficient services for STI, HIV related treatment service

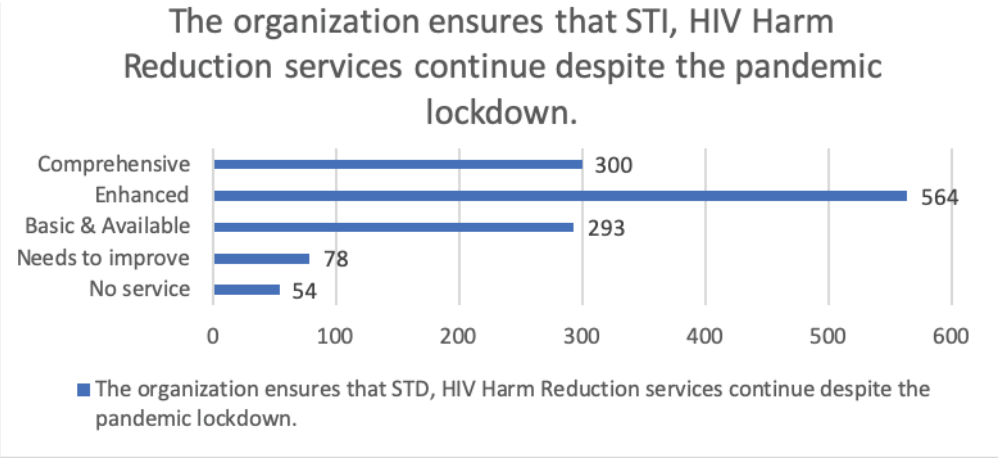


Figure 20 Organization ensuring that STI, HIV harm reduction service continue despite the pandemic lockdown

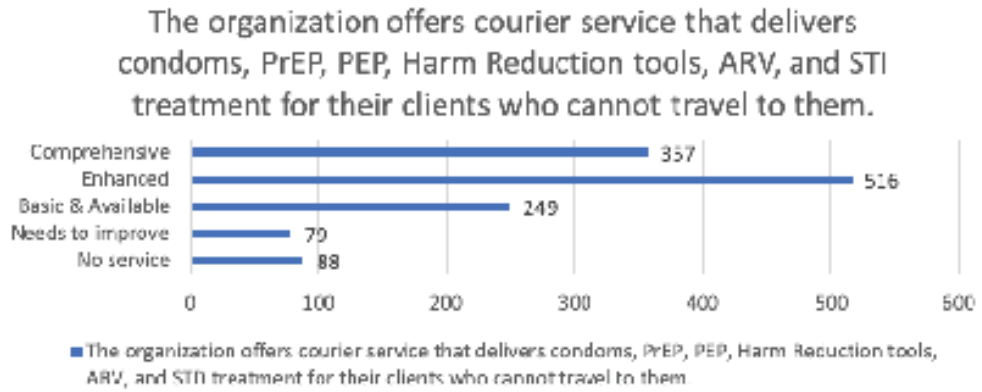


Figure 21 Delivers condoms, PrEP, PEP, harm reduction tools, ARV, STI treatment for client who can't travel

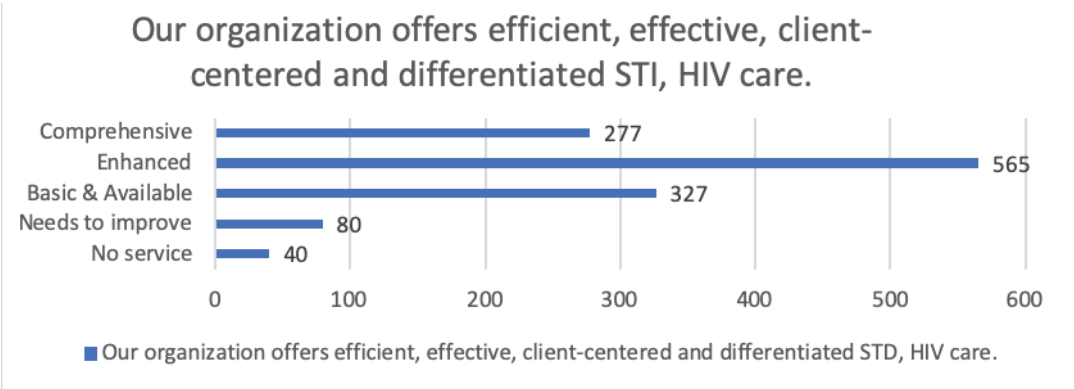


Figure 22 Offer efficient, effective, client-centered and differentiated STI, HIV care

