



Access of Key Populations, People Living with HIV and TB to Medical, Prevention and Social Services During COVID-19 Pandemic

2020

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Abbreviations and Definitions

AIDS - Acquired Immunodeficiency Syndrome

ARV - Antiretroviral (HIV Treatment Medications)

CSW - Commercial Sex Worker

HIV - Human Immunodeficiency Virus

LGBT - Lesbi, Gay, Bi, Trans Community

MSM - Men who have Sex with Men

PWID - People Who Inject Drugs

STI - Sexually Transmitted Infections

TB - Tuberculosis

Gender - characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviors and roles associated with being a woman, man, girl or boy, as well as relationships with each other.

Queer - A person whose gender identity and/or gender expression falls outside of the dominant societal norm for their assigned sex, is beyond genders, or is some combination of them.

Transgender - Umbrella term for people who have a gender identity or gender expression that differs from the sex that they were assigned at birth.

Transgender man - A trans man is a man who was assigned female at birth but identified himself as a man. Transgender men are also referred as FtM (Female to Male).

Transgender woman - A trans woman is a woman who was assigned male at birth but identifies herself as a women. Transgender women are also referred as MtF (Male to Female).

Transphobia - The fear or hatred of transgender people or people who do not meet society's gender role expectations.

I. Situational Analyses

► COVID-19 in Georgia

As a result of the spread of COVID-19, the disease caused by a new SARS-CoV-2, on 30 January 2020, World Health Organization (WHO) declared an international public health emergency on January 30, 2020, while on 11 March, it was officially announced as a global pandemic.

The first case of the coronavirus in Georgia was reported on 26 February 2020. As a result of instant and strict isolation policy and interventions, the country was in a stable situation in terms of the spread of Cronavirus in period of February-August, however uncontrolled spread of the virus began in September after the lockdown and limitations were eased.

As of December 9, 2020 total of 174,383 COVID-19 cases have been confirmed in Georgia, with a total of 145,287 (83%) recovered and 1614 death cases (0.92%).

A strategic plan has been developed by the Government of Georgia to fight the coronavirus in Georgia and a Coordination Council has been established. In response to COVID-19 crisis, a National Strategic Plan has been developed and National Coordination Council has been established.

The pandemic has caused significant damage to the country's economic development, social conditions and poverty rates.

Chart 1. Cumulative number of new and recovered cases

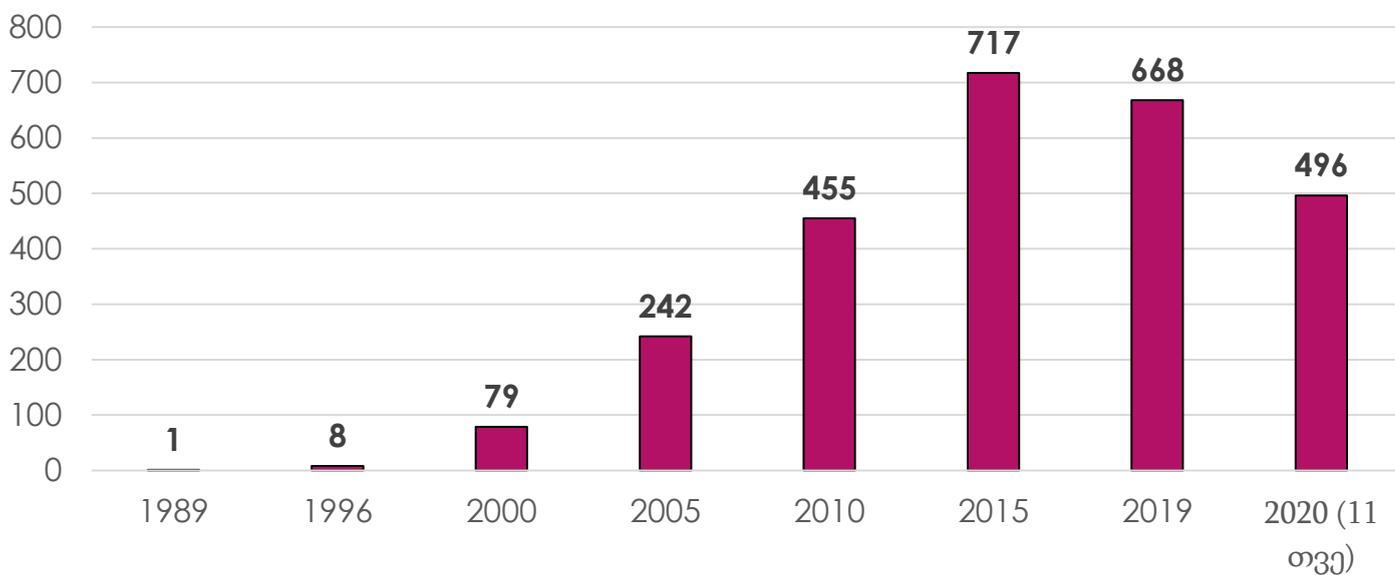


► HIV and Key Populations in Georgia

Georgia is considered to be a low HIV prevalence country, with 0.4% (0.3-0.4) prevalence rate among adult population.

First case of HIV infection in Georgia has been detected in 1989, while as of December 1st of 2020, total number of registered HIV positive cases is 8,598, with 6,422 men and 2,176 women. AIDS developed in 4,441 patients, while 1,781 persons died. Estimated number of people living with HIV in Georgia is 10,500. Stable growth of annually revealed new cases is observed in the country. Total of 668 new cases has been registered in 2019, while for 1st December of 2020 the number of new cases counted 496. Based on experts' opinion relatively low number of revealed cases in 2020 is related to COVID-19 pandemic, that had a significant impact on both, coverage with HIV testing, and accordingly detection of new cases.

Chart 2. Dynamics of annually revealed new cases of HIV in Georgia



Despite low prevalence of HIV among general population, country faces concentrated epidemic among key populations.

Key challenges of the national HIV response are:

- **Low detection of HIV positive cases** - according to date of 2018, only 59% out of total estimated number of people living with HIV are aware of their status. People who are not aware of their status are presented to care and treatment at late stages. Additionally, they continue to engage in high risk behaviors and unknowingly transmit the virus fueling the growth of the epidemic.
- **Late diagnosis** - remains significant challenge in Georgia. Over the last years more than half (51 to 55%) of newly diagnosed persons were presented to care late (CD4 cell count <350), while up to 35% already have advanced disease (CD4 cell count <200). Late diagnosis is the leading cause of death in Georgia.

Available evidence justifies, that both mentioned challenges are directly linked to vulnerability of key populations, including their limited access to healthcare services, caused by violent and oppressive environment.

HIV/AIDS key populations include:

Men who have Sex with Men (MSM) - According to the “Population size estimation among MSM in Georgia” study conducted in 2018, population size estimates suggest between 1.01% and 2.19% of adult males in Georgia are MSM: 18,500 (12,100 - 26,200) from which 6,900 MSM are estimated in Tbilisi, 700 in Batumi, 800 in Kutaisi and 10,100 in other areas of Georgia.

According to the “HIV risk and prevention behaviors among Men who have Sex with Men in Tbilisi, Batumi and Kutaisi, Georgia”, Bio-Behavioral Surveillance Survey conducted in 2018, HIV prevalence among MSM is 21,5% in Tbilisi, 15.6% in Batumi and 9.6% in Kutaisi. Survey revealed that majority of HIV positive MSM are 25-34 years of age in Tbilisi and Batumi, and over 35 - in Kutaisi.

According to the same survey, quite high is rate of non-injecting drug use in MSM population, within 75% of respondents in Batumi, 48% in Kutaisi and 44% in Tbilisi reported experience of drug use in last 12 months. These rates are even higher in MSM aged 24 years of younger, with 78,5% in Batumi, 54% in Kutaisi and 60% in Tbilisi.

Commercial Sex Workers (CSW) - Last population size estimation survey among Female Sex Workers (FSW) in Georgia has been conducted in 2017. According to this survey average estimates of FSWs (street- and facility based) in these cities are 600 and 700 in Tbilisi and Batumi, respectively. Survey reported quite low HIV prevalence among FSWs, with 1.5% in Tbilisi and 0% in Batumi. There is no significant change in HIV prevalence among FSWs during the last 15 years, with highest prevalence rate reported in 2009 (1.9% in Tbilisi and 0.8% in Batumi). It should be noted that according to Bio-Behavioral Surveillance Survey among MSM conducted in 2018, 6.6% of MSM in Tbilisi, 22.3% in Batumi and 10.6% in Kutaisi reports practice of sexual contact in exchange of material remuneration during last 12 months.

