TRANSIT
Smart Guide

Adapting TRANSIT for a community-based audience of trans individuals and trans-led organizations

IRGT
A GLOBAL NETWORK OF TRANS WOMEN AND HIV

GATE

Acknowledgements

This TRANSIT Smart Guide has been developed in partnership with local, regional, global trans organizations and Innovative Response Globally for Transgender Women and HIV (IRGT) in collaboration with GATE and with support from the Community, Rights and Gender Strategic Initiative of the Global Fund to fight Aids, Tuberculosis and Malaria.

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CONTENTS

INTRODUCTION

What is the **TRANSIT**?

Implementing Comprehensive HIV and STI Programmes with Transgender People: Practical Guidance for Collaborative Interventions, also known as the TRANS Implementation Tool (TRANSIT) is a tool that was developed for use by public-health officials and managers of HIV and STI programmes; NGOs, including community and civil-society organizations; and health workers to enhance the design and delivery of HIV services for transgender (trans) people.

TRANSIT is divided into five chapters based on recommendations from the 2011 World Health Organization (WHO) guidance document *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people* and the 2014 WHO *Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations*, which provide guidance and recommendations on HIV and STI interventions and treatment for key populations, including trans people. It can serve as reference tool for trans-led organizations and offers comprehensive guidance and resources on how to design and implement services that will be accessible and acceptable to trans people, especially trans women who are disproportionately affected by HIV.

What is the **Smart Guide**?

The Smart Guide was developed as a collaborative effort between Innovative Response Globally for Transgender Women and HIV (IRGT) and Global Action for Trans Equality (GATE) to adapt TRANSIT for a community-based audience of trans individuals and trans-led organizations. The Smart Guide follows the same structure as TRANSIT, and is divided into the following topics:

Topic 1: Community Empowerment

Topic 2: Stigma, Discrimination, Violence and Human Rights

Topic 3: Services

Topic 4: Service Delivery Approaches

Topic 5: Programme Management

The content of the Smart Guide highlights content areas in TRANSIT that are of particular interest and importance to the trans community. Excerpts from TRANSIT that are included in this guide include the table and figure references and page numbers to help locate them in the original document.

For a more in depth review of the concepts presented in the Smart Guide or to locate additional resources, you can access TRANSIT on the United Nations Population Fund Website at: https://www.unfpa.org/publications/implementing-comprehensive-hiv-and-sti-programmes-transgender-people-practical-guidance.

Community Empowerment

Empowering trans communities allows trans people to take ownership of problems that face their community and come up with unique solutions that will hopefully decrease their vulnerability for HIV as well as address structural issues that perpetuate marginalization, stigma, and discrimination. When we empower communities, we increase their ability for self-determination and the ability to make change in local communities by giving them the power to represent their own interest an act from a place of authority. Figure 1.1 on page 5 of TRANSIT outlines eight key elements of community empowerment that are useful for the trans community.

A community can be described as a feeling of fellowship between people who may share common attitudes, interests, needs, goals or personal histories. The trans community includes a wide range of people with different gender identities and ways of gender expression.

TRANSIT Figure 1.1 Key Elements of community empowerment among trans people

- Collaborating with trans communities in programming
- Fostering programmes led by trans communities
- Building organizational capacity
- Building advocacy capacity
- Addressing stigma
- Promoting a human-rights framework
- Supporting community mobilization and sustaining social movements
- Mobilizing resources for sustaininability

COMMUNITY EMPOWERMENT

Empowering Trans Communities to Fight Stigma and Discrimination

Stigma and discrimination faced in legal, social, workplace and medical settings can have a negative effect on the health and wellbeing of trans people, increasing their vulnerability to HIV and other STIs. This stigma and discrimination are often based on traditional beliefs in gender roles and how people should behave according to these rules. However, trans individuals and communities can be empowered and mobilized to create innovative and vibrant solutions that address these sources of stigma and discrimination.

Empowerment is the process by which people gain control over the factors and decisions that impact their lives.

Trans Leadership and Trans Organizations Are Key Components of the HIV/AIDS Response

An essential part of empowering trans communities is to move away from the idea of delivering programs to trans people and instead allowing trans people to design or have input into programs that are tailored to the needs and interests of trans people. This requires providing resources to trans-led organizations and building partnerships that meaningfully include trans people in every step of program design, implementation, management and evaluation.

TRANSIT Table 1.1 Characteristics of Programme Approaches

DONE FOR TRANS PEOPLE	DONE WITH OR LED BY TRANS PEOPLE
Prescriptive: *Programmes sometimes focus on telling trans people what to do and how to do it.*	**Collaborative:** *Programmes listen and respond to trans people's ideas about what to do and how to do it.*
Paternalistic: *Often assume that knowledge, skills and power reside with the programme staff and managers and not with community members.*	**Participatory:** *Honour and actively seek to leverage the knowledge, skills and power that reside with the community of trans people.*
Tokenistic: *Involve trans people in programme implementation mainly as volunteers, not as equal partners.*	**Inclusive:** *Involve trans people as equal partners in programme design, implementation and evaluation, more commonly as paid employees working with the community.*
Commodity-oriented: *Monitoring mainly focuses on goods and services delivered and targets to be achieved.*	**Quality assurance-oriented:** *Monitoring mainly focuses on quality, safety, accessibility and acceptability of services and programmes, community engagement, community cohesion and community connectedness, as well as adequacy of service coverage.*
Top-down: *Focus on building relationships mainly within the health system with health-care providers.*	**Bottom-up:** *Focus on building relationships within communities of trans people as well as between trans people and other organizations, service-providers, human-rights institutions and similar groups.*

By changing the focus on building individual and organizational capacity in trans communities and strengthening relationships between trans people, service providers, human rights institutions and other groups we can build strong healthy vibrant trans organizations and empowered healthy trans people.

Empowering and Mobilizing Trans Communities for Advocacy and Accountability

Trans communities are often the most impacted by HIV yet have the least access to resources that can be used to improve health and reduce HIV vulnerability. This situation can begin to change when trans people are educated about their basic human rights and learn strategies to address stigma and discrimination in their communities. Once empowered with this knowledge, trans communities and organizations can be mobilized to advocate for improved services in local, regional, and global movements.

Trans and non-trans staff need to be trained to ensure that programs do not contribute to further stigma for participants.

TRANSIT Box 1.6 **The community systems strengthening framework: six core components of community systems**

In 2009, the Global Fund to Fight AIDS, Tuberculosis and Malaria introduced the concept of community systems strengthening to its funding model. It actively encourages applicant countries to budget and plan for interventions that engage systematically in community mobilization, community-led service delivery and strengthening accountability, in order to increase the scale and impact of responses to disease at the population level. The six core components are described below with cross-references to the parts of this tool that cover these components.