Mental Health

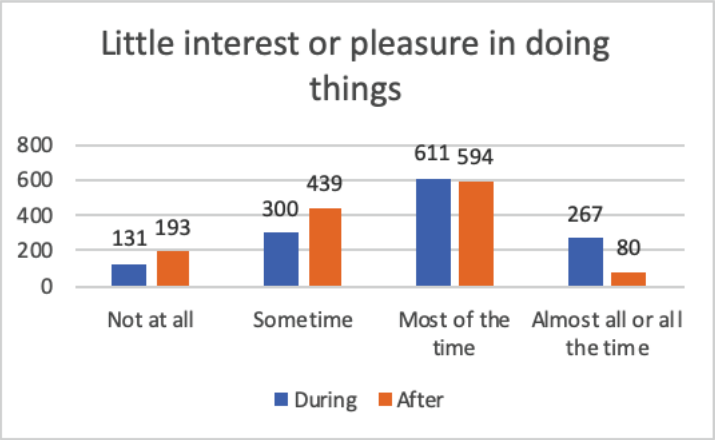


Figure 23 Little interest or pleasure in doing things during and after lockdown

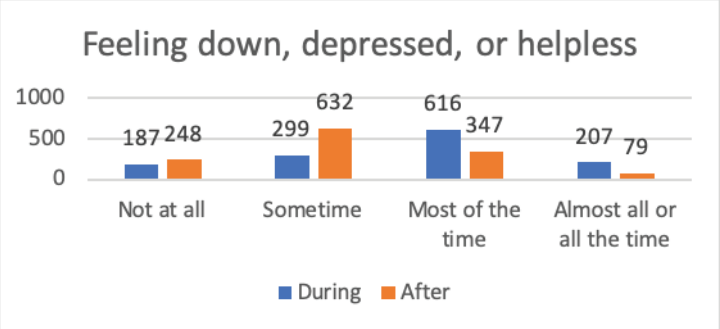


Figure 24 Feeling down, depressed, or helpless during and after lockdown

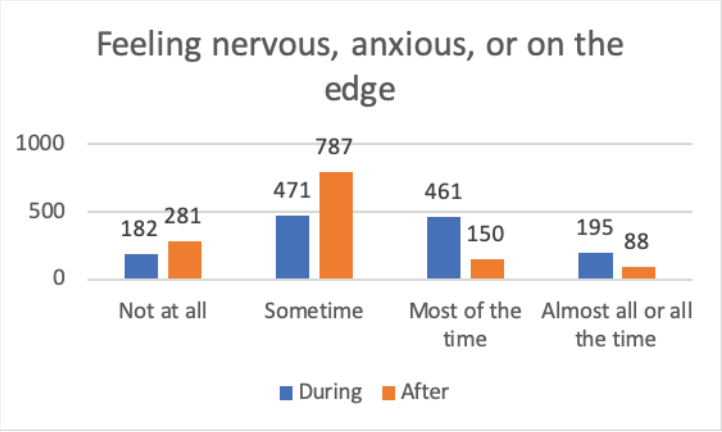


Figure 25 Feeling nervous, anxious, or on the edge during and after lockdown

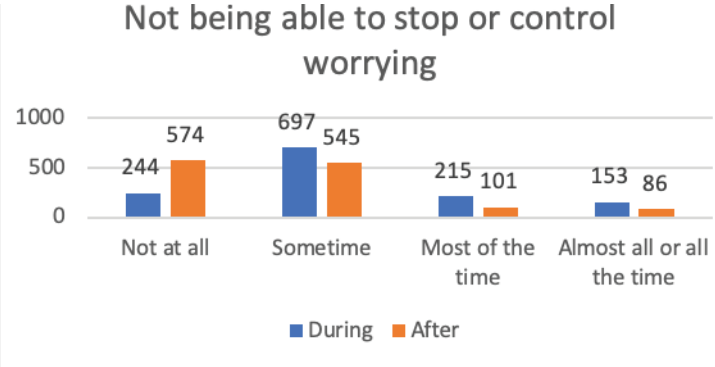


Figure 26 Not being able to stop or control worrying during and after lockdown

Looking the data, the mental health effects during the lockdown are prevalence, and this data give insights to the key population overall mental health, which already concerning. During lockdown, respondents felt more anxious (figure 25), depressed (figure 24), less happy (figure 23), can't stop worrying (figure 26) than after lockdown as illustrated in the charts above. And after the lockdown those feeling start to decreased, however, the number is still high for feeling depressed (figure 24) and little pleasure in doing things (figure 23). This may be contributed from the joblessness and loss of income.

From the table, it is shown that PLHIV are more depressed and have little pleasure in doing things than non-PLHIV during and after lockdown (figure 27 & 28). However, PLHIV could control their worrying than non-PLHIV during and after lockdown (figure 30). During lockdown PLHIV felt more nervous or anxious than non-PLHIV but could cope better than non-PLHIV after lockdown (figure 29).

	During Lockdown		After Lockdown	
	PLHIV	*Non-PLHIV*	*PLHIV*	*Non-PLHIV*
Little interest or no pleasure in doing things				
Not at all	6.35%	15.41%	8.86%	23.76%
Some days	13.77%	35.08%	25.75%	48.18%
Most of the times	**62.99%**	16.39%	61.44%	16.50%
Almost or all the times	**16.89%**	33.11%	3.95%	11.55%
Feeling down, depressed, or helpless				
Not at all	9.70%	19.02%	12.93%	27.39%
Some days	14.61%	35.74%	49.34%	45.21%
Most of the times	**63.47%**	16.39%	**33.89%**	14.19%
Almost or all the times	12.22%	28.85%	3.83%	13.20%
Feeling nervous, anxious, or on the edge				
Not at all	9.22%	18.36%	16.89%	27.72%
Some days	34.13%	36.39%	**68.62%**	44.88%
Most of the times	**45.15%**	19.02%	9.82%	14.52%
Almost or all the times	**11.50%**	26.23%	4.67%	12.87%
Not being able to stop or control worrying				
Not at all	14.97%	21.64%	51.50%	29.04%
Some days	61.92%	34.43%	**39.28%**	46.20%
Most of the times	**16.41%**	18.69%	4.55%	13.20%
Almost or all the times	**6.71%**	25.25%	4.67%	11.55%