People who Use Drugs (PUD) - According to the “Population Size Estimation among People Who Inject Drugs (PWID)” conducted in 2016, estimated number of PWID in Georgia equals 52,500 (50,000 - 56,000). National prevalence estimates for the injection drug use equals 2,24% (2,13% - 2,39%) per 18-64 years old population, and 1,41% (1,34% - 1,51%) per general population. Based on the United Nations Office on Drugs and Crime (UNODC) World Drug Report 2018, Georgia has one of the highest prevalence of injection drug use in the world (3rd country in the world by prevalence of injecting drug use among general population). According to the last IBBS study among PWID conducted in 2017, the prevalence of HIV in Georgia ranges from 0.9% in Rustavi to 5.1% in Batumi, while prevalence in Tbilisi is 1.2 %. Extremely high HCV prevalence rates are reported by this survey, with the total sample, 63.2% of PWID were found to be HCV positive. HCV prevalence was high across all cities with highest rates in Tbilisi (74.1%) and Batumi (74.5%).

Transgender Women (TGW) - There is no sufficient data and evidence on population size estimation or HIV prevalence and related needs among TGW in Georgia. However, community level opinions and testimonies clearly reflect vulnerability of transgender women towards HIV infection, as well as their emerging need in access to respective services. Considering social and behavioral characteristics, in line with transphobic and violent environment, transgender women face lack of civic integration, what forces most of them be engaged into sex work, leading to social vulnerability and high risks of exposure to HIV and STIs.

► Tuberculosis in Georgia

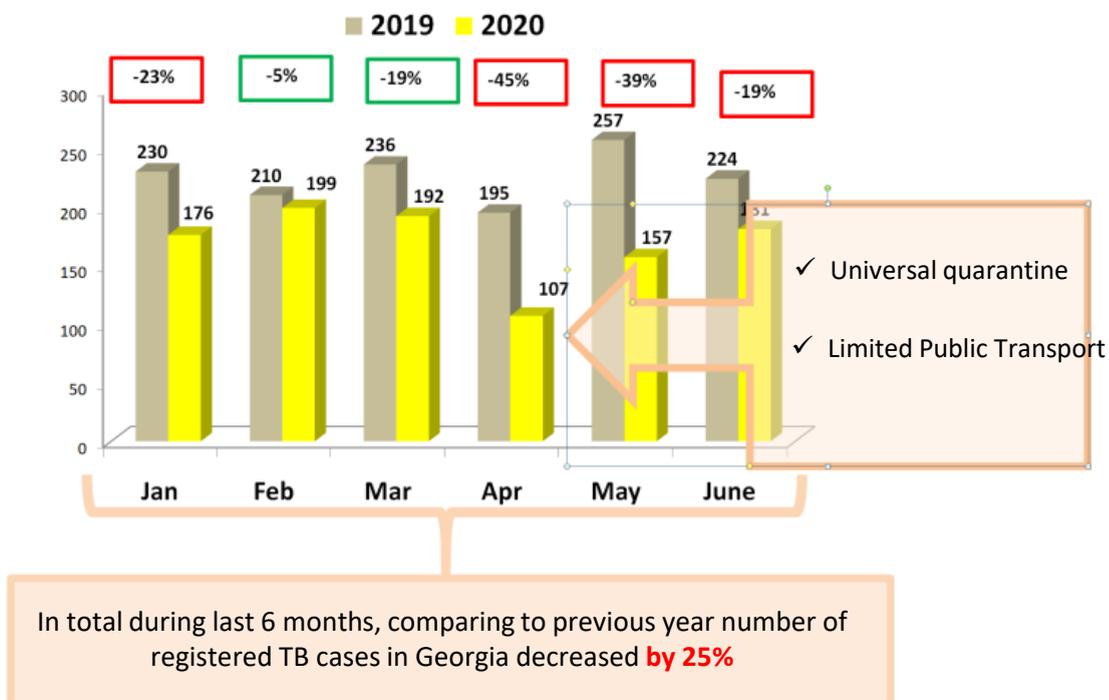
Today, tuberculosis represents the global public health concern. Based on the World Health Organization (WHO) estimates annually around 9 million people are infected with active tuberculosis, while 2 million people dies. Worldwide, TB is one of the top 10 causes of death and the leading cause from a single infectious agent. Tuberculosis also presents the leading cause of death among people living with HIV: according to data of 2019, TB presented cause of death in 40% of cases among people living with HIV.

Current, TB control system in Georgia is based on the 2018-2022 National Strategic Plan developed in accordance with the International EndTB Strategy, while treatment, diagnostics and prevention of TB is implemented based on the national guidelines and protocols developed in line with the WHO latest recommendations.

In 2019, the incidence of TB cases in Georgia was 70 cases per 100,000 population, and the total number of TB cases (new and treated in the past) was 79 cases per 100,000 population. In the same year, according to the Georgian Tuberculosis State Program, a total of 2451 cases were registered in the country, including 2169 - new and relapse ases. During the last three years a significant decline in the absolute number of TB cases is observed. Since 2016, Georgia was removed from the WHO list of high disease burden countries of multidrug-resistant TB. In 2019, the percentage of rifampicin-resistant TB among new cases was 12.1%, and among cases treated in the past - 32.1%. In the same year, 319 patients were enrolled in second-line tuberculosis treatment, accounting for 100% of all identified cases. About one-third of confirmed MDR cases are also resistant to second-line drugs (SLD) - fluoroquinolones or injectable drugs, and 15% of MDR patients have Extensively drug-resistant TB (XDR-TB).

All areas focused on TB prevention, diagnosis and treatment are co-financed by the State and Global Fund TB project. Universal access to quality and free treatment, diagnostics or preventive treatment is ensured. In Georgia, the TB treatment services are mainly outpatient, although inpatient services are available, in accordance to strict eligibility criteria. In 2020, under the Covid-19 pandemic, the number of detected and registered cases of tuberculosis was significantly reduced (more than the expected 10%). Compared to the first 6 months of 2019, in 2020, 25% fewer cases of tuberculosis were detected.

Chart 3. Impact of COVID-19 on TB detection rates in Georgia



II. Relevance of the Study

COVID-19 pandemic had significant impact on economic and social aspects of the country, including most negatively affecting healthcare system. In line with COVID-19 related challenges, major challenge faced by population of country is access to health and social services.

These challenges are most acutely faced by discriminated, stigmatized and repressed groups of the society, whose sustainable access to health and social services is generally limited, while pandemic even worsened this situation. Among others, these groups include HIV key populations, namely people who inject drugs, commercial sex workers, men who have sex with men, transgender persons, as well as people living with HIV and TB patients.

COVID-19 pandemic lead to additional, health, psychological and socio-economic needs among these groups. In the situation of crisis, it's of utmost importance to ensure their access to medical, mental health and psycho-social services, as well as elaborate effective referral and communication system to link them to wider medical and healthcare services.

This study, provides opportunity to assess health, psychological and social problems among key populations, what are specific challenges they face during COVID-19 pandemic, what are their specific needs in terms of physical and mental health care, what type social assistance and support they require and what are the optimal ways to deliver these services.

Purpose of the study:

The ultimate purpose of the study is to ensure sustainable provision of medical, prevention and social services to HIV key populations, as well as people living with HIV and TB in period of COVID-19 pandemic.

Study objectives:

- Assessment of health, psychological and social challenges/problems among HIV key populations.
- Assessment of types of social support for beneficiaries and elaboration of optimal ways of provision of these support services.
- Assessment of needs of civil society and community-based organizations in implementation of communication actions within COVID-19 pandemic.

III. Methodology of the study

▶ Study Methods

Study was conducted using the following qualitative methods:

- Focus Groups Discussions (FGDs)
- In-depth interviews

Target groups - people who inject drugs, commercial sex workers, men who have sex with men, transgender persons. People living with HIV and TB patients.

In-depth interviews were conducted with service provider organizations working with listed key population groups.