*1. **Enabling environments and advocacy** – including community engagement and advocacy for improving the policy, legal and governance environments, and for affecting the social determinants of health (Section 1.5).*

*2. **Community networks, linkages, partnerships and coordination** – enabling effective activities, service delivery and advocacy, maximizing resources and impacts, and coordinated, collaborative working relationships (Section 1.8).*

*3. **Resources and capacity-building** – including human resources with appropriate personal, technical and organizational capacities; financing (including operational and core funding); and material resources (infrastructure, information and essential commodities, including medical and other products and technologies) (Section 1.9).*

*4. **Community activities and service delivery** – accessible to all who need them, evidence- informed and based on community assessments of resources and needs (all chapters).*

*5. **Organizational and leadership strengthening** – including management, accountability and leadership for organizations and community systems (Section 1.4).*

*6. **Monitoring and evaluation (M&E) and planning** – including M&E systems, situation assessment, evidence-building and research, learning, planning and knowledge management (Chapter 5, Section 5.2.3).*

By strengthening the ability of the trans community to respond to the social and structural issues that make them vulnerable to HIV and other health issues, we can also build and strengthen mechanisms that provide accountability for legal, political, and financial power structures to demand that the community's needs are met. Organizations and community groups wishing to strengthen their advocacy capacity can refer to the Advocacy Framework presented in Figure 1.2 on page 17 of TRANSIT.

The community system strengthening framework featured in Box 1.6 of page 13 of the TRANSIT (see previous page) can be a useful reference for building partnerships and ensuring that trans communities have meaningful participation in local, national, and global policy and programmatic systems.

TRANSIT Figure 1.2 Advocacy Framework

1 **Selecting and analysing the problem or issue**

2 **Developing objectives**

3 **Identifying the targets**

4 **Identifying resources**

5 **Developing an advocacy action plan**

6 **Managing risks**

7 **Monitoring and evaluation**

Stigma, Discrimination, Violence, and Human Rights

Trans people are entitled to the same inalienable human rights as any other person, yet for many trans people, these human rights protections are often not enforced. Without enforcement of these protections, and with few options for legal redress, trans people often face threats to their health and wellbeing, including marginalization, discrimination, and violence.

Stigma, discrimination, transphobia and violence manifest themselves in very different ways in the lives of trans people. Sometimes they can be observed as aggressive behavior, hostility, disgust and negative attitudes that can play out in social, professional and medical settings.

Institutionalized Transphobia and Discrimination Promote Violence Against Trans People

Negative beliefs, attitudes, and behaviors directed towards trans people can also be perpetuated via social and legal institutions by criminalizing trans identity and gender non-conforming behavior, social exclusion, hate speech, and hostile media coverage. These beliefs and actions have been used historically to justify pathologizing trans people and labeling them as medically or psychologically abnormal. Additional stigma can be faced by trans people as they deal with other parts of their identity that intersect with being trans such as nationality, race, class, religion, and economic circumstances. Figure 2.1 on page 38 of TRANSIT (see following page) illustrates the many effects that human rights violations have on trans individuals and communities.

Violence against trans people is a form of gender-based violence based on gender identity and expression that do not conform to societal norms and expectations.

Legal Gender Recognition

Legal gender recognition, including the ability to change one's legal name and gender markers, opens the door to addressing many of the structural issues that trans people face. In the absence of legal gender recognition many trans individuals can have a hard time finding and maintaining employment, securing housing, and meeting other basic needs that allow them to be successful, healthy individuals.

Trans People Must Be Aware of Their Human Rights

Trans people need to educate themselves about national protocols for delivery of services that address sexual violence and other forms of gender-based violence and how these services relate to the violence experienced by trans people.

It is absolutely necessary to ensure equitable access to human rights protections in order to address the epidemic of violence against trans people in national policies and develop plans in response to gender-based violence. Guidance for implementing a a multi-level approach to addressing stigma, discrimination and violence against trans people is outlined in Figure 2.2 on page 58 of TRANSIT (see following page).

Sensitizing police departments, government agencies such as health ministries or health departments and civil society organizations are important interventions to address stigma and violence against trans people. Legal and medical help should be available for trans individuals when in police custody.

TRANSIT Figure 2.1 Social Determinants of Health

STIGMA / TRANSPHOBIA

HUMAN RIGHTS VIOLATIONS

Unsupportive policy environment/ criminalization
Policy often prohibits procuring accurate identification documents; trans people are often missing in national HIV responses; lack of protections based on gender identity; criminalization of "impersonating another gender" and homosexuality

Lack of gender recognition
Inability to be recognized as one's true gender due to lack of access to gender- affirming services, lack of acceptance, and structural barriers

Physical, emotional, and sexual violence throughout life
From family (including intimate partners), school staff and other students, community members and police; includes physical, sexual, emotional violence and hate crimes

Inadequate health care
Few trans-friendly/trans-competent health care centers; providers with limited knowledge; stigma and discrimination in health care settings

EFFECTS ON THE COMMUNITY

Self-stigma/poor mental health
Internalized stigma and enacted stigma (including violence) leads to high stress and poor mental health; high risk sexual behavior is also correlated with poor mental health

Low educational achievement
Early drop-out of and lack of access to schooling resulting from bullying, harassment, and lack of legal identification

Incarceration / detention
Often due to criminalization and/or police harassment particularly of trans sex workers; arrest, detention, and police abuse are known risk factors for HIV transmission

Unemployment
Resulting from discrimination, the lack of legal identification, and low educational attainment

Poverty / homelessness
As a result of unemployment (limited job opportunities), being forced to leave home, hiring discrimination

EFFECTS ON INDIVIDUAL BEHAVIORS

High-risk sexual behaviors
Desire to affirm one's gender through submissive sexual roles for trans women; transactional sex without condoms to make additional money to pay for gender-affirming treatments or other needs

Low service uptake
As a result of limited access to information, financial barriers, lack of high-quality stigma- free services from a knowledgeable provider, negative past experiences in health facilities, and lack of government-issued identification