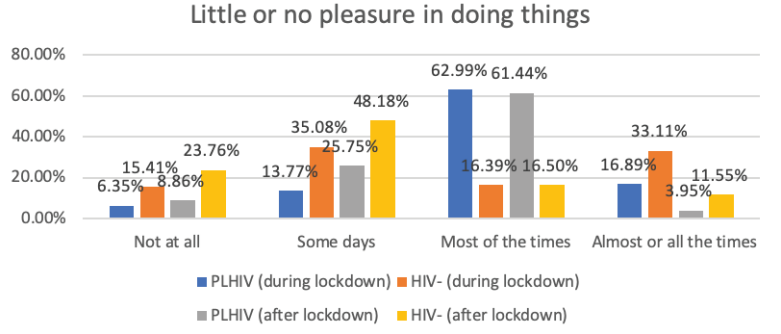


Figure 27 Little or no pleasure in doing things compare between PLHIV and non-PLHIV

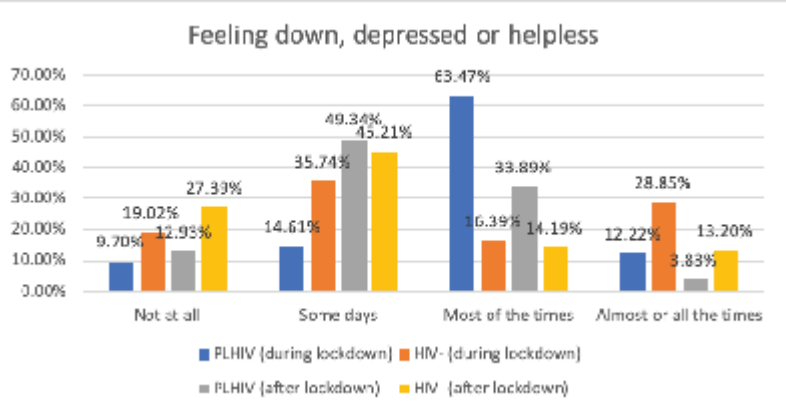


Figure 28 Feeling down, depressed or helpless compare between PLHIV and non-PLHIV

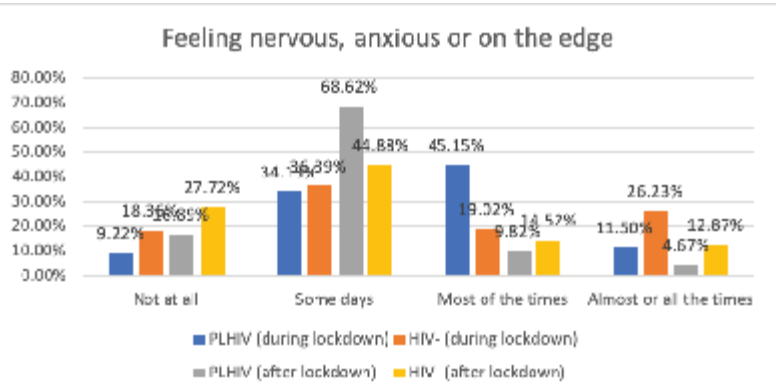


Figure 29 Feeling nervous, anxious or on the edge compare between PLHIV and non-PLHIV

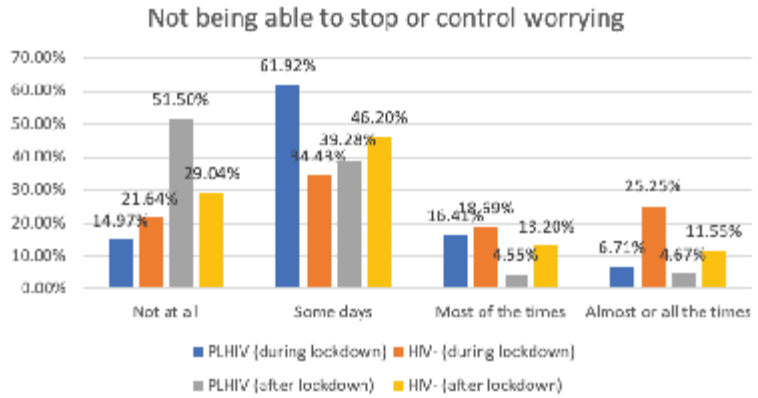


Figure 30 Not being able to stop or control worrying compare between PLHIV and non-PLHIV

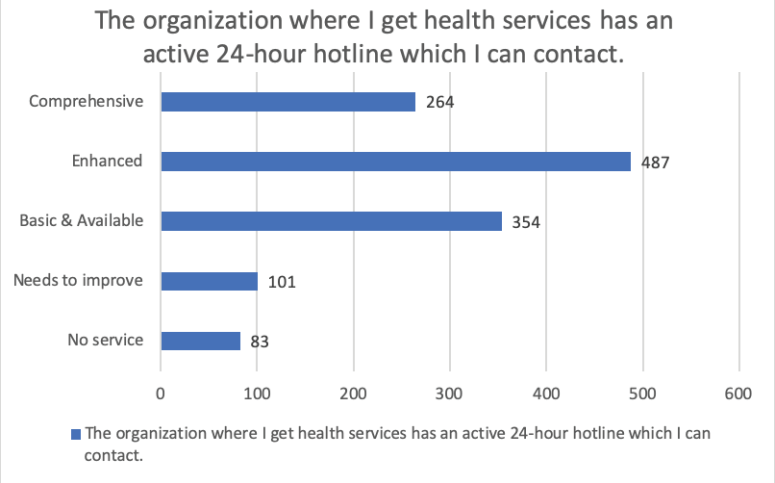


Figure 31 The organization that the respondents receive service have active 24-hour hotline