▶ Eligibility criteria

- 18 years of old and older
- Belongs to one of the key population groups (PWID, FSW, MSM, TG, PLHIV, PLTB)
- Represents organization providing services to one of the key population groups (PWID, FSW, MSM, TG, PLHIV, PLTB)
- Expresses voluntarily willingness to participate in study.

▶ Recruitment of study participants and ethical considerations

Nonprobability Convenience Sampling methodology was applied to recruit study participants. Participation in the study was offered to all those individuals, who belong to target groups (PWID, FSW, MSM and TG persons, PLHIV and PLTB), met eligibility criteria and was accessible to researchers. Participants were recruited from civil society-based organizations, as well as treatment service provider medical institutions, by well-trained medical staff of social workers, who preliminary comprehensively described study goals, objectives, participation procedures, in accordance with consent form and offered participation in the study. After verbal consent to participate in the study, consent form was signed, and meeting time and date was and community agreed.

After person expressed interest in participation in the study, s/he was screened on eligibility criteria and standard participation procedure was applied. Within the process all potential participants were provided with detailed information on purpose of the study and informed consent form. Interested person was in addition provided with detailed description about potential risks and discomforts related to “unpleasant” questions or accidental meeting of other persons while participating in FGD. Participants were provided with information about confidential and anonymous nature of participation in the study, as well as that participation is voluntarily.

► **Tools of the Study**

The study tools/instruments were a questionnaires for focus group discussions and in-depth interviews.

Key topics covered with qualitative instrument:

- Socio-demographic characteristics of respondents (filled-in individually, prior to beginning of the session by facilitator)
- Social support needs assessment questionnaire

► **Data collection and analysis of study results**

Data collection was implemented through preliminary elaborated questionnaire. Framework method was applied to analyses results.

IV. Results

Total of 5 focus group discussions have been conducted within the study. One FGD per key population and joint FGD with people living with HIV and TB patients.

Total number of participants covered within focus groups discussions was 50 persons, with following distribution among target groups:

- 10 transgender persons, including 5 transgender women, 3 transgender men, one gender fluid, and one person refrained to identify gender identity.
- 10 men who have sex with men
- 10 people who inject drugs, among them 3 women.
- 10 female sex workers.
- 10 people living with HIV and TB patients.

Socio-demographic characteristics of study participants:

Mean age of **transgender persons** who participated in the study was 25 years old (min.18, max. 34 years old). 9 respondents were married, while 1 divorced. None of the participants reported to have a child. Four participants had higher education (BA or higher), two incomplete higher, three secondary education and one was student. Half of study participants transgender persons were employed, one self-employed, while four unemployed. Monthly income of most of the participants was in a range from 150 to 500 GEL. Five out of ten participants lives in rented apartment, four in parents/relatives appartement and one in own house/appartement.

Average age of **MSM** who participated in the study was 23 years old (min 18, max.30 years old). None of the respondents was married and none of them had a child. Half of respondents had secondary education, three higher, one incomplete higher and one technical education. Majority of study participants were unemployed (7 unemployed and self-employed). Monthly income of majority of participants was less than 150 GEL. Seven respondents live in rented apartment, while three in parents/relatives' apartment.

Average age of **PWID** who participated in study was 44 years old (min.38, max.53 years old). None of participants was married, while three of them was divorced and 3 in civil partnership. Majority of respondents (6) have child/ren. Seven out of ten study participants are unemployed, while 3 self-employed. Monthly income of 6 participants was 150-500 GEL, and less than 150 GEL in case of 4 participants. 3 participants live in parents/relatives' apartment, 3 in rented apartment, 2 in apartment that belong to their partner, and two owns their own house/apartment.

Average age of study participant **FSW** was 41 years old (min.23, max. 50 years old), among them seven were divorced and three married. Half of study participant FSWs have child/ren. Six participants had secondary education, three technical education (one participant restrained to answer the question). Only three out of 10 study participants are formally employed, while seven self-employed. Monthly income of four respondents was 150-500 GEL, income for three participants was 500-1000 GEL and in case of one participant less than 150 GEL, two participants restrained to answer the question. Seven study participant FSWs lives in rented apartment, one in parents/relatives apartment, one in own apartment and one restrained to answer the question.

Average age of **people living with HIV and TB patients** who participated in the study was 39 years old (min.19, max.52 years old), among them seven were married, one divorced and two single. Majority of respondents (seven) have child/ren. Only two respondents have higher education, two incomplete higher education, one was student, three had secondary and two technical education. Four study participants were self-employed, three formally employed and three unemployed. Monthly income for majority of participants (five) was 150-500 GEL, in case of two participants income was 500-1000 GEL, while three participants had less than 150 GEL. Majority of respondents (seven) lives in own house/apartment, two in parents/relatives apartment and one in rented apartment.

Chart 4. Key characteristics of study participants

	Trans*	MSM	FSW	PWID	HIV/TB
Number of Participants	10 participants				
Average age	25 yers old	23 yers old	41 yers old	44 yers old	39 yers old
Marriage status					
Married	0	0	1	0	7
Divorced	1	0	7	3	1
Single	9	10	2	4	2
In civil partnership	0	0	0	3	0
Employment					
Employed	5	1	2	0	3
Self Employed	1	3	7	3	4
Unemployed	4	6	1	7	3
Income (GEL)					
<150	2	6	1	4	3
150-500	5	2	4	6	5
500-1000	1	2	3	0	2
1000-2000	1	0	0	0	0
Refuse to answer	1	0	2	0	0

In addition, within framework of the study, participants filled in the needs assessment questionnaires, with aim to identify and prioritize needs of affected community within COVID-19 pandemic.

Chart 5. Results of needs assessment questionnaire

Needs	Trans*	MSM	FSW	PWID	HIV/TB
	Total average score (Maximum score 10, minimum score 1)				
Food	9.1	9.3	8.2	8.8	6.8
Medicines	7	9.4	8.5	9.7	4.5
Home delivery of medicines	8.2	8.8	8.5	9.9	3.7
Hygienic items	7.7	9.1	6.7	9	7.6
Personal protection materials	8	9.5	9.7	9	6.7
HIV/STIs prevention materials	7.5	9.1	6.4	8.8	3
COVID-19 related information	8.2	9.6	7.7	9.2	5.5
Contact information of service providers	7.7	8.8	4.7	9	4.2
Housing	8.5	9.5	8.1	9.9	2.9
Psychological support	8.7	9.2	4.8	9.5	6.5
Mental health support	7.2	7.8	4.8	9.6	5.6
MD counseling	6.8	9.7	5.4	9.7	3.6
Response to violence	7	7.9	6.6	7.7	1.9

Within the framework of the study, in-depth interviews were conducted with civil society and community-based organizations providing services in the field of HIV and TB. In total 6 organizations, have been covered within interviews:

- TB Patients Union
- Mandala
- Center for Information and Counseling on Reproductive Health “Tanadgoma”
- Women’s Initiatives Support Group (WISG)
- Equality Movement
- Real People, Real Vision

► Study results per key population

As a result of the analysis of the information collected through the focus group discussions as well as the needs assessment questionnaire and in-depth interviews, the main findings of the study were structured and interpreted for each key population according to 5 key issues, namely:

- COVID-19 related knowledge
- COVID-19 related information and ways of receiving this information.
- General socio-economic impact of COVID-19.
- Impact of COVID-19 on quality of and access to healthcare and social services.
- Basic needs.

► People Who Inject Drugs

COVID-19 related knowledge – Conducted focus groups discussion revealed that, knowledge and awareness about COVID-19 transmission and prevention is fragmented and mostly based on secondary transmission routes and anecdotal prevention measures. For example, airborne transmission was not mentioned at all by FGD participants, while mainly focus was made on transmitting the virus by unwashed hands from contaminated surfaces. Facemask is rarely mentioned as a prevention measure, mainly attention is paid only to washing hands and hygiene. FGDs revealed that there is widely spread belief that smokers and people who use drugs are more protected from COVID-19. They misinterpret the correlation between Rhesus-negative factor and Covid-19 infection. Participants believe that medical staff has higher risk of being infected with COVID, than elderly people, which is correct observation. Participants are aware that it's recommended to wear face mask not longer than three hours, however their majority outlines, that they lack this possibility due to lack of access and mostly they wear same face mask during whole day. Many of them outlines that due to bronchitis or other health complications are not able to wear mask for long periods of time.

