

## Civil Society transition and sustainability assessment of trans communities in the HIV response in Nepal



BLUE DIAMOND  
SOCIETY  
Nepal



ASIA PACIFIC  
TRANSGENDER  
NETWORK

**DATE: 14-15 May 2018**

**Location: Kathmandu, Nepal**

**Activity: 2-day training/workshop**

**Participants: 16 local trans activists**

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## DEFINITIONS

The following definitions are from the [Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific](#) except for definitions of gender and key populations which are based on the \*Global Fund's strategies and action plans.

Gender*	The array of socially constructed roles and relationships, personality traits, attitudes, behaviors, values, relative power and influence that society ascribes to the two sexes on a differential basis. Whereas biological sex is determined by genetics and anatomical characteristics, gender is an acquired identity that is learned, changes over time and varies widely within and across culture. Gender constructs are relational. i.e. referring to relationship between women and men.
Gender Identity	A person's internal sense of being a man, a woman, or some alternative gender or combination of genders. A person's gender identity may or may not correspond with their sex assigned at birth.
Key Populations*	Those groups that experience a high epidemiological impact from one of the diseases combined with reduced access to services and/or being criminalized or otherwise marginalized. Groups identified as key populations by the Global Fund in the HIV response include: Gay, bisexual and other men who have sex with men (MSM); women, men and transgender people who inject drugs, and/or who are sex workers; as well as all transgender people [who] are socially marginalized, often criminalized and face a range of human rights abuses that increase their vulnerability to HIV.
Sexual Orientation	Each person's capacity for profound emotional, affectional, and sexual attraction to, and intimate and sexual relations with, individuals of a different gender (heterosexual) or the same gender (homosexual) or more than one gender (bisexual or pansexual).
Transgender/Trans	Persons who identify themselves in a different gender than that assigned at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.

## SUMMARY

On the 14<sup>th</sup> and 15<sup>th</sup> of May, Blue Diamond Society and APTN, with the support of GATE, facilitated a workshop with transgender women on the impact of the Global Fund in Nepal. The workshop also explored issues of financial transition and sustainability for Global Fund funding, programs and processes. Following the workshop, the participants conducted an assessment which will be used as an advocacy tool to inform the Global Fund on how best to mobilize domestic and other resources.

The transgender community expressed great concerns with Global Fund Programs focus on HIV testing without greater investment in prevention, treatment and retention. This is despite a commitment from Save the Children (Primary Recipient) to achieve 90-90-90 and combination prevention by 2020 across all 75 districts in Nepal. This commitment, while enshrined in the concept note, is not actualized in terms of funding for transgender populations. For example, STI testing (a key component of prevention) is delivered through general public services, which is often inaccessible to transgender people. Further, HIV-positive transgender people have limited access to comprehensive and quality treatment, such as nutrition support, clinical lab testing and psycho-social support.

For the participants, this meeting provided them with the opportunity to meet for the first time and discuss issues at a programmatic level, specifically focused on the transgender population (and not combined with the issues of men who have sex with men). It also provided them with an in-depth understanding of the Global Fund's role as a financing mechanism and the role of the various stakeholders in Nepal.

Some of the participants had been working under Global Fund projects for almost ten years, yet none had seen the final concept note nor were any of them aware of the full program activities relevant to transgender populations. Further, they were unaware of the context for transgender people in relation to tuberculosis and malaria. The participants were able to share their experiences and frustrations with the lack of transparency, the tokenism of their participation in meetings like the CCM, and the donor driven nature of the funding.

However, throughout the workshop they were also able to think about their what they would need to ensure better engagement with Global Fund processes. They identified capacity building needs around advocacy and leadership training to communicate more convincingly their needs to broader stakeholders. Participants also requested support in building capacity around community social research methods to collect, analyze and present empirical data and evidence to support their advocacy efforts, not just for HIV, but for broader issues including education, employment, health access and sexual and reproductive health and rights. Supporting these initiatives will be essential for promoting and supporting the transgender community to engage effectively with the Global Fund and similar processes.