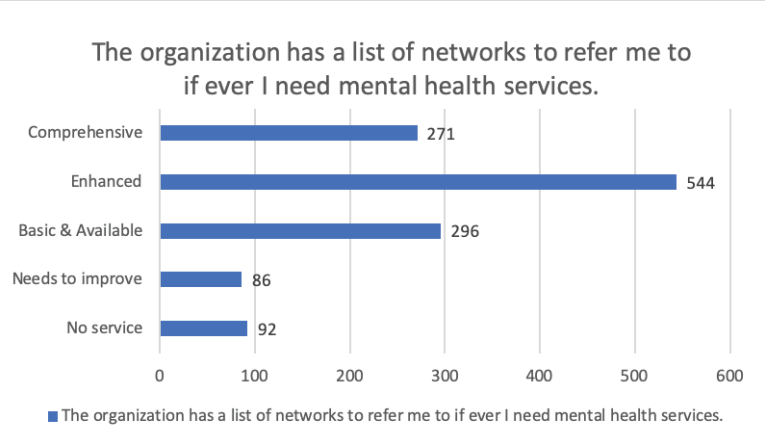


Figure 32 Organization have list of networks to refer for mental health service

The services that the Thai government provided, the 1323 from department of mental health is readily available, however, the respondents may not be aware of this hotline (figure 31) so they answered no service. Meaning the department of mental health need to made aware of this hotline more than the current status. And from figure 32 could indicate that Thailand has mental health service that capture large portion of the population, however, there is still more work to be done to capture the entirety of the population.

Human Rights

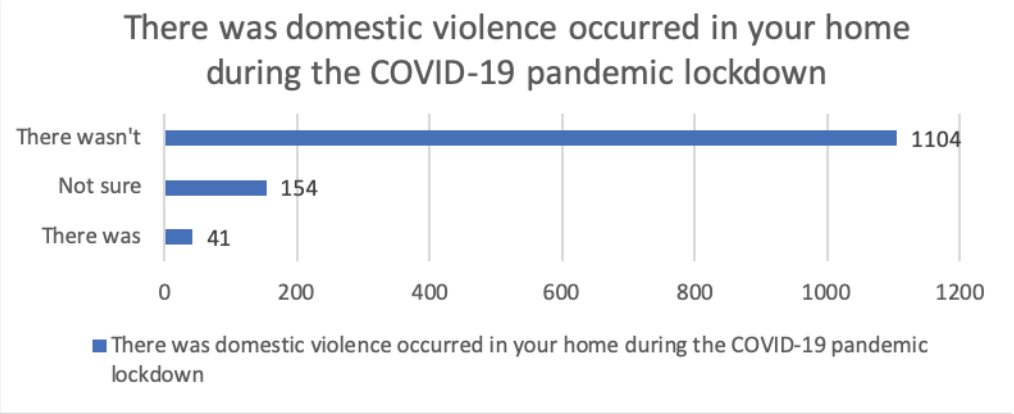


Figure 33 Physical domestic violence occurred during lockdown

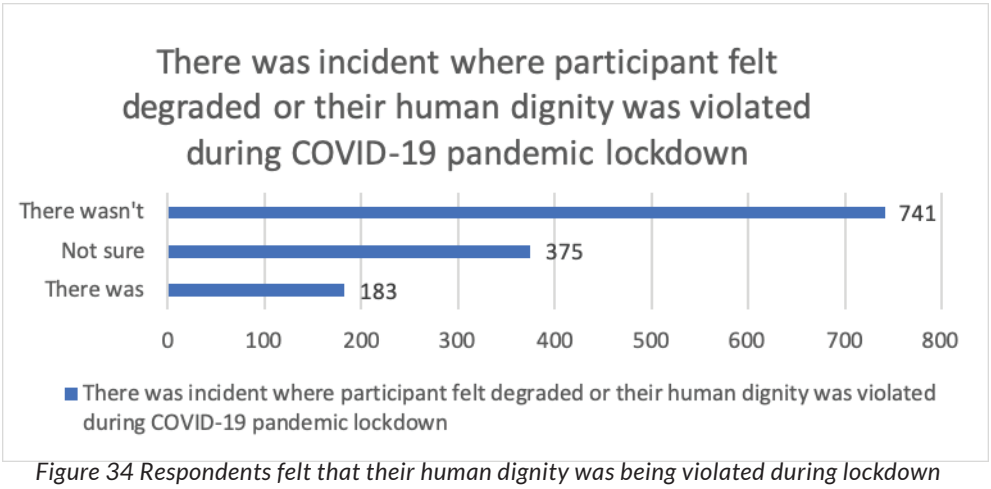


Figure 34 Respondents felt that their human dignity was being violated during lockdown

During COVID-19 lockdown people were forced to be in their household for a long period of time and with this situation, there will be tension arise from it. From figure 33 shows that there 41 cases of physical domestic violence, it is a small number compare to the total number of respondents (1299 people). There were 14.09% (183 people) who felt that their human dignity was violated, and there were 28.87% (375 people) who were not sure, this is indicates that there is still pressure putting on the community.

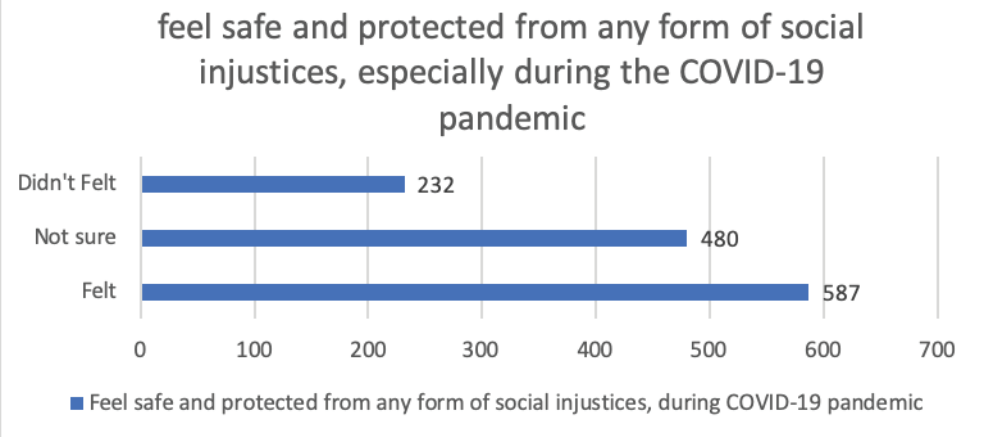


Figure 35 Felt safe from social injustice during lockdown

Figure 36 Know who/where to contact if need legal assistance

Figure 37 The organization that respondent went to contact have legal assistance or referral mechanism to human rights protection