Self-treatment
A lack of access to gender-affirming services leads to self-treatment with hormones and medical procedures from unregulated practitioners; contaminated needles used for silicone and hormone injections may carry an HIV risk and hormones may interact with ART
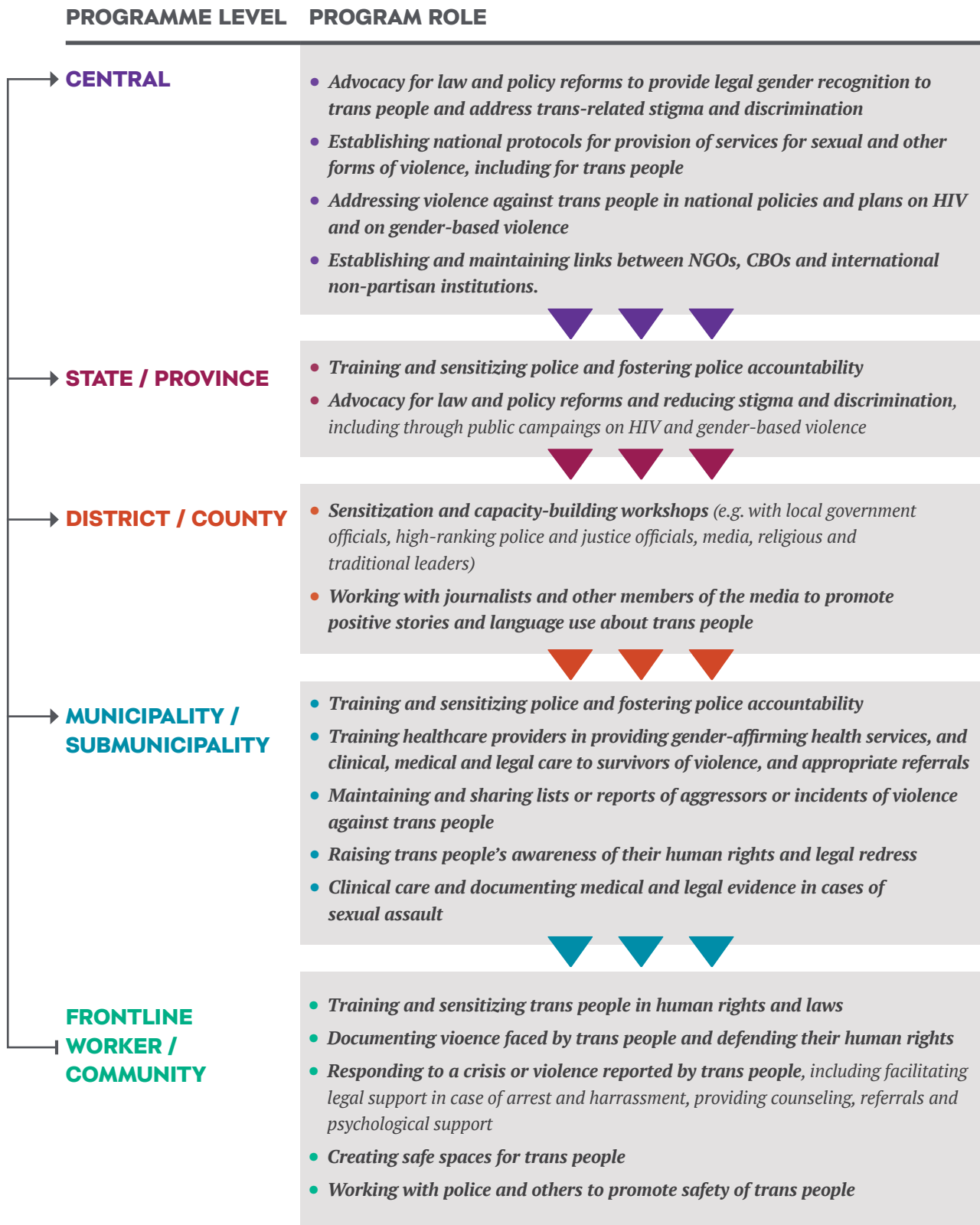
Substance use
Related to coping with extreme stressors, poor mental health, and participation in sex work; fuels risks such as unprotected sex

Engagement in sex work
Few other employment options due to lack of education, discrimination, and lack of legal identification; increases exposure to violence

HIGH RATES OF HIV INFECTION and LOW RETENTION IN CARE

TRANSIT Figure 2.2 Illustrative multi-level approach to addressing stigma, discrimination and violence against trans people

PROGRAMME LEVEL	PROGRAM ROLE
CENTRAL	• *Advocacy for law and policy reforms to provide legal gender recognition to trans people and address trans-related stigma and discrimination* • *Establishing national protocols for provision of services for sexual and other forms of violence, including for trans people* • *Addressing violence against trans people in national policies and plans on HIV and on gender-based violence* • *Establishing and maintaining links between NGOs, CBOs and international non-partisan institutions.*
STATE / PROVINCE	• *Training and sensitizing police and fostering police accountability* • *Advocacy for law and policy reforms and reducing stigma and discrimination, including through public campaigns on HIV and gender-based violence*
DISTRICT / COUNTY	• *Sensitization and capacity-building workshops (e.g. with local government officials, high-ranking police and justice officials, media, religious and traditional leaders)* • *Working with journalists and other members of the media to promote positive stories and language use about trans people*
MUNICIPALITY / SUBMUNICIPALITY	• *Training and sensitizing police and fostering police accountability* • *Training healthcare providers in providing gender-affirming health services, and clinical, medical and legal care to survivors of violence, and appropriate referrals* • *Maintaining and sharing lists or reports of aggressors or incidents of violence against trans people* • *Raising trans people's awareness of their human rights and legal redress* • *Clinical care and documenting medical and legal evidence in cases of sexual assault*
FRONTLINE WORKER / COMMUNITY	• *Training and sensitizing trans people in human rights and laws* • *Documenting vioence faced by trans people and defending their human rights* • *Responding to a crisis or violence reported by trans people, including facilitating legal support in case of arrest and harrassment, providing counseling, referrals and psychological support* • *Creating safe spaces for trans people* • *Working with police and others to promote safety of trans people*

Information Technology and Online Communications can help educate and mobilize trans people around human rights

Creating online safe spaces where trans people can receive support for their gender identity and expression, access health information and share their story can also support trans people living in hostile environments to find community where it may not be safe to do in public. Additionally, community members can learn about human rights protections, local safety protocols and resources, and be connected to advocacy opportunities. Efforts should also be made to connect with community members who do not have access to these online spaces and/or communication technologies.

Trans people should be trained and sensitized on human rights, local laws, and standards for healthcare and gender-affirming services to facilitate community empowerment, mobilize community members around common goals, and strengthen advocacy efforts.

Monitoring stigma, violence, and discrimination against trans people

Systems that are put in place to monitor stigma, violence, and discrimination against trans people should document the following:

- *The number of trans people who report incidents of physical violence in a given time period.*

- *The number of trans people who report incidents of sexual violence in a given time period.*

A system can also be created to document and record individual perpetrators that have been involved in acts of violence reported by trans people such as the police, sexual partners or clients.

