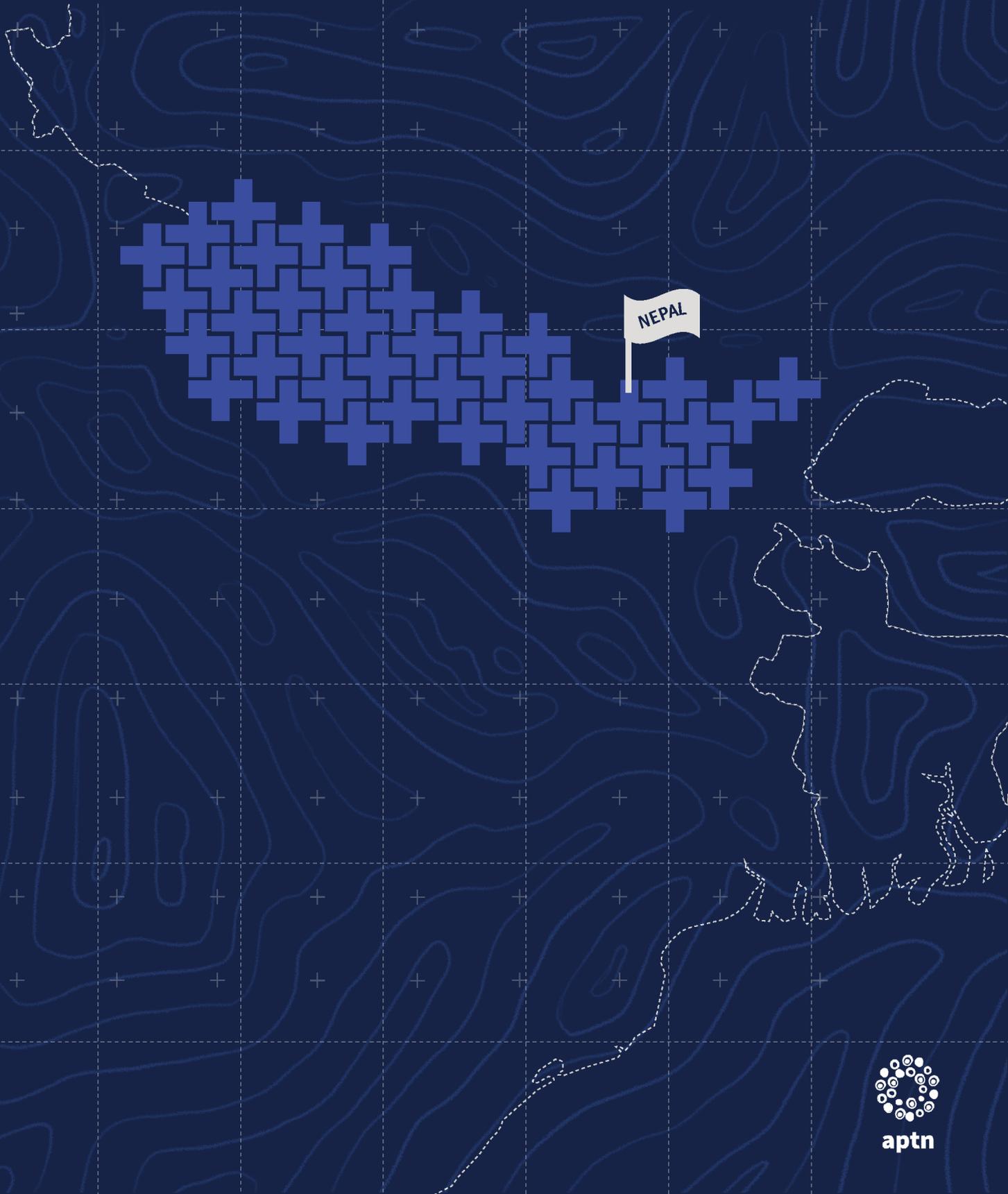


COUNTRY BRIEF

OUR RIGHT TO HEALTH:

Investing in the Transformation of Healthcare for Transgender People



aptn

OUR RIGHT TO HEALTH

Investing in the
Transformation *of*
Health Care *for*
Transgender People

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ACRONYMS AND ABBREVIATIONS

AIDS

Acquired Immunodeficiency Syndrome

APT^N

Asia Pacific Transgender Network

ARROW

The Asian Pacific Resource and Research Centre for Women

ART

Antiretroviral Therapy

BDS

Blue Diamond Society

CEDAW

The Convention on the Elimination of all forms of Discrimination Against Women

CBO

Community-based Organisation

CBS

Community-based Survey

FGD

Focus Group Discussions

GFTAM

Global Fund to Fight AIDS, Tuberculosis and Malaria

HIV

Human Immunodeficiency Virus

HTC

HIV Testing and Counselling

IRB

Institutional Review Board

IRRT^{TR}

Identify, Reach, Recommend, Test, Treat and Retain

KII

Key Informant Interview

LGBT

Lesbian, Gay, Bisexual, Trans

MSM

Men who have Sex with Men

PEP

Post-exposure Prophylaxis

PEPFAR

President's Emergency Plan for AIDS Relief

PLHIV

People Living with HIV

PREP

Pre-exposure Prophylaxis

SACTS

STD AIDS Counselling and Training Service

SD

Standard Deviation

SPSS

Statistical Package for Social Sciences

STI

Sexually Transmitted Infections

UPR

Universal Periodic Review

WHO

World Health Organisation

TERMINOLOGY

Transgender and Trans

In this report, we use transgender and trans interchangeably as an umbrella term to refer to the lived diversity of gender identities and forms of gender expression of the respondents. Culturally specific terms for trans/ transgender people are evolving and are often best understood within the local, social, cultural, religious, and/or spiritual contexts in which they have been defined. In some cases, such as in Nepal, the term third gender would be a closer translation. We use the following definition of a trans person in line with the *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific*:

“Persons who identify themselves in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/trans persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.”

Culturally Specific Terms

We use culturally specific terms as defined by the respondents to describe trans women and trans men.

TRANS WOMEN (assigned male at birth): In Nepal, trans people who identify as women use multiple terms to self-identify. These include Hijra, Kothi and Meti. For the purposes of this report we will refer to trans people who identify as women as trans women as there was consensus at the national level to use this terminology.

TRANS MEN (assigned female at birth): In Nepal, people who identify as men also use multiple terms to self-identify themselves. For the purposes of this report, we will refer to trans people who identify as men as trans men as there was consensus at the national level to use this terminology.

Gender Identity

We use this term to describe an individual’s personal sense of their gender. This can be associated with their sex assigned at birth or be different from it.

Gender Expression

We use this term to describe how people physically express and communicate their gender in culturally appropriate ways. For example, how they dress, cut their hair, and wear make-up. Usually this is to communicate their femininity, masculinity, or genderlessness to other people.

Transition

Trans people seek to be recognised socially and legally based on their gender, not based on the sex they were assigned at birth. For many trans people this involves seeking gender-affirming medical care (such as hormone replacement therapy, gender-affirming surgeries, etc.), based on informed consent, to change their body to match their gender. This process is called transition. Transition is an individual choice and journey.

Gender-Affirming Health Services

This term is used to describe any medical, surgical or health interventions that a person might take to transition into a more feminine or masculine self. It includes surgery; breast reconstruction, genital surgery, hair removal or transplants and hormone therapy.

ABOUT *this* COUNTRY BRIEF

In 2019, Blue Diamond Society (BDS)² and Asia Pacific Transgender Network (APTN)³ embarked on an ambitious research project to document the barriers and gaps to access HIV-related and other health services for trans people in four countries (Indonesia, Nepal, Thailand and Vietnam). The research was designed and implemented by trans researchers in each country. This brief outlines the research findings, and provides information and recommendations on HIV and other health care for trans people in national settings, the barriers in accessing these services, and the ways in which barriers can be removed through policy and programmatic change and community empowerment. Consistent with our community principles

of “Nothing about us without us”, this process has built the capacity of trans people to utilise research methodologies and data to collect information for evidence-based advocacy to promote quality and trans-responsive and trans-competent health care services. This research aims to bridge the gaps in the availability of trans-specific data. We believe this is the first large scale trans community-led research providing essential information into the lives of trans people in Nepal and the region. This research was made possible through funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and Save the Children Nepal⁴.