## INTRODUCTION

### The Situation of HIV, TB and Malaria in Nepal

Nepal has a population of 28.5 million people and, with over 150 different ethnic groups, it has a culturally rich and diverse landscape. The Global Fund (GF) has been working in Nepal since 2006, and in this time it has invested over US \$189 million dollars; US \$89 million for HIV, US \$55 million in TB and US \$44 million in Malaria. The current grant is administered by the Primary Recipient, Save the Children. Blue Diamond Society (BDS) is a sub recipient, supporting the implementation of HIV activities for men who have sex with men (MSM) and transgender (TG) people. The implementation period for this round of funding is from 2017-2019. We have no information of the needs of the community on tuberculosis (TB) and malaria, and there is no TB or malaria National Strategic Plan or epidemiological data for key populations. Under the scope of the current program, transgender communities receive HIV funding under the umbrella of men who have sex with men (MSM) and transgender populations.

Disbursements by Component

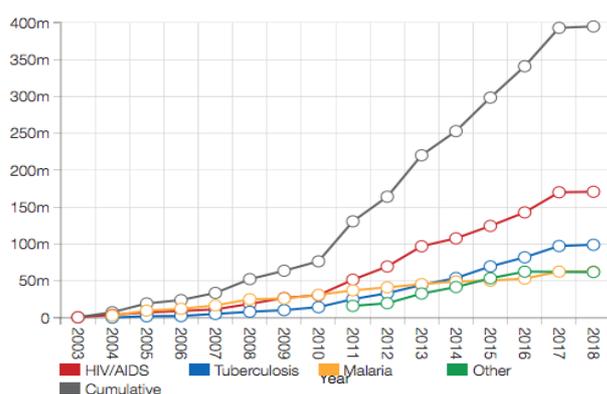


Figure 1: Global Fund Disbursements 2003-2018

(males) who inject drugs (6.4%) and transgender women (6%). There are an estimated 21,460 transgender people living in Nepal. The first ever Integrated Biological and Behavioral Surveillance survey was held in 2016. With a sample size of n=340, the data highlighted that within MSM/TG, 6.9% have STIs and 9.4% of them have active syphilis. In total, 41.1% had some knowledge of comprehensive methods of safe sex.<sup>4</sup> This information was not available in disaggregated form; differentiating between MSM and TG.

### HIV

The HIV epidemic in Nepal peaked in 2005 and has been declining ever since. There is an estimated 32,000<sup>1</sup> (2016) people living with HIV in Nepal with under 1000 new infections diagnosed annually (downward trend). Since the late 1990's, the number of AIDS-related deaths is also declining, from 7,000 to 1,493 in 2014, and is projected to decline further as ART coverage is scaled up.<sup>2</sup> Key populations<sup>3</sup> account for 26% of the epidemic with the greatest burden on people

<sup>1</sup> <http://www.unaids.org/en/regionscountries/countries/nepal>

<sup>2</sup> <https://www.theglobalfund.org/en/portfolio/country/?k=778aa112-0067-4fe9-a0b4-e4bd72ef67de&loc=NPL>

<sup>3</sup> Key populations include people who use drugs, men who have sex with men, transgender people, male, female and transgender sex workers, as well as the clients of sex workers

<sup>4</sup> A= Abstinence, B= Being faithful, C= Consistent condom use, D= Diaphragm for HIV Prevention, E= Exposure Prophylaxis and F= Female-Controlled Micro-biocides

## **Malaria**

Global Fund investment in malaria includes contributing to reducing malaria morbidity by ensuring universal access to effective interventions by the populations at risk, by scaling up in new areas identified by the micro-stratification survey and maintaining efforts in other areas. This includes universal coverage of Long-Lasting Insecticide Nets with an estimated procurement and distribution of further 362,372 nets in March 2018. Investment in case management and health systems strengthening, including data collection and maintaining and strengthening health information systems, are also part of programmatic interventions. A community-based approach is planned, through orientating Female Community Health Volunteers across 56 Village District Committee's to refer suspected cases to local health facilities where local health workers and laboratory personnel will test and treat. However, there is no indication that key populations will be part of the community health workers networks.<sup>5</sup> Further to this, we know that without a tailored approach to supporting transgender people, malaria programs will not be implemented successfully for this population, particularly as referrals to local health facilities will not be taken up due to the stigma and discrimination that many transgender people face from such service providers. This will be explored in more detail in the findings.