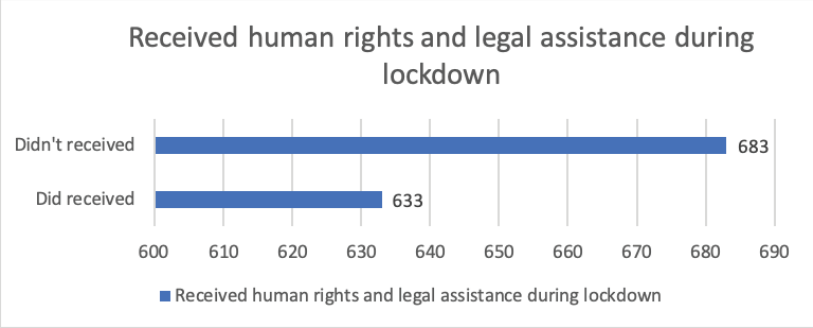


Figure 38 Received human rights and legal assistance during lockdown

In figure 35, during the lockdown, respondents mostly felt safe (587 people, 45.19%). This is may be due that the respondents know where to contact for legal assistant (figure 36 & figure 37). There is a high number of respondents that knows where or who to contact if they need legal assistance (66.59%), which may be from the organization that they been in contact with (91.31% said that their organization they contact with provide some sort of legal services or referral mechanism). However, there are 36.95% of the respondents (480 people) who felt unsure that they are safe from injustice, this might indicate that even though there are legal assistance mechanism in place there are on the constant threat of being treated unfair. On figure 38 showed that most of the respondents did