FGD participants PWIDs are aware of different methods of COVID-19 testing (rapid test and PCR test), however their majority do not trust the tests. Despite this fact, they want government to provide free of charge COVID testing for whole population, including using door-to-door approach. They outline fever, sore throat, weakness, loss of taste as an indication to do a COVID test. They know that COVID symptoms are revealed in average on sixth day after the contact with infected person and in such case, person should call to 112 or to family doctor, however they complain about existence of only these two possible options.

As for treatment, respondents outline that COVID positive people are mainly treated symptomatically. They complain about shortage of "Aspirin" in pharmacies, as long as many people around whole world are taking it (they know it from their friends) and themselves they use Aspirin quite frequently. They are aware that Aspirin might not protect them from COVID, but think that it's overall good for prevention of common cold. They also believe that 100 grams of vodka and garlic, as well as applying iodine to the nose are good measures to prevent disease.

"Smokers and weed smokers do not get infected, I also know that person who use drugs is more protected".

COVID-19 related information and its communication channels – focus group discussions revealed, that respondents receive information from various communication channels. In majority, it's television, internet and text messages sent by the government. Respondents do not outline any initiative by medical staff to provide information on COVID-19.

Part of respondents mentioned, that non-governmental organization "Hepa", provided them with training on COVID-19 related issues. As follow up, they have constant phone contact with this organization and are invited to different type of informational sessions. This type of communication is assessed as acceptable for respondents, while received information was also highlighted as necessary and useful.

Informational brochures are also rarely distributed. Once they've been provided with face masks. They said that as a result of such information and communication activities, their behavior changed somewhat and hand sanitizing became their daily routine.

Overall socio-economic impact of COVID-19 – focus group discussions revealed that COVID-19 had negative impact on their general conditions. Unemployment and debts are added to those already in hardship social situations. One of the respondents was forced to change his living place, in order to hide from his creditors. Many of the respondents faced housing problems in one way or another. The situation is so dire that some say it is even possible them to commit a crime or even a suicide. In general, they presume that criminal related situation will significantly worsen, in case of another lockdown. Key issue, during the lockdown was absence of public transport, that lead to physical limitations to medical care. Most of them were forced to walk from home to medical institutions, until very last moment, when "special pass" was issued to specific drivers who could transport patients. They think that in case of another lockdown and restricting public transport, there should be an online platform elaborated, enabling they will have possibility to register driver and a car, thus will be able to drive to receive daily medication (Opioid Substitution Therapy). Or, in best case scenario, they dream of medication being transported to them in the times of lockdown.

"More than half of Georgia (Georgian population) have debts. While staying at home is a very hard punch, in both ways, psychologically and mentally. No income! What should one think about?! The only option is that person can be forced to... to suicide. Proud person, who watch his child to starve. Not everyone can take a weapon and rob. No one got any financial aid"

Respondents didn't not mention personal experience of impact of COVID-19 on their health, however they brought up many examples of people they know, who have been limited in access to medical assistance, due to the fact that most of medical facilities were overcrowded by COVID patients.

Based on the observations of the respondents, intensity of drug use, as well number of people who use drugs, has significantly increased during COVID-19 pandemic. This led to increase in numbers of opioid substitution therapy patients. Respondents, mentioned, that in times of pandemic practice of take-home OST has been introduced, when patients are provided with 5 days dosage of medication. Based on their opinion, at first there have been cases when provided 5 days stock of medication, was consumed in shorter periods of time, also there have been cases of "sharing" with friends, as well as some cases of selling of medications. Though, 100% of respondents believe that mentioned practice should be maintained, and few negative cases should not be the reason to cancel it. In addition, respondent mentioned that practice of delivery of OST medication at home, to patients who due to some reasons are limited in taking it themselves, should be introduced.

Respondents mentioned, that to their knowledge, there has not been cases of rights violations, somehow related to COVID-19, however, they underline, that generally cases of violence towards people who use drugs visibly increased.

Impact of COVID-19 on access and quality of healthcare and social services - Participants of focus group discussions can't remember of any case of drug user being infected with COVID-19, thus they are not able to judge regarding the specific considerations in policies of management of COVID-19 cases among PUD community. Generally they don't think that people who use drugs are at higher risks of being infected with COVID-19. Moreover, on the contrary, in their opinion, people who use drugs have less risk or no risk at all of being infected with COVID-19 comparing to general population.

Additional needs and services – Focus group discussions revealed that COVID-19 had a negative impact on quality of life and economic conditions of people who use drugs. Most of them have lost their jobs and income. In addition to existing needs, new, additional needs related to protection from and prevention of COVID-19 infection have emerged.

► Commercial Sex Workers

COVID-19 related knowledge - Majority of FGD participants are not able confidently name routes of transmission of COVID-19, however some of them mentions that it's transmitted through air and it's essential to wear a face-mask. It should be noted, that there were participants who believed that COVID-19 can be transmitted through sexual contact. It is noteworthy that most of them think that this virus does not really exist, because none of their closed ones is infected, or they also believe that epidemiological data is exaggerated.

On the question, based on their opinion who is at risk of being infected, only half of respondents mention that every person can get infected, while another half believes that elderly people are at highest risk of getting COVID.

Vast majority of participants of FGD revealed a comprehensive knowledge on ways to prevent infection. Everyone mentioned importance of wearing the masks, keeping social distance and frequently washing hands. Participants mostly accurately describe the symptoms of the disease, and approximate time symptoms reveal. Their majority is not aware when they should contact doctor or medical institution, and when it's better to stay home.

As for diagnostics and testing for COVID, despite the fact that majority of respondents didn't have a comprehensive information about when and where they can get tested, they mentioned lack of access to diagnostics due to high price.

COVID-19 related information and its communication channels - For most of the respondents, the main source of information is the TV, although the few of the, also mentioned the social networks, in particular Facebook.

In some cases, information received from acquaintances / relatives is also identified as a source of information.

Some of the respondents mentioned that it is stressful for them to receive negative information. Any negative information is automatically linked to the risk in decline of their income.

It should be noted that none of the focus group participants received information from any of the NGOs.

Overall socio-economic impact of COVID-19 – On the question what impact the pandemic had on the mental health of women involved in the sex business, everyone answered that the stress and nervousness caused by the pandemic, which is mainly related to low income, had a huge impact on their mental health. Stress, nervousness, are mainly related to reduction and loss of income, fear of not being able to pay rent for an apartment, not being able to buy food for family members. The lockdown has had a huge impact as they are mostly dependent on daily income, while number of their clients significantly reduced.

“I am afraid of another lockdown, economically everything has changed, there are bank debts to be paid, during lockdown I had a rest, but debts are not going anywhere”

“Number of clients significantly reduced, we even decreased the prices, but still there are no clients”

an impact on safe sex practices and if pandemic increased risk of HIV and STIs among women engaged in sex business, majority of respondents mentioned that these risks has not increased, they continue to use condoms as usual, in addition they wear masks, that is frequently demanded by clients. As for COVID-19 risk, they mention that they are at higher risk of being infected, due to fact that they have contact with many people throughout the day.

“I think that our community has one of the highest risks, and you know what’s the worst?! We can infect other people, not really knowing about it”.

Impact of COVID-19 on access and quality of healthcare and social services - On the question related to the needs to receive various services, most of the focus group participants said that they are mostly at home and cannot use the services, however, it was noted that the organization "Tanadgoma" always helps them with its personal protection materials.

Additional needs and services - Based on the analysis of the information collected as a result of the focus group discussion, it was revealed that the main challenges for commercial sex workers are related to financial income, as most of them have to pay the rent, accordingly they indicate the need to provide shelter or cover rental fees. In addition to the existing needs, the need for COVID-19 personal protection materials measures has been identified, that represents an additional financial burden for them. The need for mental and psychological support was also identified.

“Landlord has kicked me out, I’m practically in the street. When everything was closed, we weren’t able to do anything. I have a child, and my landlord kicked out”.

In this period cars were not moving, child is telling you – I’m hungry, I don’t have anyone to support me”.

“When me and my friend ended up in the street, we went to the hotel, and paid daily rent. It was very difficult period”

“I have been at point when I was thinking of suicide. You are totally unprotected, I have a mother who can’t walk, I also need to take care of her”.