Services

The lack of access to comprehensive primary and gender-affirming health care services can lead to many negative health outcomes for trans people. This disparity in health care access impacts trans women in particular, making them especially vulnerable to HIV.
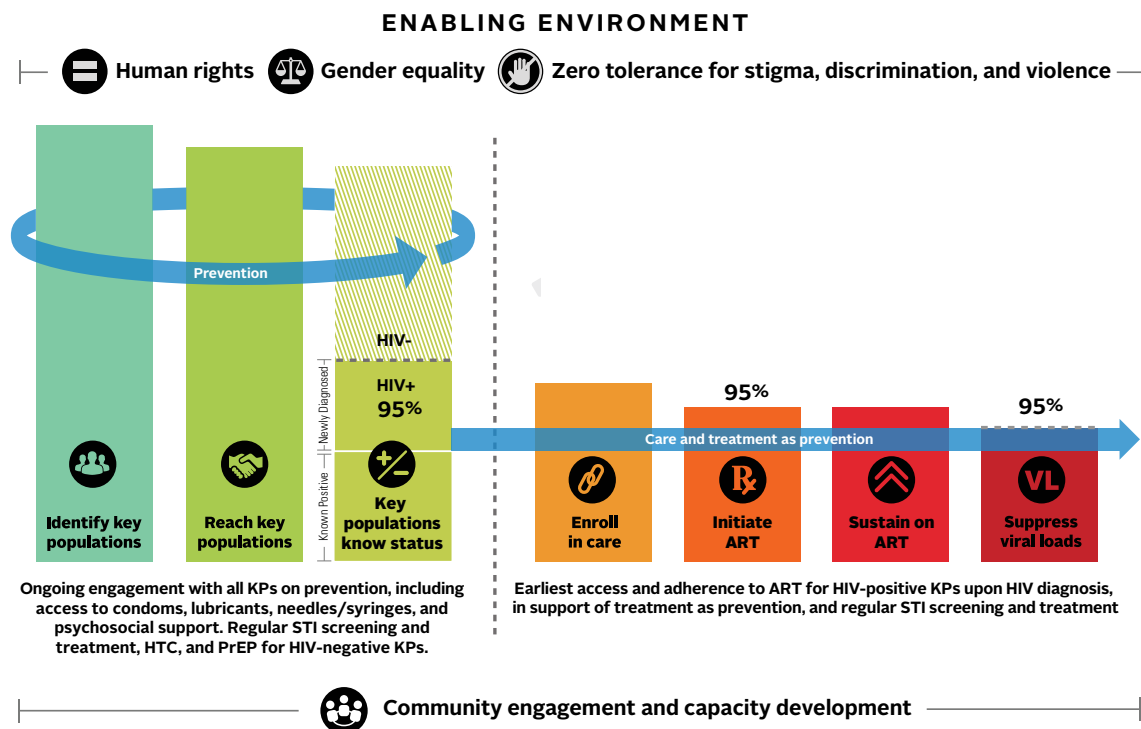
A comprehensive health care delivery model for trans people includes HIV prevention, diagnosis, treatment and care in addition to gender-affirming primary care, harm reduction interventions, sexual and reproductive health services. Access to each of these essential components of a comprehensive health care delivery model that will promote health for trans people and build healthy trans communities.

UNAIDS Fast Track Targets to End the AIDS Epidemic

Figure 3.1 on page 72 of TRANSIT illustrates the continuum of HIV prevention, diagnosis, treatment and care, which is a framework that can be used for advocacy, planning and monitoring the efforts of all participants in the HIV response. These "Fast Track" targets were identified by UNAIDS to be achieved by 2020 and have been updated to be achieved by 2030. Under the new 2030 Fast Track targets:

- *95% of all people living with HIV will know their HIV status,*

- *95% of those who are living with HIV will be receiving antiretroviral therapy and HIV care, and*

- *95% of those who are living with HIV and receiving antiretroviral therapy will experience viral suppression.*

TRANSIT Figure 3.1 HIV prevention, diagnosis, treatment and care continuum

ENABLING ENVIRONMENT

Human rights · Gender equality · Zero tolerance for stigma, discrimination, and violence

Prevention

HIV-
HIV+ 95%

Identify key populations · Reach key populations · Key populations know status

Newly Diagnosed · Known Positive

Care and treatment as prevention

95% · 95% · 95%

Enroll in care · Initiate ART · Sustain on ART · Suppress viral loads

Ongoing engagement with all KPs on prevention, including access to condoms, lubricants, needles/syringes, and psychosocial support. Regular STI screening and treatment, HTC, and PrEP for HIV-negative KPs.

Earliest access and adherence to ART for HIV-positive KPs upon HIV diagnosis, in support of treatment as prevention, and regular STI screening and treatment

Community engagement and capacity development

Source: FHI 360/LINKAGES

## Social Stressors can Contribute to HIV Risk

Trans people often live in environments that are hostile, stressful, and sometimes dangerous. The effects of experiencing these multiple stressors can be seen in the many negative health outcomes that disproportionately affect the trans community. Coping with these social stressors can contribute to a higher lifetime prevalence of depression, anxiety, low self-esteem, and self-harm, in addition to increased HIV risk taking and other potentially harmful behaviors.

Gender Affirmation and Health Services are an Entry Point to HIV Prevention, Diagnosis, Treatment and Care

When trans people experience stigma and discrimination within health settings, it affects their desire and ability to access crucial medical and social services, ultimately impacting their ability to achieve good health. To combat this problem, gender affirmation in social and medical settings is the key to health for trans people. Figure 3.4 on page 81 of TRANSIT illustrates a comprehensive approach to trans-competent care, support, and treatment for trans people.

Trans community members should be educated on mechanisms for addressing human rights violations within medical and legal systems.

TRANSIT Figure 3.4 Ecosystem of care, support and treatment
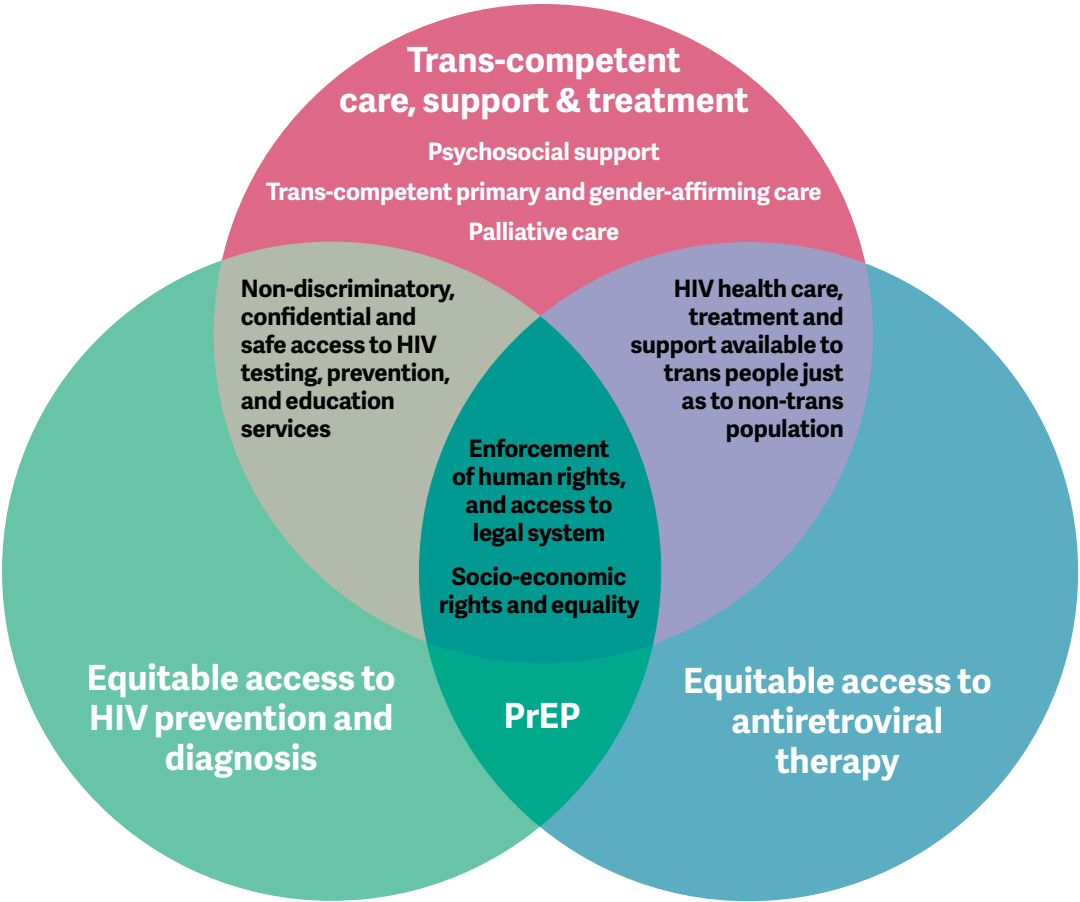
Offering gender-affirming health services is not only necessary to achieve any of these goals, but it is also an entry point for getting trans people into HIV prevention, diagnosis, treatment and care to achieve important individual and public health milestones. Essential HIV prevention, diagnosis, treatment and care services for trans people are outlined in Box 3.1 on page 70 of TRANSIT.