## **Tuberculosis**

Similarly, Global Fund investments in tuberculosis also looks to scale up interventions in TB through greater investments in case detection, diagnosis and treatment and through HIV/TB collaborative interventions. TB prevalence among people living with HIV is 11.5% (TB-HIV sentinel surveillance 2012); all HIV patients are now screened for TB in HIV treatment centers. However, recording and reporting of TB/HIV cross-referrals is inconsistent. While Save the Children is committed to addressing these gaps through stronger coordination, improvement of referral, reporting and recording mechanisms, and the procurement of commodities, there is no additional information on how at-risk key populations will be engaged in the process.<sup>6</sup>

The Global Fund has invested heavily in the health sector to achieve a steady decline in HIV incidences over the last ten years in Nepal. However, a performance-based funding approach for only HIV test and treat activities will not produce sustainable outcomes for key populations, including transgender people. In order to meet UNAIDS targets of ending the HIV epidemic by 2030, it is essential that that funding for community mobilization, advocacy, stigma and discrimination reduction and prevention activities, which have largely been underfunded or non-existent in the current program, is provided to communities. Without this, an enabling environment cannot be built to eliminate HIV, TB and malaria in transgender populations in Nepal and around the world.

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<sup>5</sup> <https://www.theglobalfund.org/en/portfolio/country/?k=778aa112-0067-4fe9-a0b4-e4bd72ef67de&loc=NPL>

<sup>6</sup> <https://www.theglobalfund.org/en/portfolio/country/?k=778aa112-0067-4fe9-a0b4-e4bd72ef67de&loc=NPL>

## Context for Transgender People in Nepal

While LGBTI communities have achieved major milestones in ensuring and enshrining the rights of LGBTI people into Nepal's constitution, there remains many challenges for the community, and particularly for transgender people in actualizing those rights. In 2007, the Supreme Court of Nepal affirmed that LGBTI people should have equal rights under the law. This included progressive legal changes including issuing citizenship certificates and identity documents to transgender people that reflected their self-identified gender identity. Passports marked with an "O" have been issued to some transgender people, reflecting the "Other" of Male and Female.

However, while transgender people's right to gender recognition are enshrined in the Government of Nepal's legislative framework, in reality a lot of work needs to be done in order for these protections to become a reality for transgender people. An example of this emerged during the meeting, when a participant spoke about the great difficulty in accessing these new identity documents, reflecting her chosen gender identity.

For her, it took four days to receive her documents, whereby authorities demanded she provide a certificate from her doctor to validate her gender despite this not being a requisite to changing documentation. In addition, and perhaps more stigmatizing, the documents, when amended, update the photo with correct gender presentation and reflect the gender as 'O', but the name remains the person's birth name. Transgender people are not able to change their birth name to their chosen name on their identity documents. This not only violates the transgender persons right to the full spectrum of gender affirmation but also can place the person at great risk of stigma, discrimination and violence, particularly from duty bearers and authorities who examine the identity documents and clearly see that the person's photo does not correspond with their birth name.

HIV-positive transgender people in Nepal continue to be denied services in hospitals and health facilities, due to stigma and harassment by service providers, including outright refusal to provide services. One participant shared a story:

*"One of the clients (Partner of TG, MSM) was stabbed by knife and the intestine came out. When the client was taken to the hospital (Chitwan, one of the western developed city) and they found out that he was HIV positive, the health care personnel refused to give treatment."*

Discrimination in education settings often means transgender people have a high dropout rate, driving them towards unregulated and often unsafe working environments, such as sex work. A low rate of comprehensive knowledge of safe sex, and limited access to condoms and lubricant, exacerbates their risk of HIV acquisition and transmission. National Guidelines have prioritized PEP and Pre-Exposure Prophylaxis (PrEP) for transgender people, however many are unaware of these treatments and where to access them.