► Men who have Sex with Men

COVID-19 related knowledge - Most of the MSM interviewed within the focus group discussions perform a thorough knowledge on the ways of transmission the infection, they are familiar with the state regulations on the wearing of the mask and the social distancing. On the question who is at risk of the infection, participants state that all people are at equal risk, although the risk groups include mostly elderly people.

Most of the respondents showed a thorough knowledge on the defense ways of transmission of the disease. Everyone mentions the importance of wearing a face mask, the need to keep a social distance, and frequent hand washing.

They quite accurately describe the symptoms of the disease, and at the time of their detection, also respondents are aware of asymptomatic progression of the disease. Almost all of them have knowledge about testing, COVID-19 moreover, they have information on testing methodologies available in Lugar Center, they describe the difference between rapid test and PCR testing. However, one of them expressed mistrust of the tests.

Almost all participants know about the symptoms, and when a person is the source of disease transmission. They also know in what cases they should go to a medical institution or doctor during the illness, when it is better to stay at home and so on. Most people are familiar with the recommendations for activities to be done at home during the illness, they know the importance of self-isolation.

COVID-19 related information and its communication channels - Most of the respondents mentioned friends as the main source of information, although some mentioned television and social networks. Minority of the participants also indicated government messages and the use of dedicated COVID-19 governmental web-sites.

Respondents named the organization "Tanadgoma", which supported them members of their community and provided the necessary information about the disease, both personally and in the form of social networks and messages, which they believe was very useful in affecting and changing their behavior.

Overall socio-economic impact of COVID-19 - On the question regarding impact of the pandemic on members of the LGBT community, participants of the focus group discussion noted that majority of community members have lost their jobs due to pandemic-related restrictions, hence the income, which is very stressful for them and greatly affected their mental health conditions. In addition, the vast majority of group members noted that the main areas of employment for LGBT community members are sex work, and / or service areas, such as bars, clubs, etc. Consequently, in the conditions of the pandemic, most of the members of the community were left unemployed, which posed significant challenges to them, including housing. They are not able to pay the rent for the apartment, to purchase the necessary items, this greatly affects their nervous system, shakes their mental condition and leads to depression. Respondents mentioned that due to housing-related challenges, many community members were forced to return to the villages, which is a significant challenge for them, given the dependence of family members and villagers. All of them mentioned that the pandemic has had a devastating effect on the economic well-being of members of the LGBT community.

They outline the "locked up" life a significant challenge, because they did not have a relationship with friends. Most of them think that the major discomfort is related to living locked up at home with family members with whom they are not open about their identity and have communication problems.

Participants of focus group discussion, also mention pandemic as a key reason for starting using different psychotropic drugs and antidepressants among community members, mainly used to deal with nervous disorders and insomnia.

As for physical health, they think the pandemic did not have a negative impact, some think the opposite happened, they lost weight, started exercising, and so on.

There have been no significant changes in the community in terms of safe sex behavior, as prevention measures continue to be applied. On the question, what impact the COVID-19 pandemic had on safe sex behavior among gay and bisexual men, most said that nothing changed, everyone continue to have sex as before the pandemic, although some initially avoided meeting each other, but now as people get used to it and life goes on.

Respondents noted that usually, gay and bisexual men have no greater risk of contracting COVID 19.

None of them mentions an increase in cases of violence. However, it was mentioned that those community members who had to live with their families found it most difficult.

“We are mostly employed at bars, clubs etc. even now, “Success” bar is working only for 3 hours. Generally there are no jobs, and even those who are working don’t receive salaries, because there are no visitors. We are in very difficult position”

“It was very hard psychologically, when I was forced to go back to the village, where I was the only Queer. It was really very difficult and impacted me very negatively, when I went there from my “Bubble” and was accidentally calling my cousins “hey girl”, it really impacted me a lot, I later started smoking weed”

Additional needs and services - The focus group discussion revealed that employment and income are a major problems in the MSM community. Most community members rent an apartment, and are unable to pay rent in times of the pandemic, while they are left without a source of income. A significant challenge is to return to their families, considering problems related to attitude of their families regarding their identity, accordingly most of the focus group participants mentioned the need to provide shelter or rent an apartment.

The need to provide them with COVID-19 personal protection materials, including face-masks and disinfectants, has also been identified.

Another key challenge is access to food and medications, which is also was named as a significant need by respondents.

In addition to the existing stress factors, stress caused by pandemic and isolation has a negative impact on mental health and requires psychological support.

► Transgender People

COVID-19 related knowledge - Analysis of focus group discussion revealed that the level of awareness and knowledge related to COVID-19 in the transgender community is fragmented. Most of the focus group participants correctly name the ways of transmission and prevention. Respondents are informed about the necessity and importance of using a face masks, frequently washing hands and using disinfectant, as well as keeping social distance. Nevertheless, attitudes based on myths and stereotypes were identified. For example, one respondent talks about a mutation of virus and the absence of a "stopping point". Second, the respondent said that did not believe in the existence of the virus, until her parents got infected.

Respondents explain that everyone can get infected with the virus, and a particularly high risk group is elderly people.

Respondents named the following symptoms - headache, 'loss of taste and smell', fever, low back pain, joint pain, shortness of breath. One of the respondents named following symptoms - rash on the hands and feet, "bruises" and allergic symptoms. Respondents mention the need to see a doctor immediately in case of any symptoms.

COVID-19 related information and its communication channels - The focus group discussion revealed that the main source of information on COVID-19 in transgender community is the internet and social networks. Only one participant named www.stopcov.ge as a source of information.

Part of the respondents state that they received information from the organization "Tanadgoma", both in printed materials and electronically through social networks. Received materials included information on COVID-19 prevention measures. And the second part of the respondents state that they have not received any information from any non-governmental organization.

Overall socio-economic impact of COVID-19 - The focus group discussion identified that COVID-19 has a negative impact on the transgender women community. This negative impact is revealed in many social and health challenges and difficulties. In particular, the vast majority of respondents name employment, income, and financial well-being as the main challenges. According to the respondents, considering transphobic attitudes in the country, it is already difficult to find a job for trans people, and for most members of the community, the only job prospect is sex work, which is limited in the times of the pandemic. Respondents explain that lack of finances automatically leads to the problem of access to basic necessities, including housing, food and other basic needs.

The focus group participants said that pandemic did not significantly change the violence environment, with major problems affecting people who had to return to their families, and were forced to wear men's clothing, often at the request of the family. Cases of bullying, mockery and humiliation in the families were also mentioned.

According to the respondents, COVID-19 had a significant negative impact on sex work and resulted in a decrease in the number of clients. The situation created in the conditions of the pandemic has also affected the prices of sex services and in many cases sex workers are forced to serve the client at a minimum price.

"The most acute problem for transgender women was housing. There was a danger that many women would be left in the street. They could not work, had food problems and mental health issues. Especially when a state of emergency was declared".

"We had neither a client nor food. I have a maximum of three or four clients a month to pay the rent, but it also stopped".

"Sex work is very difficult, but I have been used to it for a long time. But because of the pandemic, I was left without only source of income. I have nothing left. No food. My trans friend who works, she feeds me and pay my bills. It's very embarrassing, I can no longer look my friend in the eyes".

"Many trans people who I know, returned to their families, there they had to change their clothes, there were mockery and disrespectful comments from family members. They were under daily pressure"/

"There was domestic violence. Many took off their dresses and returned home and there they were abused. But for those of us who can not do it, we are in even a worse situation".

Impact of COVID-19 on access and quality of healthcare and social services - The focus group also identified challenges in access to healthcare services among transgender women. According to the vast majority of focus group members, the most significant problem is financial access to hormonal therapy. Respondents explain that in reality of declined income or being left without any income because of the pandemic, they can no longer afford to buy medicines, causing significant physical and psychological harm to them. One of the respondents noted that considering negative consequences caused by the pandemic, the "transition phase" has become secondary and people are mainly focused on surviving.

'Pandemic resulted in very bad practice, when "transitioning" has become a secondary priority, because people switched to survival mode, to somehow feed themselves and have a place to live. It has become economically very difficult and no one pays attention to "transition" anymore".

"I really do not have the means to buy hormones for 60 GEL now. I barely survive with 150-200 GEL a mont".