Socioeconomic

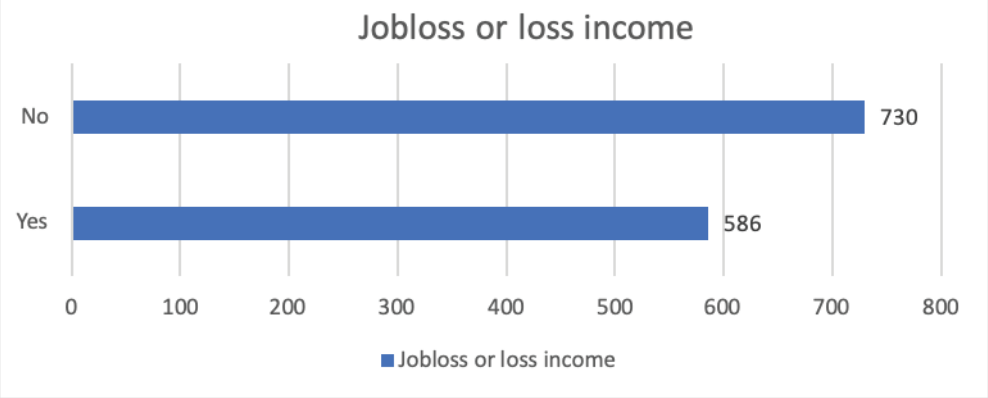


Figure 39 Respondents who lost their job or income

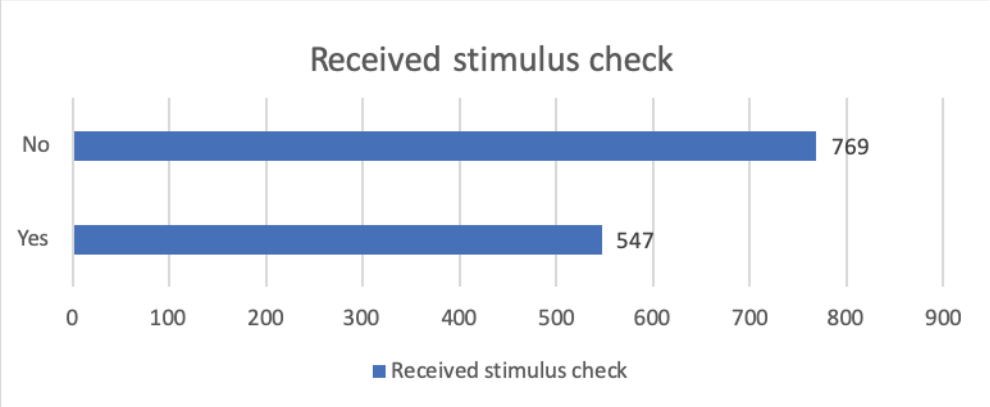


Figure 40 Respondent who received stimulus check from the government

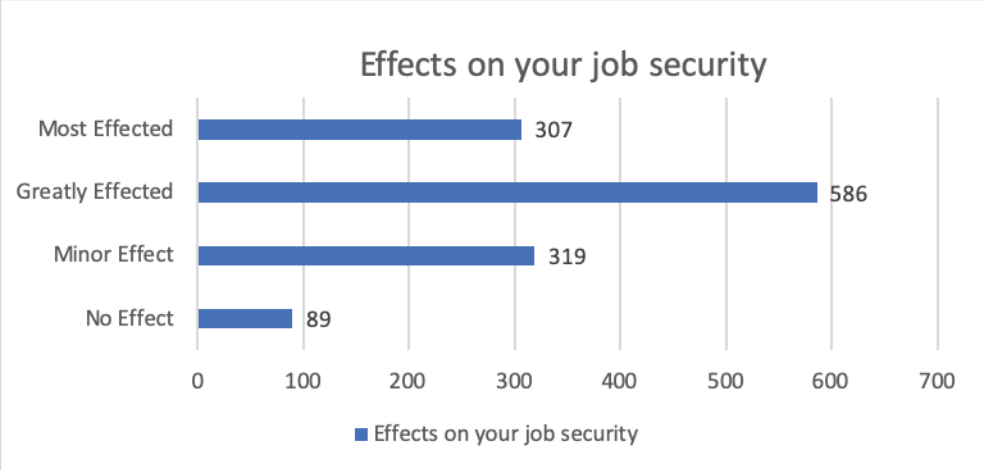


Figure 41 COVID-19 pandemic lockdown effect to job security

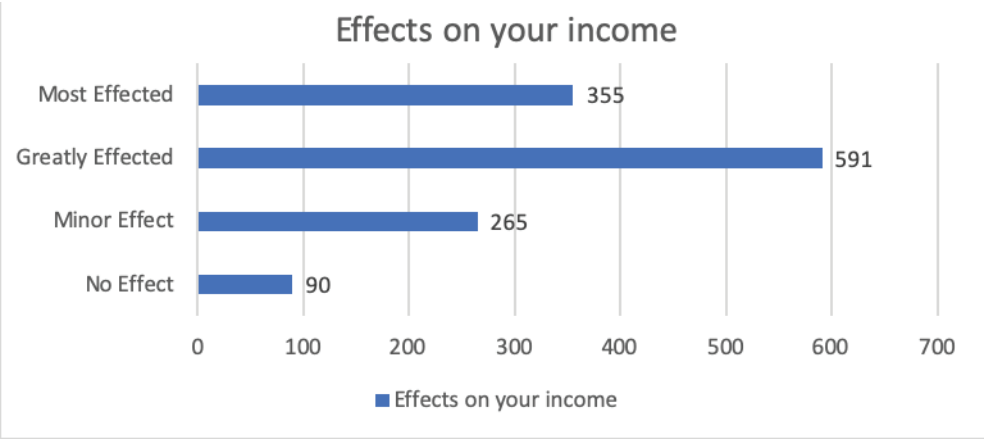


Figure 42 COVID-19 pandemic lockdown effect on income

From the data, it has shown that the key population were greatly affected by the pandemic. In term of unemployment there were 44.53% of the respondents that are unemployed or loss of income from the COVID-19 lockdown (Figure 39). Also, there are only 6.84% and 6.92% that the respondents' job and income has not been affected by it (Figure 41 & 42). This mean that many people have lesser job security than most people of the society, which have unemployment rate at 1-2% (Bank of Thailand, 2020). Moreover, 31.91% (187 people) of respondents who are unemployed did not receive any government stimulus check (Figure 40). However, on the social aspect of this research showed moderate effects by the pandemic. Family relationship of the respondents were not affected by 30.13%, while 37.97% were partially affected, 24.44% were greatly affected (figure 43).