OVERVIEW

Overview of the HIV and Health Context for Trans People in Nepal

This study reveals that the lack of competent health providers and trans-inclusive services contribute to delays in accessing health care, and is compounded by systemic discrimination across the health care system as reported by trans people. The high cost of seeking health care further limits access to health services. Barriers include not only the cost of services themselves, but also the cost of travel, medication and long waiting times. For some trans people, hormones and gender-affirming surgery are pivotal for gender affirmation. However, lack of access to information and competent medical care

especially within the public health service drive many to seek information and medication from non-medical experts and unregulated sources, including their friends, peers and pharmacies. Furthermore, vertical programmes focusing only on disease, for example HIV, continue to limit trans people’s right to inclusive health care. Comprehensive gender-affirming health care provides the opportunity to benefit both the individual and the state in reducing the burden of costs associated with chronic health outcomes, including HIV and poor mental health.

²BDS is an LGBT rights group advocating for changes in existing laws and aiming to educate Nepalese society on sexual health and gender identity.

³The Asia Pacific Transgender Network (APTN) advocates for the protection of the legal, social and human rights of people as well as the enhancement of their social wellbeing and quality of life in the Asia Pacific region.

⁴Save the Children is the principal recipient for the three-year (2018-2020) regional Key Populations Research and Advocacy (KPRA) project in South and Southeast Asia. The aim is to gather evidence for community led HIV prevention, testing and other health services amongst key populations of PLHIV (sub-recipient APN+), people who use drugs (ANPUD), sex workers (APNSW), and trans people (APTN).

Overview of the National HIV Response in Nepal

The current National HIV Strategic Plan 2016-2020 has been developed to achieve the time-bound targets of the 2011 Political Declaration on Ending AIDS, which was signed by the Government of Nepal at the United Nations General Assembly in New York on 8th of June 2016. The Political Declaration sets out 90-90-90 HIV testing, HIV treatment, and viral load suppression targets supported by the UNAIDS Fast-Track strategy to end the HIV epidemic by 2030. This entails identifying, recommending and testing 90% of key populations; treating 90% of people who are diagnosed with HIV; and, retaining 90% of people diagnosed with HIV on antiretroviral therapy. The national plan aims to offer HIV testing and treatment, regardless of CD4 count.

To achieve these targets, the Government of Nepal has made great strides to prevent HIV infections and increase access to treatment and care coverage for People Living with HIV (PLHIV). The substantial decline in HIV prevalence in the general population from 0.20% in 2014 to 0.15% in 2018 can be attributed to several interventions taken at the national level, including increased community-based HIV testing and counselling, STI diagnosis, condom distribution, and increased treatment coverage for HIV and STIs. Unfortunately, this progress has yet to impact on key populations where the epidemic continues to concentrate and increase. These groups are characterised by their engagement in high-risk and stigmatised behaviours, consisting of people who inject drugs (PWID), sex workers and their clients (male and female), men who have sex with men (MSM) and trans people, male labour migrants (MLM) and their wives, and prison inmates. AIDS financing, spending and investment data reveal that, from

a budget of \$15.7 million, 15% is financed domestically and 85% financed through international funding sources. However, budgets earmarked for key population prevention programming are unavailable.

The rise in infections for the trans community, from 6.2% in 2015 to 8.5% in 2017, is particularly worrying, indicating that current intervention strategies continue to fall short for the trans community. There are currently no population estimates for trans people in Nepal, however the Government of Nepal has committed to adding a third gender category alongside male and female in the upcoming 2020 census. While this is a promising move, it will be essential that the definitions of third gender remain broad to encompass the diversity of gender identity and expression within third gender identities. Census data provides an encouraging step towards progress in understanding the experiences of the trans community and increasing greater access to social welfare and health protections including HIV and health programming.



The rise in infections for the trans community, from 6.2% in 2015 to 8.5% in 2017 is particularly worrying.