Additional needs and services - The focus group discussion revealed that the pandemic had a negative impact on the economic, social, and health status of transgender women in many ways. Thus, the needs identified as a result of the focus group analysis include mainly the needs to provide housing, food and medicines. Additional needs include transportation costs, hygiene items and internet. The needs of services of psychologist and social worker have also been identified.

► People Living with HIV and TB Patients

COVID-19 related knowledge - A focus discussion in the target group revealed that the majority of HIV / TB patients have accurate information about the transmission of COVID-19 and ways prevention. They are aware that any person is at risk of being infected with COVID-19, although the progression and severity of the disease can be related to many factors, including immune status, comorbidities, and age. Respondents are well aware of the PCR method and have differing experience with the testing process. It is added that taking a smear for testing may or may not be painful, depending on the smear and / or the thickness of the sticks. Respondents' perceptions of when a person should be tested for COVID-19 are also mixed, although they agree that they should consult a family doctor who will decide if testing is needed. Among the most important symptoms, respondents named fever, cough, and loss of taste and smell, although they added that a person infected with the virus may have no symptoms at all and may not know if s/he is infected. In case of symptoms, respondents believe that measures should be taken to isolate potentially infected people. If this is not possible, to wear a mask and avoid any contact is essential. In case of relatively severe symptoms such as fever, cough, respiratory failure, the main thing is not to hide these symptoms and seek timely medical care which may be delayed and the patient can not be transported to the hospital on time. In such case, respondents think it is important to stay calm and prevent panic. They are aware that treatment of COVID-19 is symptomatic.

COVID-19 related information and its communication channels - Focused discussion performed that respondents receive information from a variety of sources, but prefer credible, foreign articles and/or official sources. They trust TV less, but they actively watch it. In addition, some respondents mentioned that the community organizations also provided them with information about Covid-19 via e-mail. This form of communication turned out to be acceptable to them and contained necessary and useful information about both COVID and TB. They believe that sharing such information, especially based on personal experience and personal examples, is very important and necessary for community members. They say the result of such information and communication activity is that 100% of respondents wear the mask and are convinced of its necessity, which was not the case in the recent past.

Overall socio-economic impact of COVID-19 - As a result of the focus group discussion, it was revealed that COVID-19 has an impact on mental health, as it possesses additional psychological stress factors. Patients already have to be under constant pressure due to their health conditions, including taking numerous medications, that sometimes are toxic to them, and additional stress caused by COVID-19 is quite a heavy burden for them. Otherwise there is no any significant impact on health related to COVID-19. The focus group discussion revealed that COVID-19 pandemic had a negative impact on the quality of life and economical status of HIV and TB patients. Most have lost their jobs and sources of income.

“Let’s discuss my case, I’m a taxi driver. In this situation I risk a lot. Because I have three children. I think that in case of some more support, including social support for those who has no stable job or for self-employed people like me, it would be much better”.

Impact of COVID-19 on access and quality of healthcare and social services - The focus among HIV / TB patients showed that the COVID-19 pandemic did not have significant negative affect on their access to healthcare. There has been some positive changes in treatment services. In particular, 3 months' supply of HIV medicines is provided now, instead of 1 month previously, in addition there is possibility of delivery of medicines for those in need. Provision of TB medications, has also switched from daily or weekly DOT to provision of monthly supplies of medicines, there also is an option of home delivery.

The issuance of TB medications, instead of a daily and weekly allowance, is mainly in the form of one-month supplies and / or home delivery. There are cases when nurses deliver 1-2 weeks supply of medicines to patients at home. Most respondents believe that the current simplified model of provision of medications is much more acceptable and convenient for patients, although a small proportion of them think it might contain some risks in case of TB. Namely, A small proportion of respondents believe that under the current model there is a high probability that patients will not take the medication at all and throw it away. The second part of the respondents do not agree with this, they believe that today, compared to the past, patients awareness on necessity of treatment has significantly increased and that in most cases patients will take medication according to the prescription.

Few patients reported that they refused home delivery services because it was important for them to go out at least once a month or once every 3 months, in times of lockdown.

A separate discussion ensued about the need for a psychological consultation. It was found that TB patients have access to such consultations at their request, while in the case of HIV / AIDS patients the need for a psychologist is determined by their physician and that in some cases respondents do not know if he psychologists' service exists and is available for them.

Additional needs and services - The focused group discussion revealed that COVID-19 pandemic had a negative impact on the quality of life and economic status of HIV and TB patients. Most lost their jobs and sources of income. In addition to existing needs, new, additional needs have emerged in relation to prevention of COVID-19. Needs assessment revealed following needs (arranged in priority order): 1. Food, 2. Face-masks, hand sanitizers, disposable glove, hygiene items, 3. Psychologist support, 4. Housing, 5. Information on COVID-19 issues, 6. Home delivery of medications, 7. HIV / STI prevention material, 8. GP consultation, 9. List and contact details of service providers, 10. Psychological consultations 11. Response to cases of violence.

► Results of in-depth interviews with service providers

The study interpreted the results and findings of in-depth interviews with 6 service providers, NGOs and community organizations around 4 key issues, namely:

- Impact of the COVID 19 pandemic on ways of delivering services;
- Problems and needs of beneficiaries during COVID-19 pandemic.
- Criteria for selecting beneficiaries to receive an adapted package of services;
- Challenges of organizations during COVID-19 pandemic.

Impact of the COVID 19 pandemic on ways of delivering services

Representatives of the organizations participating in the study noted that the restrictions caused by the pandemic affected not only the service delivery routes, but also led to additional needs for both service providers and beneficiaries. Pandemic created an urgent need to adapt services to maintain both the quality of services and the sustainable access of beneficiaries to them. The organizations applied the following changes in the ways and models of service delivery:

- The volume of online and telephone services has increased significantly;
- Home delivery service has been introduced and scaled up;
- COVID-19 internal safety standards has been developed and implemented to ensure the safety of both the organization's employees and beneficiaries and to prevent COVID-19;
- Criteria for providing a humanitarian package and ways to provide assistance have been developed;
- Provision of social and psychological support increased.

Along with the ways of providing services, approaches of establishing contact with the beneficiaries were also discussed with respondents, they mentioned key channels by which they communicate with the beneficiaries. The following main ways were named during the discussion of the issue:

- Internet (social network, organizations website, online outreach; social media).
- Social worker / outreach work;
- Face-to-face consultations with beneficiaries;
- Referrals by partner organizations, including the National Center for Disease Control and Public Health;
- Snowball method of recruiting and covering beneficiaries;
- Involvement of activists in providing services to beneficiaries;

Problems and needs of beneficiaries during COVID-19 pandemic

Representatives of the organizations participating in the study talked about the main challenges (problems and needs) faced by their target groups during the COVID-19 pandemic. In particular, they named the following main problems and needs of the beneficiaries:

- Providing information about Covid-19;
- Diagnosis and treatment of the disease;
- Psychological support for people with tuberculosis provided by peer educators;

- Provision of food vouchers to beneficiaries who meet certain criteria and to patients with tuberculosis;
- Provide and support psychological and legal services to victims of violence; As well as providing access to safe spaces;
- Utility bills;
- Consultation with a psychologist and psychiatrist;
- Ensuring shelter and support to victims of violence who have no status of victim.
- Providing the beneficiaries with chronic diseases with the necessary medicines;
- COVID-19 testing;
- Access to education (support in acquiring of new skills);
- Lawyer consultations;
- Access to drug checking services;
- Materials that neutralize the negative effects of the drugs (e.g. Magnesium, Vitamin C etc.);
- Information on safe practices of drug use.

Criteria for selecting beneficiaries to receive an adapted package of services

Respondents identified number of criteria according to which it is desirable to select the beneficiaries to deliver the package of services. These criteria are

- Populations/groups with high risk behavior practices (PWIDs, CSW, MSM and Trans community, PLHIV and TB patients)
- Physical and mental health status of the beneficiary (HIV status, TB status, chronic diseases etc.)
- Beneficiaries with problems in adherence to treatment.
- Beneficiaries left without income;
- Beneficiaries with limited or no access to food and housing;
- Victims of physical and physiological violence.

Challenges of organizations during COVID-19 pandemic.

Restrictions caused by the pandemic created additional challenges and needs for the beneficiaries, which on its own affected the specifics of the work of the organizations (working hours, ways of providing services, etc.). Respondents mentioned that in order to meet the needs caused by the pandemic, they faced new obstacles.