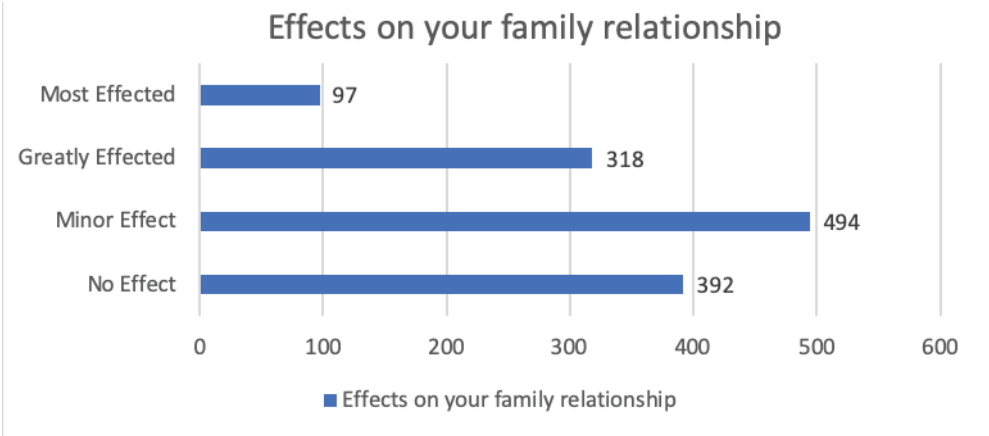


Figure 43 COVID-19 pandemic lockdown effect on family relationship

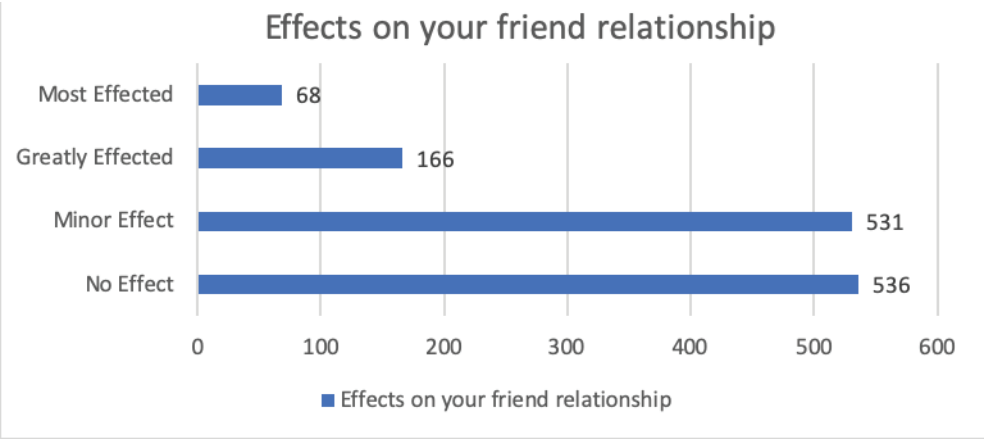


Figure 44 COVID-19 pandemic lockdown effect on friend relationship

Friend relationship of the respondents were not affected by 41.20%, while 40.81% were partially affected, 12.76% were greatly affected (figure 44). Drilling down to the data even more, respondents that have income or job impacted by the pandemic have similar effects on family relationship as shown in figure 45. This correlation could be explained that the families of the effected are having worsen relationship due to the lack of income (figure 45).

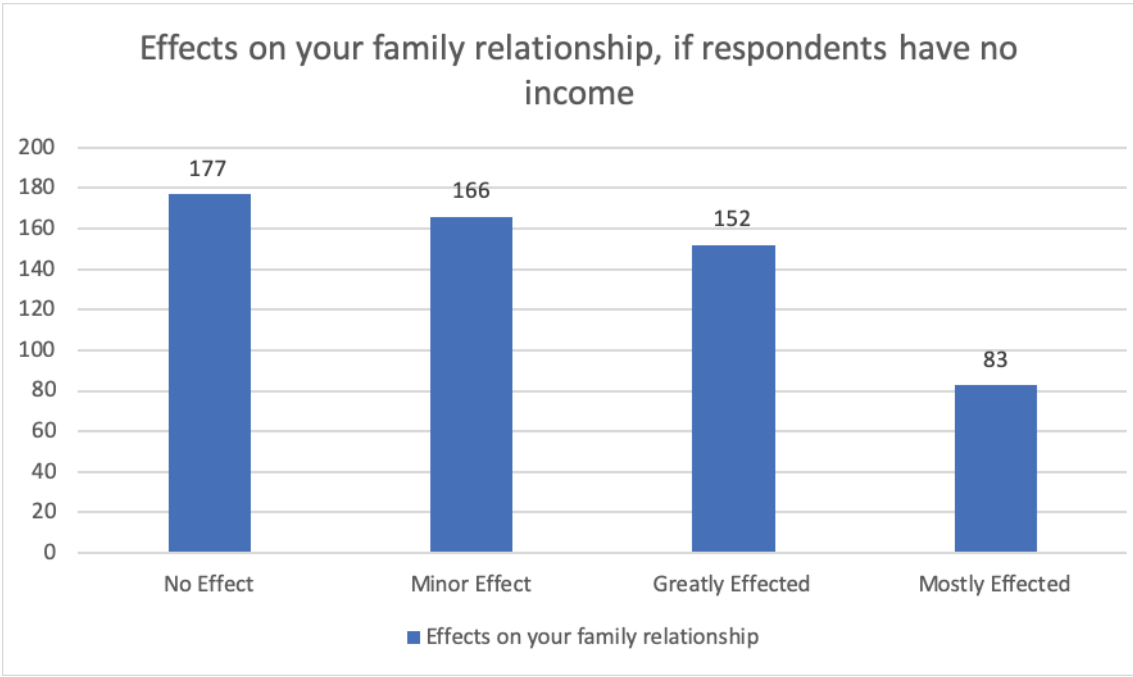


Figure 45 Effect of lose income to family relationship

Figure 46 Respondent went to get services from these locations

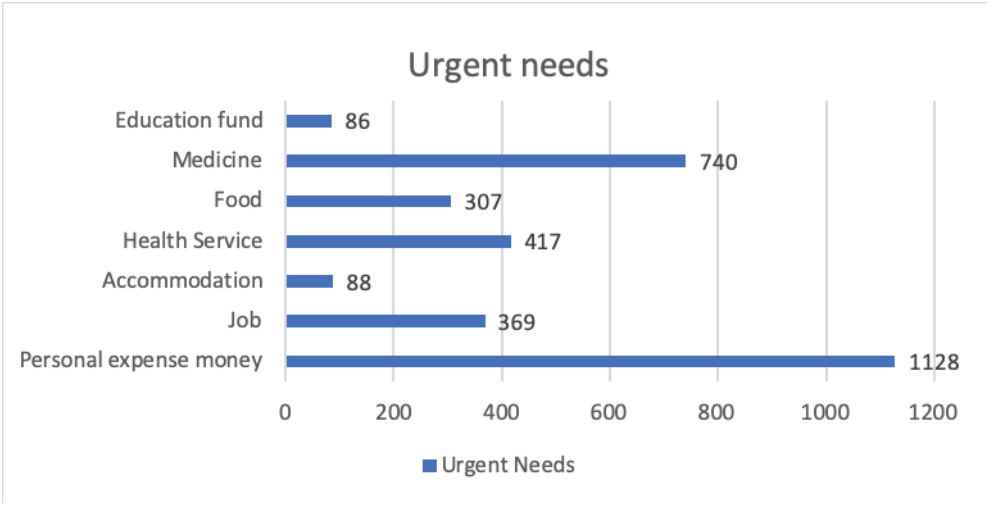


Figure 47 Respondents urgent need

In figure 46 showed that the respondents mainly get their services at a health service provider, however, this data is still ambiguous since some of the respondents also went to the organization to receive other form of assistance. In figure 47 show that the most urgent need that the respondents have is personal expense money, this may indicate that even some of the respondents already have a job but their income is not sufficient to live out their daily lives. The second most urgent need is medicine, which may be due to the fact that most of the respondents are PLHIV and always need medication, and since the lockdown impose travel restriction making their necessary medication is harder to reach. There is a staggering amount of people who need food as their urgent need (307 people), this may due to the lack of income which caused by the pandemic.