*"Even to get PEP, I need to go through certain procedures and there are a lot of steps to reach the medicine."*

There are very limited trans-competent and -inclusive healthcare services available for transgender people in Nepal. For trans women, the only hormones available are birth control pills from the pharmacy, which are affordable. Testosterone for trans men is not available in Nepal. Very few doctors provide bloodwork, except in Kathmandu and then only in private clinics which are unaffordable and inaccessible to most transgender people. There are no

legal regulations around gender affirming surgeries, and no doctors in Nepal will perform genital reconstruction surgery. Other surgeries, however; for example, breast construction surgeries, are available through private plastic surgery clinics.<sup>7</sup>

Freedom of movement is also limited for transgender women. In fact, on the day of the first day of the meeting, a participant informed the group that a bulletin had been issued by the local police chief with the support of the Tourist Board President in the area of Thamel, where the meeting was being held, effectively banning transgender women from entering the area after dark. Thamel is a very popular destination for tourists in Kathmandu. The bulletin stated that transgender women who entered the area after dark would be arrested and removed.

### **Project Background**

Global Action for Trans Equality (GATE) is an international organization working on gender identity, gender expression and bodily diversity issues. It was founded and registered in 2009 in New York, USA. GATE's programmatic work is organized around four areas: Depathologization and legal reforms, transgender issues in the international HIV response, Movement building and Development and United Nations. Through the support of a Communities, Rights and Gender grant GATE is leading a global project on strengthen peer-based and community led networks of transgender populations. The aim is to build capacity and support regional and country-based constituencies to more effectively engage in and contribute to the development, implementation and oversight of Global Fund grants. As a part of this initiative, GATE contracted APTN to conduct two workshops in Nepal and Vietnam on sustainability and transition that strengthen the capacity of transgender people to participate in the national response. The Nepal workshop was supported by Blue Diamond Society.

The Asia Pacific Transgender Network (APTN) was launched in 2009, when a group of transgender women from various Asia and Pacific countries came together to champion the health, legal, and social rights of transgender women. In 2011, the network expanded to include transgender men. Over the years, APTN engages with a range of partners to support, organize and advocate for comprehensive healthcare and policies that ensure the protection of legal, social and human rights for trans and gender diverse people. The APTN Secretariat is based in Bangkok, Thailand.

Global Action for Trans Equality (GATE), the project-lead on behalf of the Community, Rights, and Gender Department of the Global Fund, tasked APTN to conduct two workshops in Nepal and Vietnam on sustainability and transition that strengthen the capacity of transgender people to participate in the national response. The Nepal workshop was held on 14<sup>th</sup>-15<sup>th</sup> May in Kathmandu, and the Vietnam workshop was held on 17<sup>th</sup>-18<sup>th</sup> May 2018 in Hanoi. This report covers the proceedings from the Nepal workshop.

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<sup>7</sup> APTN 2017: Preliminary Regional Mapping Report on Trans Health, Rights and Development in Asia. Based on data collected for From Barriers to Bridges: Increasing access to HIV and other health services for trans people in Asia held on 20 to 22 September 2017 in Bangkok, Thailand

## **METHODOLOGY**

A mixed methodological approach was applied to the assessment: presentations informing and establishing consistency of knowledge among participants; small group work; and large group discussions.

A short questionnaire (Annex B) was used to assess the extent of knowledge of participants on the Global Fund, and its findings were discussed on day two with participants.

The workshop included presentations on the following:

- Overview and Objectives
- Context for Transgender People in Nepal
- National HIV, TB, and Malaria Situation
- Overview of Global Fund Investments to Date
- Overview of CRG and Global Fund Strategy 2017-2022 including Sustainability, Transitioning and Co-financing Policy

The workshop was conducted in English, Hindi and Nepali. An experienced translator familiar with gender and sexual minorities carried out translations, and also translated parts of the presentation and handouts into Nepali. The working language of the group was Nepali and most group work and feedback to the larger group was done in Nepali. A note taker was engaged to record the meeting in English to support the development of this report.

### **Objective**

The goal of the project is to improve understanding and ensure meaningful engagement of transgender persons in Global Fund activities at the national level; strengthen capacity of national transgender organizations and build peer-to-peer knowledge sharing; encourage evidence-based programmatic interventions and policies based on needs of the transgender community; and inform funding transition preserving investments made in strengthening transgender communities.

Specific objectives:

1. Strengthening HIV key population networks with global reach, to support their country level constituencies to effectively engage in Global Fund-related processes during the whole grant cycle;
2. Developing the capacity of marginalized and criminalized networks and communities to effectively and safely engage in all Global Fund-related processes;
3. Strengthening of key and vulnerable populations for HIV capacity to advocate for increased investment in rights-based and community responsive programs, as well as effective community led. Human right and gender related programming within Global Fund grants
4. As countries prepare to transition from Global Fund support and begin to mobilize domestic resources for health services that have traditionally received donor funds, transgender communities need to be prepared to actively participate in the response and plan for trans-competent healthcare services.