Hormone therapy and gender-affirming surgery should be made available to all those who desire these services.

TRANSIT Box 3.1 **The comprehensive package of HIV prevention, diagnosis, treatment and care services for trans people**

Essential health-sector interventions

a. *Comprehensive condom and lubricant programming*

b. *Harm reduction interventions for substance use (in particular needle and syringe programmes and opioid substitution therapy)*

c. *Behavioural interventions*

d. *HIV testing services*

e. *HIV care, support and treatment*

f. *Prevention and management of co-infections and other co-morbidities, including viral hepatitis, tuberculosis and mental-health conditions*

g. *Sexual and reproductive health interventions*

Essential strategies for an enabling environment

a. *Supportive legislation, policy, and financial commitment, including decriminalization of certain behaviours of key populations (see Chapter 2)*

b. *Addressing stigma and discrimination, including making health services available, accessible and acceptable (see Chapter 2)*

c. *Community empowerment (see Chapter 1)*

d. *Addressing violence against people from key populations (see Chapter 2)*

Source: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations. *Geneva: WHO; 2014.*

Staff Need Training on the Psychosocial and Health Needs of Trans People

In addition to providing gender affirmation and trans-centered health care, staff members who are delivering services to trans people must do so in a way that demonstrates knowledge of the issues facing trans people and support their efforts to live healthy lives. Health care workers should be trained on cultural competency for working with trans clients, as well as building competence for delivering primary and gender-affirming care.

Trans People Should Have Equitable Access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP)

Trans people who have substantial risk of acquiring HIV should be offered Pre-exposure prophylaxis (PrEP), a biomedical intervention prescribed to people who do not have HIV that allows them to take antiretroviral drugs so that they remain HIV-negative. Additionally, trans individuals with a potential recent exposure to HIV should be offered Post Exposure Prophylaxis (PEP) which involves providing antiretrovirals to individuals soon after a potential exposure to HIV that can reduce the chances of becoming HIV-positive.

All clinics offering services to trans people should screen for violence and offer training to clinic staff to address sexual and gender-based violence for trans clients. This strategy can help diminish the links between acts of violence and HIV vulnerability faced by trans people, in addition to the negative effects on mental health.

HIV Health Care should be provided to all individuals who are HIV-positive regardless of their ability to pay for services.

Service Delivery Approaches

Primary care and HIV health care should be provided by individuals who have a knowledge of gender identity, human rights, and the needs of trans people. This care should be provided in a professional affirming manner, and in a place that is safe and welcoming for trans people. Negative experiences with insensitive staff members can prevent trans people from accessing needed health services. Proactive steps should be taken to ensure that clinical services to trans people are delivered appropriately. Before beginning to deliver services organizations should meet with local community members to map out the community, understand local needs, and tailor services to meet the needs of the local population.

HIV services should be non-discriminatory, confidential, and delivered in locations that are safe and easy to access for trans people.

Trans people have subject matter expertise in their own lives and lived realities. Trans people should be consulted for this knowledge to design, implement and deliver programs that will help reduce their HIV vulnerability and address other social determinants of health. Services should be offered in a confidential manner, and trans people should be acknowledged and represented in clinic promotional materials, and other aspects of the clinical environment, such as posters. Recruiting and training qualified trans people to deliver services is ideal.

Trans people deserve access to competent care and HIV testing, prevention, and other health and psychosocial services.

Community Mapping and Consultation with Trans People is Essential to Successful Service Delivery

There are many ways to design trans-specific programs and to adapt HIV programs and interventions for trans populations. An important first step is to map the community and assess local needs via community consultations, surveys, and needs assessments. Depending on the scale of the program, it may also be necessary to estimate the trans population size for local, national, and regional service areas.

Services that address coexisting issues whether structural or medical or such as legal gender recognition and identity documents, housing, employment, substance use and dependence should also be offered.

Trans-Specific Health Services Can Serve as an Entry Point for HIV Prevention, Diagnosis, Treatment, and Care

When possible, use trans specific health services including hormone therapy and other gender affirming services which will attract trans people to your program and be a valuable point of entry for HIV care. HIV-related care primary care and STI services should be integrated within the context of trans-specific healthcare as well. Box 4.2 on page 122 of TRANSIT (see next page) offers a checklist for trans-competent care that can serve as a guide for offering high-quality health services to trans people.

TRANSIT Box 4.2 **A checklist for trans-competent care**

Trans-competent care means providing services, especially health-care services, to trans people in a technically competent manner and with a high degree of professionalism that reflects the provider's knowledge of gender identity, human rights and the particular situation and needs of the trans individual being served. In addition, trans-competent care is delivered in a respectful, non-judgemental and compassionate manner, in settings free of stigma and discrimination.

Further aspects of trans-competent care include:

- *free or affordable services: clinical, counselling, training/workshops*
- *both fixed-site and outreach/mobile services: mobile care-providers and community outreach workers*
- *"one-stop-shop" service catering holistically for a range of health and social needs, e.g.:*
  - * *fully equipped: all equipment and no stock-outs of commodities*
  - * *range of services: sexual and reproductive health, HIV and STIs, drugs and alcohol, psychosocial care and support*
  - * *point-of-care testing or quick referral for fast turnaround of results*
  - * *counselling on all issues of concern including housing, finance, legal issues*
  - * *healthy lifestyle promotion (diet, nutrition, exercise)*
- *flexible opening hours, e.g. including evening/weekends*
- *no appointments/short waiting times, with adequate clinic staff to ensure quick service*
- *service signage/branding, posters, brochures and photographs, and other visual elements that acknowledge and are relevant to trans people's lives*
- *"Charter of Service" for clients, clearly displayed*
- *confidential services:*
  - * *private counselling and clinical examination rooms*
  - * *providers/staff only informed on a "need to know" basis*
  - * *young trans clients welcomed without need for parental/guardian consent* – locked storage of all client notes/records*
- *choice of service-providers including:*
  - * *trans, male and female staff for gender-sensitive care*
  - * *clinical staff, counsellors, health educators, social workers, community outreach workers – trans peer navigators to help clients access, understand and navigate services (see Section 4.2.2)*
- *relaxed consultations, with time to clearly explain issues*
- *voluntary procedures clearly explained for informed decision-making by clients:*
  - * *referral for further specialist care, as required and with client consent*
  - * *list of trans-competent resources available within the area*
- *provision of information, education and communication materials, e.g. brochures, posters, DVDs, presentations on different topics*
- *provision of condoms and lubricants by providers and via dispensers, including outdoors for after-hours accessibility.*

* Young trans people are those in the age range 10–24 years, in accordance with the Interagency Working Group on Key Populations HIV and young transgender people: a technical brief *(Geneva: WHO; 2015)*

Trans People Need Easy Access to Condoms and Lubricants

Condoms and lubricant programming are an essential component of HIV prevention treatment and care services. These items should be available for free during clinic hours as well as accessible after hours.