RECOMMENDATION

APCOM

- Advocate with stakeholders for additional support to create a sustainable HIV intervention programme to ensure uninterrupted services for MSM and transgender communities during the emergency situation. (For example: COVID 19 pandemic)
- Create and raise awareness for online PrEP and PEP access through the testBKK online digital campaigns.
- Develop documentation and dissemination of good practices from APCOM's research and community-led activities to MSM and Transgender-led organizations for the scale-up of HIV intervention programme.
- Advancement MSM and transgender communities understanding on human rights, gender equality through the conduct of workshops and trainings.
- Institutional support for MSM and transgender led organizations to strengthen its programme capacity to advocate and respond to gender and human rights.

CBO's

- Conduct advocacy meetings with health care providers to integrate mental health services into the existing intervention programme.
- Promote awareness on mental health issues of key population communities, in particular MSM and Transgender communities.
- Promote and educate communities on human rights and gender equality. Establish a differentiated HIV service that are responsive to the unique needs of key populations and people living with HIV.
- Continue developing and expanding alternative testing, prevention and treatment distribution programmes that were initiated during COVID-19, to provide continuous treatment options to people living with HIV and those at risk, beyond the pandemic e.g. home delivery, decentralized community distribution, Mobile clinics.
- Develop health service guidelines to address PLHIV health during an emergency situation.

Authority

- Promote mental health services and integrate mental health component into the primary health programmes.
- Promote and educate community leaders about human rights
- Strengthen the National Human Rights Commission of Thailand and give more authority in deciding and penalizing human rights issues.
- Decentralize service delivery models such as mobile clinics or ARV home delivery to ensure people living with HIV or at high risk had continuous access to prevention and treatment.
- Make free PrEP available at all National Health Service and Social Security Service Health provider network
- Provide more support/investment in the intervention programme for effective HIV response at the country level
- Allocate or reserve fund to meet MSM and transgender communities needs during emergency situation (For Example: COVID 19 crisis)
- Provide space to MSM and transgender communities at policy/ guidelines development meetings to ensure their voices are heard for the development of inclusive policy.

Funders

- Lobby the government agency to fund for human rights programmes.
- Engage with key population communities at all decision-making processes throughout the project implementation period.
- Advocate for enabling environment or inclusive policy for key population communities.
- Strengthen partnership with private sectors and CBOs for receiving funding support for the sustainability of organizations.
- Continue support and increase investment in the regional and multi country programmes to address key population communities' needs
- Provide alternate channels of financial support to fund key population led organisatons.

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Community Representatives:

Supporters:

To contribute to #CoronaAPCOMpassion

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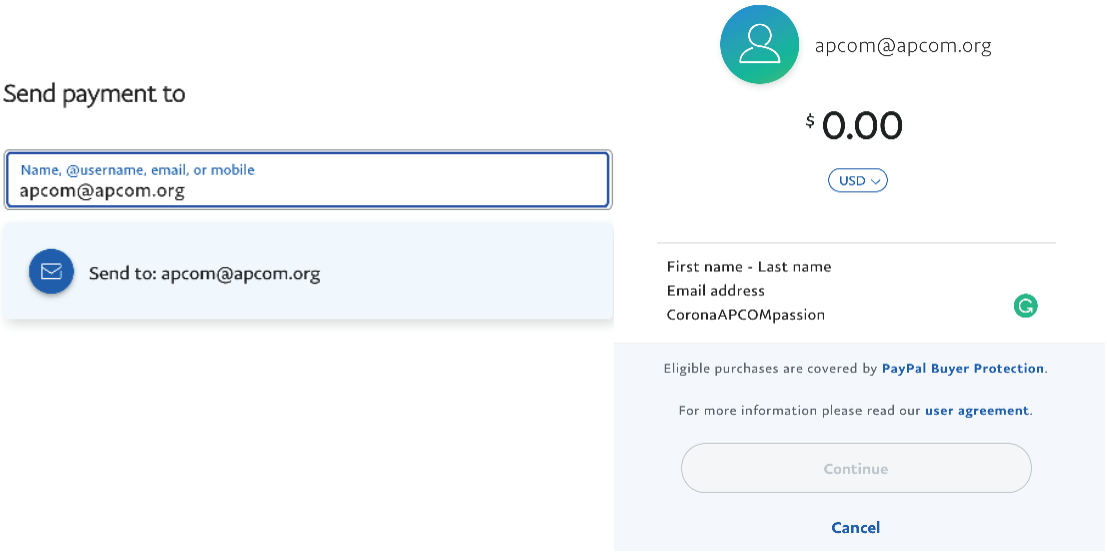

Via **BANK TRANSFER :**

Account name:	**APCOM Foundation**
Bank name:	**Bangkok Bank**
Bank address:	**87/2 No. 114, 1st Floor, All Seasons Place Retail Center, Wireless Road, Lumpini, Pathumwan Bangkok 10330, Thailand**
Account number:	**911-0115-33-5**
SWIFT Code:	**BKKBTHBK**

We are united in advocating for issues around HIV and those that advance the rights, health and well being of people of diverse sexual orientation, gender identity, gender expression and sex characteristics.

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