## ACTIVITIES

On the 14<sup>th</sup> and 15<sup>th</sup> of May 2018, APTN, with coordination support from Blue Diamond Society in Nepal, convened a meeting with 16 transgender women. The workshop aimed to address the following questions:

- What was the overall impact of the project supported by the Global Fund?
- Is the funding for interventions sustainable? If so, how and why?
- What are the most important factors contributing to the visibility of transgender people in the HIV response?
- Are communities engaged in an effort to sustain the success?
- What could be the important lessons that can be learned from the Global Fund supported programs?
- What are the inter-linkages, networks transgender people have to the regional and global movement?
- What are the HIV needs of the transgender communities?
- How can transgender communities play a more important role in the TB response?
- What will happen to transgender communities after GF transition from the country?
- What are the key recommendations/actions to ensure sustainability of transgender communities in the HIV and TB response beyond GF transition?

These questions were adapted and included as part of the Agenda (Annex A) that was translated into the local language and shared with participants in advance of the meeting. All efforts were made to ensure that the agenda, questions and handouts were accurately translated from English to the local Nepali language.

This was the first time, since Global Fund programs had been established in Nepal in 2002, that transgender women have come together to discuss program effectiveness, relevance and impact of Global Fund processes and programs for the transgender community.

Even more striking was that some participants had been implementing Global Fund programs as peer outreach workers for over a decade, and yet were unaware of the full scope of the program activities for transgender people under the Global Fund Concept Note as submitted by the Primary Recipient (PR); Save the Children. Further to this, while there was some understanding of the goal to prevent and eliminate HIV, there was no understanding of the programs as they related to tuberculosis (TB) and malaria.

## FINDINGS

The two-day workshop began with introductions, an overview of the project, and review of the agenda. The 16 women came from several districts across Nepal. All participants were engaged in Global Fund HIV program implementation as peer outreach workers. All participants were aware that the Global Fund included TB and malaria programming. In terms of TB, peer outreach workers who identified HIV positive trans people referred them for TB testing, however no one was involved in malaria programming and, in fact, only two participants had received LLINs through the malaria program and one had received LLINs as a member of the Country Coordination Mechanism.

### SWOT Analysis

The group conducted a Strengths Weaknesses, Opportunities and Threats (SWOT) analysis to better understand how effective the Global Fund processes and programs have been thus far. The SWOT analysis was conducted in groups of three, and discussions were presented to the larger group.

### Guiding Questions for the SWOT analysis to address

1. **Context:** In your country, what are the most important factors contributing to the visibility of transgender people in the HIV response? TB response? Malaria response?
2. **Context:** What are the needs of the transgender communities for each of these diseases?
3. **S&W\*:** Do you think these programs increase the visibility of transgender people?
4. **S&W:** How have the Global Fund activities supported communities in the response to these diseases?
5. **S&W:** What role, if any, has the transgender community played in the Global Fund supported programming and advocacy response to these diseases?
6. **S&W:** How can the transgender community play a more important role in the response?
7. **S&W:** Do you find that the current funding for these interventions is adequate and sustainable?
8. **S&W:** What might happen to transgender communities after the Global Fund support diminishes and country transitions to funding its own response?
9. **Rec^:** What are the important lessons that can be learned from the Global Fund supported programs?
10. **Rec:** What are the key recommendations/actions to ensure sustainability of transgender communities in the HIV and TB response beyond GF transition?
11. **Context & Rec:** What linkages do national transgender persons have to regional and global movements on transgender rights? What support can they provide to national transgender organizations?

\*S&W= Strengths and Weaknesses

^Rec: Recommendations

### Strengths

- Some HIV positive TG people have accessed TB testing through referral pathways
- BCC programs have helped to contribute to aware on Condom Use and HIV
- Media (Radio and Newspapers) has been a positive force in increasing awareness on HIV and Condom use for TG people
- Social Media apps like Facebook and Grindr have been essential for outreach activities in increasing awareness and knowledge on HIV testing.