Key Population	National	Transgender	MSM	Sex Workers	PWID
Prevalence	0.15%	8.5%	5%	8.8%	2%

⁵National HIV Strategic Plan 2016-2021 | Nepal HIVision 2020: Fast-Track ending the AIDS epidemic as a public health threat, by 2030 (2nd Edition, June 2017). <https://reliefweb.int/report/nepal/national-hiv-strategic-plan-2016-2021-nepal-hivision-2020-fast-track-ending-aids>

⁶Ibid.

⁷UNAIDS 2019: Nepal Country Card. Retrieved from: <https://www.aidsdatahub.org/sites/default/files/resource/nepal-country-card-nov-2019.pdf>

⁸"Country Progress Report." www.unaids.org, National Center for HIV and STD Control, Ministry of Health, Government of Nepal, 2018, www.unaids.org/sites/default/files/country/documents/NPL_2018_countryreport.pdf.

⁹UNAIDS 2019: Nepal Country Card. <https://www.aidsdatahub.org/sites/default/files/resource/nepal-country-card-nov-2019.pdf> (All Key population figures noted are from Kathmandu)

LEGISLATION AND POLICIES

on Legal Gender Recognition and Sexual Health and Rights of Trans People

The Government of Nepal has made efforts to ensure greater inclusion of trans people, most notably with the 2007 Supreme Court decision to establish a gender category called “other” with the criteria for identifying one’s gender as being based on the individual’s self-identification. The ruling also outlawed discrimination based on sexual orientation and gender identity. This move allows for the change of gender markers and names on citizenship documents, passports and SIM cards – effectively all documents where gender was mentioned. However, at the local administrative and government level, particularly district and village level, many of the laws and policies are yet to be operationalised. For example, trans people in Nepal reported only being able to change their gender markers on national identification cards to ‘Other’ rather than the gender identity they self-identify (male or female). Where gender markers were changed, administrators did not allow the change of names on national documents. Despite the 2007 ruling that allows one to change their gender based on self-identification, trans people have reported that they are still required to present a medical certificate. Until the rhetoric of rights is translated into reality, trans people in Nepal will continue to be disproportionately affected by HIV and poor health outcomes in general.

“There are very few special provisions in the constitution of Nepal for trans people and those provisions are never rolled-out in the form of clear policies and operational guidelines because of lack of education, visibility, and advocacy.”

KII RESPONDENT, MINISTRY
OF HEALTH OFFICIAL, NEPAL

Barriers to accessing health for trans people in Nepal are inextricably linked to the denial of fundamental and basic human rights that include freedom from discrimination and stigma, accessing education, employment, justice and citizenship. This study reveals that trans people suffer extreme stigma, discrimination and violence because of their gender identity. This can be attributed to higher dropout rates from education systems, lower rates of health-seeking behaviour and lower engagement in the formal labour sector, leading to lower income and employment security.¹⁰ Often due to limited choices, trans people, especially trans women are more likely to be engaged in sex work, increasing their risk of HIV, increased experiences of violence, and contact with police and the judicial system. In 2007, the Federal Government in Nepal amended legislation on sex work to decriminalise sex workers and to criminalise clients¹¹. Yet many Nepalese sex workers remain unaware of the change and police continue to harass, extort and assault sex workers under Article 5 of the Criminal Code, which refers to criminalising acts that go against public welfare and morality. Due to a lack of financial means, understanding of their rights, and internalised and external stigma, many trans sex workers often do not access justice and redressal services.

¹⁰ UNDP, USAID (2014). Being LGBT in Asia: Nepal Country Report. Retrieved from: https://www.usaid.gov/sites/default/files/documents/1861/Being_LGBT_in_Asia_Nepal_Country_Report.pdf

¹¹ Global Network of Sex Work Projects (2018) Policy Brief: the Impact of ‘End Demand’ Legislation on Women Sex Workers. Retrieved from: https://www.nswp.org/sites/nswp.org/files/pb_impact_of_end_demand_on_women_sws_nswp_-_2018.pdf

FINDINGS

The report findings are structured to answer five research questions¹² proposed by the study to gain information on the availability, access and quality of HIV-related and other health care needs for trans people in the country, the barriers in accessing services, and the ways in which barriers can be removed through community empowerment.

Who participated in our study?