Peer Navigators and Community Outreach Workers

Including Peer Navigators and other community outreach workers in programs is an effective way to make a more welcoming environment for trans people and they can serve as liaisons between public, private, and community sectors. Peer Navigators are also aware of other gathering spaces within their community. They can have an important role in service delivery especially if the organization itself is not led by trans people. Encouraging and providing opportunities for Peer Navigators to further their professional development will also strengthen the programs that are delivering services to trans people. Suggested criteria for selecting a community outreach worker are outlined in Box 4.10 on page 140 of TRANSIT.

Services should be free or affordable and should be delivered in one place with multiple services (one stop shop), flexible hours, and the ability to be seen without an appointment.

Trans people must be given the authority to analyze and make decisions that can help improve programming for the community.

TRANSIT Box 4.10 **Suggested selection criteria for a community outreach worker**

- *active in the community with time to do outreach*
- *committed to the goals and objectives of the programme*
- *knowledgeable about the local context and setting*
- *accepted by the community*
- *accountable to the community as well as to the programme*
- *respectful of all communities of trans people*
- *able to maintain confidentiality*
- *good listening, communication and interpersonal skills*
- *self-confident and with potential for leadership*
- *potential to be a strong role model for the behaviour promoted by the programme*
- *willing to learn and experiment in the field*
- *committed to being available to other trans people if they experience violence or an emergency.*

Programmes that conduct outreach through social media may also choose outreach workers based on their profile as opinion leaders within social networks and other criteria such as age, class or local sexual and gender identities that will enable them to reach distinct subgroups for the programme.

Strategies used for community empowerment, mobilization, and engagement that have worked in other marginalized groups can be adapted for the trans community. Opportunities for learning new skills and applying this experience in novel and expanded ways within your program can build leadership and strengthen your program. When possible, every effort should be made to compensate peer navigators or any other community outreach workers, as outlined in Table 4.2 on page 143 of TRANSIT.

TRANSIT Table 4.2 Remuneration/compensation for community outreach workers

RESOURCE SPENT BY COMMUNITY OUTREACH WORKER	REMUNERATION	RATIONALE
Time on outreach (includes time for travel, meeting with trans people, reporting, planning further outreach)	*Fixed periodic payment*	*Agree upon a rate that is acceptable to community outreach workers and feasible for programme sustainability. If possible, rates should be set consistently across state and national programmes.*
Time on extra training	*Stipend*	*Programmes should recognize that community outreach workers may have other work and personal obligations that cannot be fulfilled when they are in training.*
Travelling between venues, for referrals, training etc.	*Bus, train, taxi charges, as required*	*It is usually most efficient to map travel routes and fix travel allowances for groups of community outreach workers.*
Mobile phone airtime	*Mobile phone airtime (predetermined is usually best)*	*Whether using text messages or limited talk time, community outreach workers should be remunerated for on-the-job phone use.*
Mobile phone batteries	*Chargers, access to power and safe charging*	*Community outreach workers need their phones for outreach, and phone battery chargers should be made available at agreed-upon charging locations.*

Creating Safe Spaces

Safe spaces allow for trans people to get emotional support provided in a face-to-face community setting that can enhance mental, physical, and social health and reduce their risk for HIV. They also serve as a space for community empowerment and strategizing community responses to stigma, discrimination and transphobia.

Every effort should be made to decrease any structural or social barriers that prevent individuals from accessing your site or clinic and receiving the benefits of face-to-face interaction. However, social media can also expand the reach of your program, as there may be some individuals who need access to trans specific health information but cannot access your physical location.

Tips for Creating Safe Spaces

Safe spaces are excellent venues for psychosocial services and support and a place to strengthen community. A safe space can be any location where trans individuals gather to share common interests. They may be located in clinical or community-based settings including drop in centers, salons, or other business locations:

- *__Community mapping__ is very important when creating safe spaces.*

- *__Community members should be consulted__ when designing a space.*

- *Safe spaces should be __accessible during normal business hours as well as after hours__ (nights and weekends).*

- *Careful consideration must be given to __identify a location that is safe and easy for trans people to access__.*

- *__Ground rules__ for the space should be established with buy-in from community members*

- *__A strong relationship should be built with neighbors__ to ensure the safety of individuals accessing the space.*

Programme Management

Trans led organizations often lack sufficient resources and budgets to address all of the social and structural issues facing their communities. Innovative interventions and solutions that address housing, legal aid, employment, health or immigration can have an immense positive impact on HIV risk and retention in HIV care for trans people.

It is important to co-locate HIV and other health services in a community safe space where trans people already congregate and have organized themselves as a community.

Importance of Partnerships and the Meaningful Inclusion of Trans People in Local, National, Regional, and Global Policy and Planning Processes

Lasting and impactful change in the legal, social, and medical systems that affect trans communities will require strong partnerships with government entities, donors, non-governmental organizations (NGOs), and other civil society groups. Not only can these strong partnerships provide opportunities for centering the needs of trans individuals and communities, but meaningful inclusion of trans individuals and organizations can also provide a mechanism for accountability of implementing organizations.

Beyond having a space at the table, the perspectives of trans people must be listened to and valued. Mechanisms must be in place that support trans community members and organizations to monitor community health indicators and outputs at all levels and document the impact or lack of impact of these programs on the health of trans communities.

### Strong Management Systems Support Strong Programs

Effective programs are supported by strong management systems that enable the design, planning, and delivery of multiple activities at different levels. Components of effective management systems include:

- *Definition of programme staff roles and responsibilities, relationships with external partners*

- *Operational activities underpinning programme delivery (data collection, reporting of results, commodity procurement, quality assurance monitoring, supervision and training of staff)*

- *Public outreach and information-sharing to create awareness and demand for services*

- *Financial procedures and controls*

- *Financial management - adequate financial resources must be allocated and mobilized, proper budgeting to ensure financial sustainability, with ongoing financial monitoring*

Designing Tailored Programmes and Interventions for Trans People

The daily lives of trans people are affected by many varied economic, legal, and social constraints, constantly changing the context in which services are delivered. Creating programmes that are highly adaptable to local contexts and to changing circumstances is important. Interventions for trans people must be designed with the inherent flexibility to meet varying local demand for outreach and supplies and health services. An example of a comprehensive strategy for addressing violence against trans people is illustrated in Figure 5.1 on page 163 of TRANSIT.