### Weaknesses

- Limited resources
- Support only for testing, no prevention activities
- Lack of transparency from PR and SR; unaware of what's in the concept note pertaining to transgender people
- Called for consultations with SR and PR but no follow through on activities for transgender people
- Most programs in urban areas, poor reach in rural areas.
- No advocacy funding
- Even though TG were represented on the CCM, the process was not transparent, meeting was conducted in English and the interpreter provided would often misconstrue comments made by members of the key populations including TG
- Health facilities capturing HIV positive TG women as male in Health Information Monitoring Systems – skewing data

### Opportunities

- Continue to use Media to sensitize public about TG issues to reduce stigma
- Advocate for training of TG peer counsellors in key health facilities to increase access and retention of TG people in health facilities
- Diversification of resources in order to move away from reliance on HIV funding

### Threats

- Stigma and discrimination remain, TG people seen as 'entertainment' and 'born only for sex'
- Ever shrinking funding and resources
- Unsure of how Government's new federal system will affect funding for health and protection services for TG people
- MSM and TG programs are still implemented together even though the needs are very different

## Concept Note Development and Engagement with the Country Coordinating Mechanism

The total package of prevention programs for MSM, TG and MSW is US \$1,321,222. Total Reach anticipated by Save the Children on Behavior Change Communication (BCC) by the end of March 2018 is 1,834 TG reached by the prevention program, which is 90.4% coverage of estimated TG population. Among this, 1,102 TG will receive HIV testing which is 54.3% of the estimated TG population.

The CCM saw the involvement of one HIV-positive transgender person who was also a participant at the workshop. Her experiences illustrated a striking example of tokenism in the representation of key populations. The monthly meetings consisted of a pre-prepared agenda with pre-prepared responses. She said:

*“Once I enter the hall, the atmosphere is different. The question and answers are already ready and prepared. They are just being participants and they just need you to sign...the point of the meeting is to sign the minutes, receive your travel cost and the per diem and go home”*

She also said that for the participants representing key affected populations: people who use drugs; sex workers; MSM; and TG:

*“If we raise our hand, they tell us that there is a conflict of interest and they don’t allow us to talk further. Nobody raises their voice... There is no sense of participation, we are only one TG. There is a language barrier. My English is not good, the translator translates only from Nepali to English, not the other way around. When I talk about the programs and focus areas, the translator doesn’t translate correctly... Whatever I say to the CCM gets mistranslated... The point of meeting is to sign the minutes, take travel cost and per diem and go home. Sometimes we don’t even get our per diem.”*

She spoke about her experiences at regional meetings in meeting other CCM members and listening to their experiences. She said:

*“I have attended 3 regional meetings. When I looked at other CCM members, they can talk and hold dialogues. I feel they have been supported by their country. This is not the case in Nepal. I have not been able to bring other issues, such as depression, migrants, to the table. We are only focusing on HIV.”*

## Program Implementation

There was not one participant in the group, not even the Global Fund Manager for BDS, who had seen the Save the Children Concept Note or Performance Framework as it pertained to transgender people. As part of this workshop, the facilitator extracted the relevant key activities for TG people to which Save the Children committed. It is to be noted that, even for the facilitator, finding information and documents for Save the Children's submission was extremely difficult to do, and for people with low level literacy it would be extremely difficult.

The activities included:

- Demand generation of HIV Testing and Counselling (HTC) and Prevention Services
- Capacity building on in-reach and community-based testing, treatment adherence as well as HTC and prevention activities.
- Targeting underserved communities, particularly MSW and TG SW and their partners, and in addition to community-led screening, provide referrals to a wide range of services including hepatitis diagnosis and treatment, alcohol-related harm reduction and legal support as well as ART, TB, etc.
- Mobile phones and social media will be used to reach, recruit and retain clients in the prevention-treatment continuum.

The main, and most pressing, concern for the participants was that Global Fund had reduced its program to only HIV Testing, despite the PR's commitment to achieve optimized RRTR (Reach, Recommend, Test, Treat and Retain) 90-90-90 and combination prevention as per WHO guidelines. The results-based framework meant that outreach workers, with extremely limited resources, are so focused on testing to meet targets that they have very limited time to engage in prevention or community mobilization activities. Further to this, STI testing is not part of Community Based Testing (CBT) services, but instead transgender people with STI symptomology are referred to general population health services, which we know they won't access due to stigma and harassment from service providers who are not sensitized to TG issues.