- Terminated funding during the pandemic;
- Office closures and suspended activities;
- Restrictions of field / outreach work and the problem of access to beneficiaries, challenges related to their registration;
- Lack of experience in receiving fast and humanitarian grants;
- Lack of resources to meet the basic needs of the beneficiaries (food, hygiene items, medicines, personal protection materials, etc.).
- Limited knowledge and awareness on the structure of delivery of humanitarian services;
- Obstacles in the process of negotiating with donors to consider changes to ongoing projects.

The study participants talked about the needs they faced in the Covid 19 pandemic. As they themselves point out, meeting these needs is directly related to the effective and efficient work of organizations and promoting the well-being of beneficiaries. Respondents listed the following needs:

- COVID-19 Personal Protection Materials: face mask, hand sanitizer, disinfectant etc.;
- Financial means, to meet additional needs of beneficiaries caused by the COVID-19 pandemic and to reimburse the organizations' staff and volunteers;
- COVID-19 testing of staff;
- Ensuring psycho-emotional well-being of staff and prevention of the burn outs;
- Purchase of vehicles for the organization to move employees safely;
- Permit to move under the imposed time limits within the curfew;
- Trainings on COVID-19.

V. Findings

► People Who Inject Drugs

- Knowledge and awareness about COVID-19 transmission and prevention among PWIDs is fragmented and mostly based on secondary transmission routes and anecdotal prevention measures.
- COVID-19 related information is received through a variety of sources, mainly television, internet, and short text messages sent by the government. Delivering and communicating informational materials tailored to community specifics is considered effective, informative and necessary;
- There is low perception of COVID-19 risks. PWIDs do not believe that people who use drugs are at high risk of being infected with COVID-19. According to them, on contrary, people who use drugs have lower risks of being infected than general population.
- COVID-19 pandemic has not affected the healthcare of PWIDs. However:
 - Number of drug users, as well as frequency of drug use increased;
 - Number of violence towards people who use drugs increased;
 - The need for psychological and rehabilitation treatment has increased.
 - Provision of 5 days stock of medicine, within Opioid Substitution Therapy, is well-accepted by majority of community members.
- Based on the needs assessment questionnaires and focus group discussion, 100% of the respondents consider the following needs equally important:
 - 1. Food, 2. Face masks, hand sanitizer, disposable gloves, hygiene items, 3. Psychologist support, 4. Housing, 5. Information on COVID-19, 6. Delivery of OST medications at home, 7. STI / HIVprevention materials, 8. General practitioner consultation, 9. Information and contact details of service providers, 10. Psychiatrist consultation, 11. Responding / supporting to cases of violence; 12. Supply of free disposable containers, 13. Existence of rehabilitation centers; 14. Provide pass for cars in case of lockdown.

► Commercial Sex Workers

- Commercial sex worker women have relatively low levels of knowledge and awareness about COVID-19, including transmission and prevention routes, as well as testing. There is an alarming attitude towards not believing in existence of the virus.
- The key sources of information are TV and social networks. It is also common to get information from a friend. It should be noted that none of the respondents received information from the NGOs.
- The most challenging problem for commercial sex workers women is the impact of COVID-19 on their financial situation. In particular, lockdowns caused by the pandemic directly affects the number of their clients, thus creating the risk of being left without income, which puts at risk access to the basic needs such as food and housing. Considering this situation, stress and other psychological problems are revealed.
- The study does not reveal the impact of COVID-19 on the increase in cases of violence.
- COVID-19 had no impact on safe sex practices and increased risk of infection with HIV and STIs has not been identified.
- Use of the face-mask is a widespread practice among sex workers, which is an initiative of both them and their clients.
- Commercial sex workers believe they are at increased risk for COVID-19 infections due to their physical contact with many people during the day.
- Research has shown that commercial sex workers have less access to medical and social services due to their work schedule. They mentioned the practice of regularly receiving personal protection materials by the organization "Tanadgoma".
- Based on the analysis of the results of the focus group discussion and needs assessment questionnaire, the following needs are identified among commercial sex worker women:
 - 1. Food 2. Medicines, including need of medicines to be delivered at home. 3. COVID-19 personal protection materials (face-masks, disinfectants, sanitizers, etc.) 4. Psychological and mental health services 5. MD consultations 6. Housing.

► Men who have Sex with Men

- MSM community is characterized by high level of knowledge, awareness and self-awareness related to COVID-19. Among them, there is a high level of knowledge about infection prevention, transmission routes and symptoms, as well as testing and diagnostic procedures, rules of isolation.
- The main sources of information in the MSM community are friends, as well as TV and internet sources. There is little information received through governmental communication channels, including messages and notifications. Most of the respondents name the non-governmental organizations as an important source of information and emphasize the necessity of the mentioned activity.
- The impact of COVID-19 has been most severely reflected in employment and financial income of MSM community. Most community members are employed in the service sector, which has significantly limited their employment opportunities in a pandemic.
- Considering financial challenges, housing is a major problem, as most community members rent an apartment, thus they do not have access to it due to unemployment and lack or absence of income.
- Difficulties with housing have forced many community members to return to their families, including in rural areas, creating a significant problem and psychological challenge for them. This is largely due to the family's not being aware of their gender identity, and homophobic attitudes of family members as well as general population of villages.
- Lack of socialization and restriction of communication with friends is a significant challenge for MSM community members, which increases stress and causes psychological problems and leads to depression.
- The study found that COVID-19 had no significant impact on HIV and STIs related high risk behaviors.
- The study does not reveal an increase in cases of violence. However, it was revealed that the biggest challenge in terms of violence was faced by community members who returned to live with their families.
- Research has shown that pandemic, and isolation, has become an additional factor contributing to use of psychotropic and psychoactive substances in the MSM community.
- Focus group discussion and needs assessment questionnaire analysis revealed the following needs:
 - 1. Food, 2. Medicines, 3. Hygienic items (soap, shampoo, toothpaste etc.) 4. Housing, 5. COVID-19 related information, 6. Psychological, mental health and general practitioner consultations and support, 7. Personal protection materials (face-masks, disinfectants, sanitizers etc.) 8. List of service provider organizations and their contact information, 9. Support in response to violence cases.

► Transgender People

- The level of awareness and knowledge on COVID-19 among transgender women is adequate but might be fragmented on specific issues. Frequently main source of information is personal contact, that identifies the need to provide qualified and community-tailored information.
- The main source of information is the internet, it should be noted that none of the respondents named television as a source of information. Some of the respondents have received information from non-governmental organizations, but there is a need to expand the scale of this intervention.
- COVID-19 has had a significant impact on the transgender women, including the lack of access to basic needs, caused by unemployment and lack of income. Most notable and critical are housing and food.
- The pandemic has limited the access of transgender women to hormone therapy, that is related to the financial barriers.
- Although the situation related to violence has not changed significantly, there are numerous cases of domestic violence. This applies to those members of the community who have been forced to return to their families. Violence is mainly manifested by humiliation, mockery and forcing them to change their clothes and wear male clothes.
- Due to movement restrictions, the pandemic limited community members in access to safe spaces, which is vital for them due to the general transphobic environment in the country. This negatively affects their mental and psychological state.
- Most transgender women involved in sex work have stopped working, while those who continue to work explain the significant decline in the number of clients. The pandemic also affected the price of sex services, sex workers are forced to decrease the price of services.
- Focus group discussion and needs assessment questionnaire analysis revealed the following needs:
 - 1. Food, 2. Housing, 3. Medicines, 4. Hygienic items, 5. Psychological, mental health and general practitioner consultations and support, 6. Support in response to violence cases, 7. COVID-19 related information, 8. List of service provider organizations and their contact information, 9. As well as additional needs such as internet, transportation costs, and reimbursement of hormone therapy medication costs.