TRANSIT Figure 5.1 **Comprehensive approach to addressing violence against trans people**
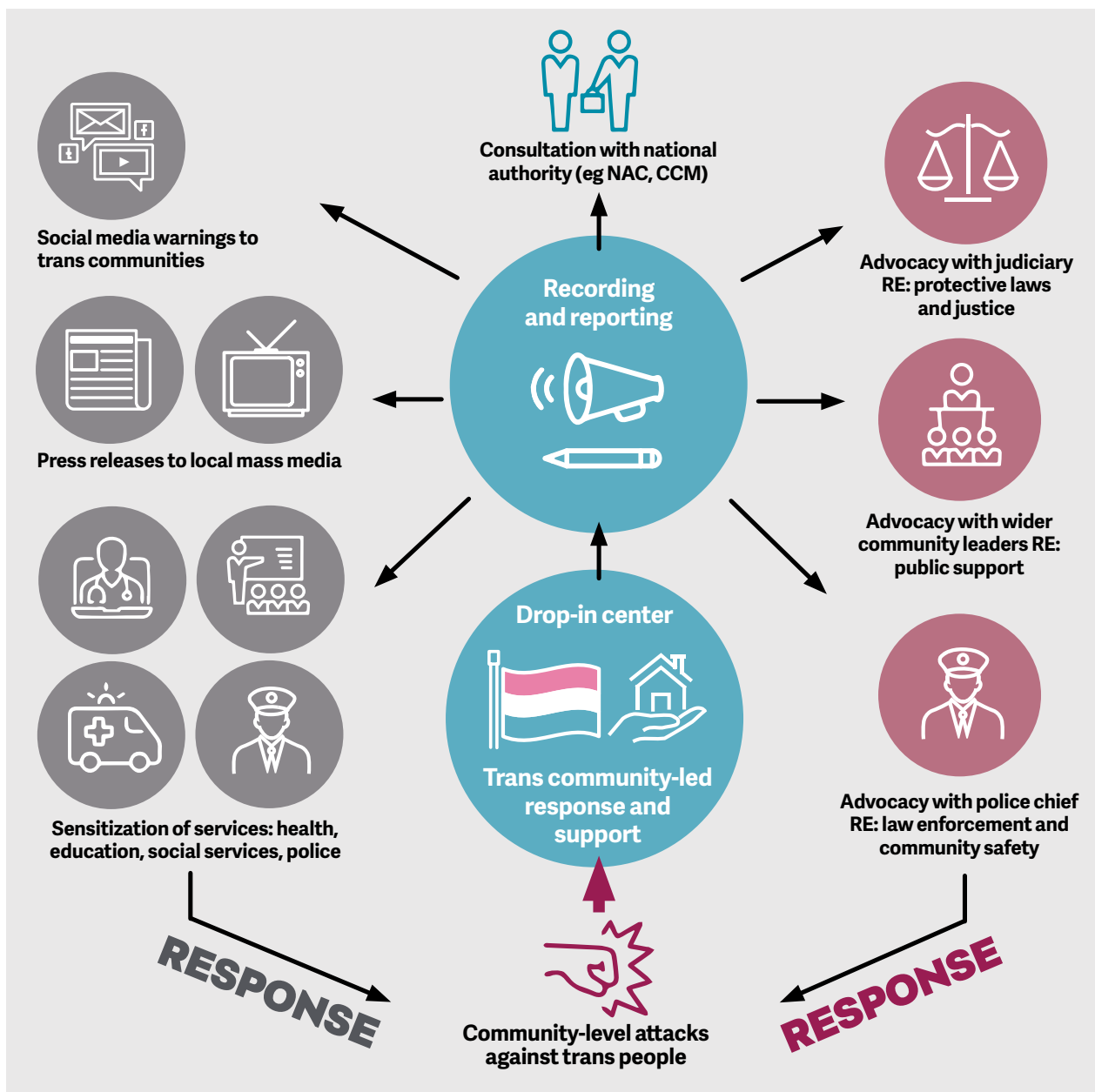
When designing programs for trans people, it is important to identify community needs and use community input to tailor services. It is also important to incorporate feedback mechanisms to continuously improve the programme and increase acceptance and uptake within the trans community. This creates flexibility within the programme and opportunities for continuous programme learning. Figure 5.4 on page 169 of TRANSIT outlines the stages of implementing a multi-component programme with trans people and can be used planning, monitoring, and quality improvement.

Management Systems must be in place that enable rapid adjustments to programs that respond to client feedback but also generate lessons, innovation, and knowledge on good practices for delivering trans affirming services.

TRANSIT Figure 5.4 Stages of implementing a multi-component programme with trans people

	SOCIAL & BEHAVIORAL INTERVENTIONS	COMMODITIES (condoms & lubricants)	CLINICAL SERVICES	STRUCTURAL INTERVENTIONS
START-UP Identify coverage areas & establish infrastructure	• *Identify sites* • *Hire and train NGOs/staff* • *Map trans communities* • *Recruit and train outreach workers* • *Establish safe spaces (e.g. drop-in centers) and community-led HTS*	• *Identify source of condoms and lubricants* • *Establish forecasting and procurement* • *Estimate trans persons' condom requirements* • *Estimate condom gap for venues*	• *Map services: STI, SRH, HTS, ARV, TB, NSP, OST* • *Establish referral linkages and reporting* • *Sensitize providers on trans issues—ensure acceptable services*	• *Conduct environmental risk assessment. Analyze key issues: e.g. discrimination, harrassment, violence* • *Prioritize and develop mitigation plan* • *Work with local police to facilitate outreach work*
ROLL-OUT OF SERVICES Improve coverage and quality	• *Micro-planning* • *Monthly outreach/ commodity distribution referrals* • *Training + refreshers* • *Review routine data for programme oversight and modification* • *Engage c'ty networks*	• *Directly distribute and rtrack condoms to trans people throiugh outreach* • *Identify additional outlets for commercial promotion* • *Advocate for and establish condom social marketing*	• *Regular referral of trans people to services (STI, SRH, HTS)* • *Facilitate trans persons' access to HIV care, ART* • *Establish community counseling and support* • *Monitor clinic for stigma*	• *Ensure trans legal iteracy* • *Establish crisis response system* • *Establish monitoring systems to track and report violence* • *Engage stakeholders* • *Build capacity in advocacy*
INCREASE SUSTAINABILITY Improve systems, social norm change	• *Social norms change in regard to condom use, service uptake and use* • *Address barriers to access* • *Consolidate client-focused services—night outreach, home testing*	• *Forecasting, including for lcoal implementers* • *Central procurement and storage of government condoms* • *Condom social marketing established*	• *Community agency improved to access services directly* • *Clinical service stigma reduced* • *Links with networks of people living with HIV*	• *Trans community groups strengthened* • *Trans persons have increased programme role* • *Trans communities have increased capacity to advocate for themselves* • *Address barriers to access*
EXPAND SCOPE Add services	• *Train outreach workers in new services, e.g. TB verbal screenings, DOTS, monitoring ART adherence*	• *Addition of other products/commodities*	• *Expand/add clinical services*	• *Trans communities engage in other community priorities*

Linking and coordinating HIV prevention, diagnosis, treatment and care

Linking and coordinating HIV prevention, diagnosis, treatment and care services with other services should be a priority in national, regional, and local development planning. (Figure from TRANSIT) As mentioned in the previous chapter, structural interventions that address violence, stigma and discrimination in addition to providing supplies such as condoms and lubricant are essential services and should be available alongside Clinical Services and behavioral interventions offered at your agency.