*"We are all talking about 90-90-90, but we cannot only concentrate only on testing. They need to have other facilities/services."*

It was also reported by the HIV-positive participant, who was also a member of the CCM, that despite the commitment to supporting people living with HIV under the full prevention treatment continuum, she did not receive nutrition support, she did not get access to full lab screening and often she had to travel long distances to access urban-based health care services to ensure she received quality care.

Participants reported experiencing great challenges with health care providers. This included issues such as having their gender recorded incorrectly and being categorized as men who have sex with men by service providers when attending general health clinics, despite openly identifying themselves as transgender. Not only does this violate their sense of self but also, more concerningly, it means that HMIS data available is not accurately reflecting and potentially misrepresenting the situation for transgender people.

*"When we took our clients for ART counselling, they had been registered as male. Thus, we don't get any data from the hospitals. I suggested to the health personnel that they include a category of "other". Even now, they don't have*

*that category... All data is recorded as male, so when they go to the DPO, there is no record of TGs and they think we are making it up."*

Participants did not believe that Save the Children's Concept Note was reflective of the programs the community had been funded to do. They also expressed a lack of any accountability mechanism in place to advocate for compliance and/or increased funding from Save the Children to ensure they are meeting their commitments to community as the Primary Recipient.

This lay the ground work for the discussions during the final hours on the last day.

## RECOMMENDATIONS AND NEXT STEPS

In small groups the participants were requested to think about what they may need to ensure better engagement from the TG community and more effective program implementation from the Global Fund program.

Key areas discussed included:

- Capacity building in the following areas:
  - Program development and design
  - Monitoring and Evaluation Framework
  - Leadership training to communicate effectively, gain confidence and advocate for our needs (particularly for engaging in CCM, regional and international meetings)
  - Report writing and documentation skills
  - Community based research methodologies to create a grass roots data base reflecting the real situation for TG people in Nepal
- Conducting a situational analysis of the needs of transgender people in Nepal to better understand their situation in the context of TB and malaria, but also more generally to include:
  - Education
  - Economic conditions
  - Employment
  - Health accessibility
- Develop an advocacy strategy, including holding a National dialogue on transgender issues with diverse stakeholders, government officials, INGO, Media, NHRI, etc
- Develop an accountability framework to monitor and oversees the PR's implementation of transgender programs
- Consider how to diversify funding so reliance isn't solely on the Global Fund
- Sensitization training for health service providers

Most of these recommendations will require external support, including Technical Assistance and funding. The transgender community in Nepal is highly passionate about providing programs to their communities, however they need the support to do so. Their issues are unique and are distinct from issues pertaining to MSM and MSW. To continue to lump them into the same category assumes that the path for transgender people is only into sex work as opposed considering them as multi-faceted and multi-talented individuals, concerned with issues beyond HIV.

For Nepal, as a lower income country, transition is not yet a concern, however sustainability of existing programs, with shrinking funding and threat to livelihood are pressing concerns. Without funding for advocacy efforts and community mobilization, the transgender community are overburdened with the pressure to meet targets and they are losing their voices as activists.

*“We are very donor driven and we have targets with the project. They try to manipulate us, and we work for a month, a submit reports to deadlines. That is all we are doing. That is fine, but we need to prioritize advocacy.”*

There is yet more work to be done: government commitment and responsibility to their transgender citizens must go beyond the legislative framework to the operationalization of human rights at the grassroots level if transition, co-financing and sustainability is to be implemented successfully.