► People Living with HIV and TB Patients

- Knowledge of COVID-19 is adequate and relevant.
- COVID-19 related information is mainly received from a variety of sources, although credible, official sources or foreign articles are preferred. It's considered to be effective and necessary to provide communication tailored communication materials. This practice has led to a positive change in behavior of the community (increased frequency of use of face masks);
- COVID-19 is an additional stress factor for the HIV and TB community and has a negative effect on their psychological or mental health;
- COVID-19 pandemic has not affected the health care capacity of already identified HIV-positive and TB patients. However, based on the focus of the discussion, is not clear what impact pandemic has on detection of new cases and the prevention of diseases.
- A simplified model of treatment delivery that involves having a 1-3 month supply of medicines at home is well accepted by most of the community members.
- Focus group discussion and needs assessment questionnaire analysis revealed the following needs:
 - 1. Food, 2. Personal protection materials (facemasks, sanitizers, disinfectants etc.) 3. Psychological and mental health support, 4. Housing 5. COVID-19 related information, 6. Home delivery of medicines, 7. HIV and STI prevention materials, 8. MD counseling, 9. List of service provider organizations and their contact information, 10. Support in response to violence cases.

► Summary of the findings

COVID-19 related knowledge	The level of knowledge and awareness of key populations regarding COVID-19 is largely fragmented.
COVID-19 related information and its communication channels	The channels and ways of receiving COVID-19 related information among key populations vary, although there are important overlaps. The main sources are: social networks / internet and television. Information coverage by the non-governmental and community sectors is quite low.
Overall socio-economic impact of COVID-19	The impact of the COVID-19 pandemic on key populations was mainly reflected in the following areas: <ul style="list-style-type: none"> - Employment and source of income; - Permanent housing; - Access to safe spaces and social integration; - Psychological and mental health problems; - Vulnerability to violence, including domestic violence and gender-based violence. Is particularly challenging in the case of MSM and trans communities returning back to their families;
Impact of COVID-19 on access and quality of healthcare and social services –	The COVID-19 pandemic has had a negative impact on access to health care, including: <ul style="list-style-type: none"> - Limited access to health services and medicines, including prescription medicines; Access to hormone therapy is particularly problematic in the transgender community. - The pandemic has not had a significant impact on HIV and STI risk behaviors. - Practice of prescribing supply of HIV and TB medicines for longer period of times, is well received and accepted by community. - Significant challenges are face by HIV and TB prevention, diagnostic and treatment services, that require adaptation of service delivery models in time of pandemic.
Main needs	The study identified diverse and multifaceted social and health needs that are individual to each group, although there is a significant overlaps in the basic needs. The priority needs identified as a result of the study, include: <ul style="list-style-type: none"> - Food. - Housing and support in paying rental fees. - Medicines. - Home delivery of essential medicines (ARV and TB drugs, OST, Naloxone etc.) სახლში მიწოდება; - Hygienic items (Soap, Shampoo, Toothpaste etc.) - Personal protection materials (face masks, disinfectants, sanitizers etc.) - COVID-19 related information. - Psychological and mental health support.

V. Recommendations

<p>1. COVID-19 related knowledge and information and communication channels among HIV key populations and People Living with HIV and TB patients</p>	<p>1.1. Ensure integration of COVID-19 Informational-Educational-Communicational materials into HIV and TB service packages.</p>
	<p>1.2. Elaborate COVID-19 related IEC materials tailored to the specifics of HIV key populations. Including, preparation of IEC materials covering such issues as drug use and sexual practices during COVID-19 pandemic, HIV and COVID-19, TB and COVID-19, etc. based on the international practices.</p>
	<p>1.3. Increase the role of civil society and community based organizations involved in the delivery of HIV and TB services in disseminating COVID-19 information, providing consultations to key populations, and patient navigation. Include integration with existing communication platforms, such as TB video surveillance software, etc.</p>
	<p>1.4. Ensure diversification of communication channels, in addition to standardized approaches used for general population, apply community tailored communication channels such as open and closed groups in social networks, dating apps. (Grindr, gayromeo, hornet and others) and other community specific approaches.</p>

<p>2. Socio-economic challenges and needs of key populations and People Living with HIV and TB Patients:</p> <ul style="list-style-type: none"> - Employment and income - Housing - Safe spaces and social integration - Violence 	<p>2.1. Civil society and community-based organization to establish a fund for providing support and ensuring access to basic socio-economic needs of community members left without source of income and housing.</p> <p>2.2. In order to meet the basic needs of key populations and HIV-positive and TB-infected people, the financial savings in the HIV/AIDS and TB programs should be considered as a source of funding for the above-mentioned fund.</p> <p>2.2. Civil society and community-based organizations to implement a proactive Crowdfunding campaigns, to provide community members with basic needs.</p> <p>2.3. With support and mediation of National Center for Disease Control and Public Health and Ministry of Health, ensure communication with private sector to allocate financial resources for needs of communities, in the framework of Corporate Social Responsibility (CSR).</p> <p>2.4. Civil society and community-based organizations, should ensure implementation of activities directed to socialization of communities, including group therapies, community gatherings and other actions.</p> <p>2.5. Community based organizations, in partnership with domestic violence prevention services, should ensure development of functional prevention, detection and response mechanism to cases of violence, as well as strengthen referral network, considering context of COVID-19 pandemic.</p> <p>2.6. Plan, conduct and expand work with LGBT + family members on stigma, discrimination and acceptance issues.</p>
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3. Access to health services, including COVID-19, primary health care, as well as HIV/AIDS and Tuberculosis services.

3.1. Ensure the integration of COVID-19 Personal Protective Equipment (PPE) into both HIV and TB prevention and treatment services.

3.2. Increase and ensure access to counseling for psychologists and psychiatrists for both key populations and people living with HIV and TB patients. To set up a comprehensive referral network for psychological and mental health services and utilize existing resources, including the resources of a psychologist in hospitals, as well as psychologists working in community organizations or trained peer educators.

3.3. Ensure the sustainability of practices of home delivery and prescription of take-home supply of medicines. Maintain this practices as a routine strategy, including the practice of prescribing a 3-month supply of HIV ARV medications and a 5-day supply of OST.

3.4. Ensure access of key populations, HIV-positive and TB-infected people to multidisciplinary medical services using a remote service delivery models (telemedicine). The ongoing "Teleclinic" project, supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, to cover not only medical but also psychological and social services.

3.5. In order to ensure access to HIV prevention services, flexible service delivery strategies should be provided, including flexibility in the modes of service delivery and quantity of distributed materials.

3.6. As part of the National Response to HIV/AIDS, possible ways and resources to ensure access to hormone therapy for trans * communities should be considered at the strategic level as soon as possible.

3.7. As part of the National Response to HIV/AIDS and Tuberculosis, the prospect of integrating COVID-19 rapid tests, including self-tests, should be considered at the strategic level as soon as possible.

4. Organizational needs of non-governmental and community-based organizations engaged in service provision in HIV TB fields providers; and the need to adapt to the COVID-19 pandemic to optimize access services.

4.1. Establish a Coordinating Council for HIV and Tuberculosis Service Providers. Which ensures coordination between organizations and the implementation of unified strategies and actions in response to the needs of beneficiaries, as well as the optimization of financial and technical resources.

4.2. Establish internal safety standards in HIV and TB service providers to ensure the safety of both employees and beneficiaries in regards to COVID-19 pandemic.

4.3. HIV and TB service providers to develop a standard operating manuals (SoP) for adapted service delivery models in context of COVID-19.

4.4. Provide HIV prevention and harm reduction services in line with the COVID-19 context, including considering existing drug scene and drug use practices, the nature and specifics of sexual behaviors in the MSM and LGBT communities, and the specifics of sex workers. Adapt services based on these factors.

4.5. Provide capacity building and training on COVID-19 for staff of HIV and TB service providers, including social and field workers.

4.6. National COVID-19 Response Strategy should consider the role of HIV and TB service providers in COVID-19 testing, primary consultation and referral capacities.

<p>5. Policy and the enabling environment</p>	<p>5.1. Provide training for medical staff, including primary care physicians, on specifics, rights and ethical approaches of work and service delivery to key populations, PLHIV and TB patients.</p> <p>5.2. Consider and initiate both, the legal framework for sex workers (administrative and criminal prosecution) and the framework for stigma-discrimination and violence against MSM and LGBT, including the regulation of institutional violence. Ensure respective advocacy initiatives.</p> <p>5.3. Initiate drug policy reform, including as a major barrier to access to health services, which in the context of COVID-19 possesses significant harms and risks from both individuals and public health perspectives.</p> <p>5.4. Ensure the establishment of an effective legislative mechanism and system for responding to gender-based violence / domestic violence and discrimination, taking into account the specifics of key populations.</p>

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