Importance of Confidentiality

Trans people must be reassured that their personal data is being handled with strict confidentiality and protected from access by individuals, groups, or organizations that may harbor hostility towards trans people and make them vulnerable to social and or legal concerns. Using unique identifiers to avoid duplication of services, promote uptake and assess the extent of coverage within your local trans population is essential.

Due to barriers faced by the lack of legal gender recognition in some jurisdictions, services for trans people should not be conditional on local registration, residency, or citizenship.

Capacity Building and Leadership Development for Trans Staff is Crucial

Meaningful inclusion of trans people in the design and implementation of HIV and STI programmes in non-trans-led organizations is an important first step towards creating equity for a community that continues to experience the negative consequences of social exclusion and marginalization. However, the capacity of trans individuals must also be developed to allow for an increased level of responsibility for implementing these activities within the organization.

It is important that trans people gain experience in areas including financial management; monitoring and research, policy development and planning; designing and conducting outreach. Trans people should also be involved and trained to support data collection, reporting of results, mobilizing financial resources, quality assurance and training of staff.

Trans individuals should have the ability and authority to secure and manage resources that can build awareness and demand for services within their own community.
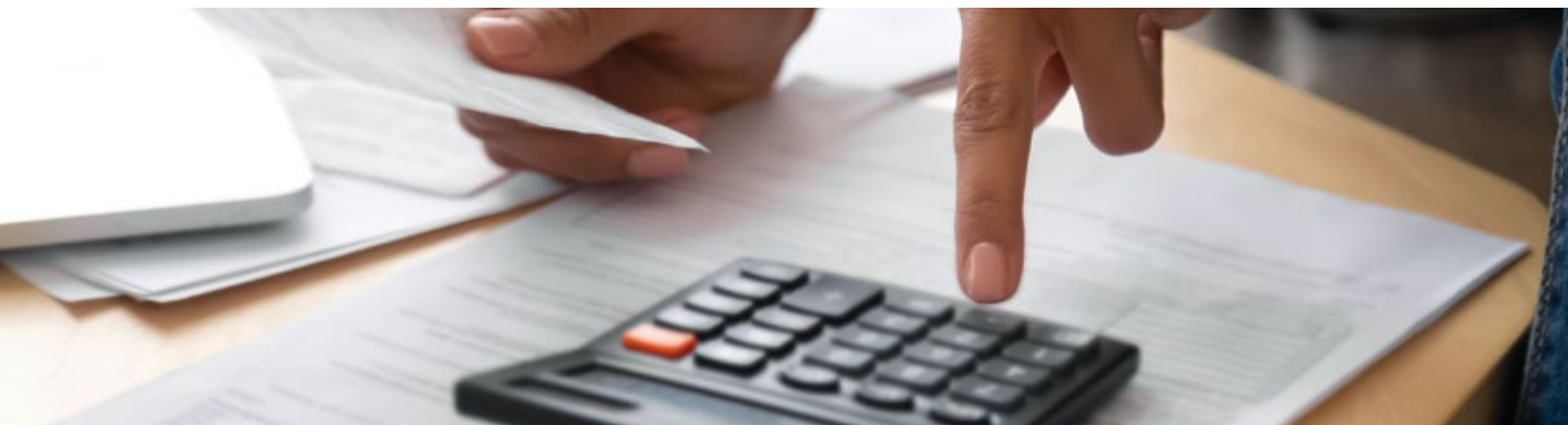
Staff Development and Capacity Building are Important for Skills Building and Fostering Understanding

Building the capacity of both trans staff as well as non-trans staff is a key component of designing effective interventions for trans people. Although the learning needs of trans staff and non-trans staff may be different at times, whenever possible, training should take place jointly so that participants can learn from each other and generate a deeper level of understanding.

Learning Needs of Trans vs Non-Trans Staff

Non-Trans Staff:

Safe spaces are excellent venues for psychosocial services and support and a place to strengthen community. A safe space can be any location where trans individuals gather to share common interests. They may be located in clinical or community-based settings including drop in centers, salons, or other business locations:

- *chosen names, terms and terminologies*

- *gender affirming services*

- *counselling on trans issues*

- *transfer skills and responsibilities to trans community members.*

Trans Staff:

Trans staff may need to learn skills and get hands-on experience in a wide range of roles within the organization including:

- *conducting and managing outreach*

- *financial management*

- *monitoring and research*

- *policy development*

- *programme management*

About GATE

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. GATE's mission is to work internationally on gender identity, gender expression, and bodily issues by defending human rights, making available critical knowledge, and supporting political organizing worldwide.

In accordance with its aim of building capacity and supporting regional and country-based constituencies to more effectively engage in and contribute to the development, implementation and oversight of Global Fund grants, GATE has embarked on a project to improve the meaningful involvement of transgender people in Global Fund processes.

About IRGT

The IRGT: A Global Network of Trans Women and HIV, was originally convened in 2011 by transgender leaders and their colleagues out of the need for specific input on global HIV/AIDS issues from trans communities. Since its inception, the IRGT has worked largely around the International AIDS Conference, and trans participation therein, as well as discussing and implementing strategies regarding other political opportunities as well as networking and planning together to determine the best course of action towards advancing trans global issues. Composed of members from diverse parts of the world, the IRGT is responsible for promoting advocacy on trans health and rights as they relate to HIV/AIDS. In 2016 IRGT established itself as a separate entity and now functions under a new fiscal agency agreement with the San Francisco Public Health Foundation.

About this Project

In the global response to HIV, TB and Malaria, communities must play a pivotal role in the response. Communities have the unique capacity and opportunity to reach those that are most neglected, vulnerable, marginalized and criminalized with essential services. However, for communities to be able to carry out their important role, they must be supported. Support for community systems and responses are a key component of the Global Fund's mission to accelerate the end of HIV, tuberculosis and malaria as epidemics. The Global Fund is investing in efforts to align community systems and responses with formal health systems to maximize impact and to build resilient and sustainable systems for health.

However, too often the populations most vulnerable to disease are the same populations that don't have access to health care. For this reason, it is important to ensure provision of optimum essential services for key populations. The best way to do this is to involve key populations in the design, delivery and monitoring of those health services. For communities to undertake the role of monitoring processes that should be catering to their needs, it is essential that they have the knowledge, the skills and the opportunities to do so.

TRANSIT
Smart Guide