## ANNEXES

### C. Workshop Timetable

<b>DAY 1</b>		
<b>Time</b>	<b>Schedule</b>	<b>Activity</b>
<b>8:00 – 8:15</b>	<b>ARRIVAL AND SIGN-IN</b>	
8:15 – 8:30	Welcome Overview of session: Agenda, Goals and Objectives of the GATE Project	Erika Castellanos, GATE, Director of Programs
8:30 – 9:30	The National Situation and Response to HIV and TB and Transgender persons	Presentation
9:30 – 10:30	Regional and National Global Fund projects which include transgender communities	Large Group Discussions
<b>10:30 – 10:45</b>	<b>BREAK</b>	
10:45 – 11:45	Regional and National Global Fund projects which include transgender communities: Accomplishments and Challenges	Small Group Discussions
11:45 – 12:30	Group Presentations	Plenary – Group Presentations and discussions
<b>12:30 – 1:30</b>	<b>LUNCH</b>	
1:30 – 1:45	TEAM-BUILDING ACTIVITY	Energizer
1:45 - 3:45	SWOT analysis; Needs of the transgender community and key barriers which must be addressed to ensure transition and sustainability	Small Group Discussions
3:45 – 4:45	Identification of key priority areas based on needs and barriers	Plenary – Group Presentations and discussions
<b>4:45 – 5:30</b>	<b>SUMMARY AND CLOSING</b>	

<b>DAY 2</b>		
<b>Time</b>	<b>Schedule</b>	<b>Activity</b>
<b>8:00 – 8:15</b>	<b>ARRIVAL AND SIGN-IN</b>	
8:15 – 8:30	Review of Day 1: Participants	Icebreaker Activity
8:30 – 9:00	Key Findings of Day 1: Needs, Barriers, Priority Areas	Presentation
9:00 – 10:15	Identification of Strategies and actions to address gaps and needs	Small Group Discussion
<b>10:15 – 10:30</b>	<b>BREAK</b>	
10:30 – 11:15	Identification of Strategies and actions to address gaps and needs	Plenary – Presentation and Discussion
11:15 – 12:15	Identification of Timeframes, Persons Responsible and Inputs	Small Group Discussion
<b>12:15 – 1:15</b>	<b>LUNCH</b>	
1:15 – 2:30	Presentation of Technical Assistance Request Template	Plenary – Presentation and Discussion
2:30 - 4:00	Development of Technical Assistance Request	Small Groups Discussion
4:00 – 4:30	Review and Consensus-Building	
<b>4:30 –</b>	<b>SUMMARY AND CLOSING</b>	

## D. Global Fund Knowledge Test on Engagement & Transitioning

1. The Global Fund is a financing institution with investments in a country that is based on performance?

True       False       Don't Know

2. What are the dates for the current Global Fund strategy? \_\_\_\_\_years

3. What are the focus areas of the Global Fund strategy? (LIST ONE Focus Area)

4. The Global Fund is an implementing organization and has presence in the country?

True       False       Don't Know

5. The Global Fund Country Coordinating Mechanisms (CCM) are responsible for the following:

- a. Writing and submitting a request for funding
- b. Selecting a Principal Recipient
- c. Monitoring implementation
- d. For transitioning from the Global Fund
- e. All of the above
- f. None of the above

6. Under the New Funding Model, Country Dialogues are an essential component of concept note preparation?

True       False       Don't Know

7. Which communities should be invited to a Country Dialogue process?  
(circle all that apply)

- a. People living with HIV
- b. Women and children
- c. People who inject drugs
- d. Sex workers and their clients
- e. Prisoners
- f. MSM and Transgender Women
- g. All of the above
- h. None of the above

8. Were you invited to the Country Dialogue?

Yes     No     I don't know about Country Dialogue process

9. Do you know about Global Fund's Sustainability, Transitioning and Co-financing plan?

Yes     No

10. Do you know at what stage of its income does a country become ineligible for Global Fund support?

\_\_\_\_ Yes, name income stage: \_\_\_\_\_ / \_\_\_\_ No

11. When a country is listed as ineligible, can it still receive funding from the Global Fund?

- a. Yes for how long: \_\_\_\_\_
- b. No
- c. I don't know

12. Can you name the Principal Recipient of your Global Fund grant?

\_\_\_\_\_ HIV  
\_\_\_\_\_ TB  
\_\_\_\_\_ Malaria

13. Have you ever worked for a Global Fund supported project?

- a. Yes, on which disease component: \_\_\_\_\_

In what capacity: \_\_\_\_\_ Organization: \_\_\_\_\_

- b. No

THANK YOU, END SURVEY and complete Participant Information Below

14. Did the project that you work focus only on transgender persons?

- a. Yes, Transgender Specific
- b. No, Key Populations
- c. No, All people

Date:

Location (city, country):