Data was collected from 250 trans people from Kathmandu and Nepalgunj and recruited through convenience sampling by peer-based networks. All participants were citizens of the country, and over the age of 18. This included 67 trans men, and 181 trans women. Two persons chose not to identify their gender¹³. In addition, a total of 50 people, including 30 trans women

and 20 trans men took part in FGDs while seven people consisting of service providers, government and policy advisors took part in KIIs. The institutional review board (IRB) of the Nepal Health Research Council issued the ethical clearance for this research. Written informed consent was obtained from all individuals who participated in the study. Of the sample, 35.6% (n=89) had

TRANS MEN (67)

TRANS WOMEN (181)

GENDERQUEER (1)



12.5yrs

Mean age when trans people first recognised they were different than the sex assigned at birth

9.7 yrs

Trans men

13.5 yrs

Trans women

17.8

Mean age when trans people revealed their trans identity

5.3

Number of years trans people on average struggle alone with their gender identity

completed university level studies, 30.4% (n=76) had completed high school, 14.8% (n=37) had completed up to primary school, and 6% (n=15) never attended school. In terms of waged employment, 39.2% (n=98) were engaged full time, 10.4% (n=26) part time, 36.4% (n= 91) were self-

employed, and 5.2% (n=13) were unemployed or unable to work. The top two professions for trans people included sex industry (25.2%; n=63), NGO/CBO staff (22.4%; n=56), with the remaining working across other areas (8.4%; n=21).

¹² (1) What types of HIV and other health care services do trans people need, and what types of services are currently available? (2) What types of available HIV and other health care services do trans people access or not access, and why? (3) What are the barriers in accessing HIV and other health care services? (4) How can the trans community try to reduce barriers to HIV/STI and other health care services? (5) In what ways can trans communities empower themselves to reduce these barriers? Findings for questions (4) and (5) were combined.

¹³ The questionnaire allowed for disaggregation by third gender category. 84 respondents selected 'third gender', and of these, 14 identified as men. 31 identified as women, 23 identified as trans women, one person was gender fluid, and one person was an intersex trans man. Through consultation with research leads and country partners, women/trans women and men/trans men respondents were recategorised under trans women and trans men, to give the sample greater power. See the KPRA regional report for further analysis of third gender respondents.

-01-

What types of HIV and other health care services do trans people need *and what types of services are currently available?*

The findings of the study indicate that the current investment in HIV programming has yielded positive results for the trans community, particularly through the provision of community and peer-led services. However, the lack of inclusive health services, and endemic stigma and discrimination resulting in broader human rights violations continue to hamper positive health and well-being outcomes for the trans community.

STI, HIV and Risk Factors

Respondents were asked about the number of casual and regular sex partners they had over the last year. Of the sample, 46% (n=117) indicated they had less than 10 regular partners, 12.8% (n=32) indicated they had between 11-100 and 18.8% (n=47) indicated 100 plus regular partners. The results highlighted that a higher proportion of trans men had less than ten partners a year and trans women were more likely to have more than 10. For example, all 47 individuals in the 100 plus group were trans women. Similarly, in regard to casual partners, trans men were more likely to have no casual partners than trans women (77.4%, 41 vs 16.9%, 33), 11 (20.8%) trans men indicated 10 or less with only one person (1.9%) indicating between 11-50 casual partners, as compared to trans women where 88 respondents (45.1%) indicated less than 10 casual partners, 31 people (18.4%) indicated between 11 and 50, and 47 trans women (28%) indicated 100 plus casual partners within the last year.

50% of sex workers (n=28) had 10 or fewer casual sex partners, compared to 37.1% (of non-sex workers (n=72), but 33.9% of sex workers (n=19) had over 100 casual sex partners, compared to 7.7% (n=15) of non-sex workers. 11% of sex workers (n=6) had 11 to 50 partners, and 3.6% (n=2) had 51 to 100 casual sex partners. That is, the

majority of sex workers had either fewer than 10, or more than 100 casual sex partners. It is possible that some sex workers included clients in ‘casual’ partners and some did not, as fewer than 10 partners per year is unlikely for those currently engaged in sex work.

Sexually Transmitted Infections

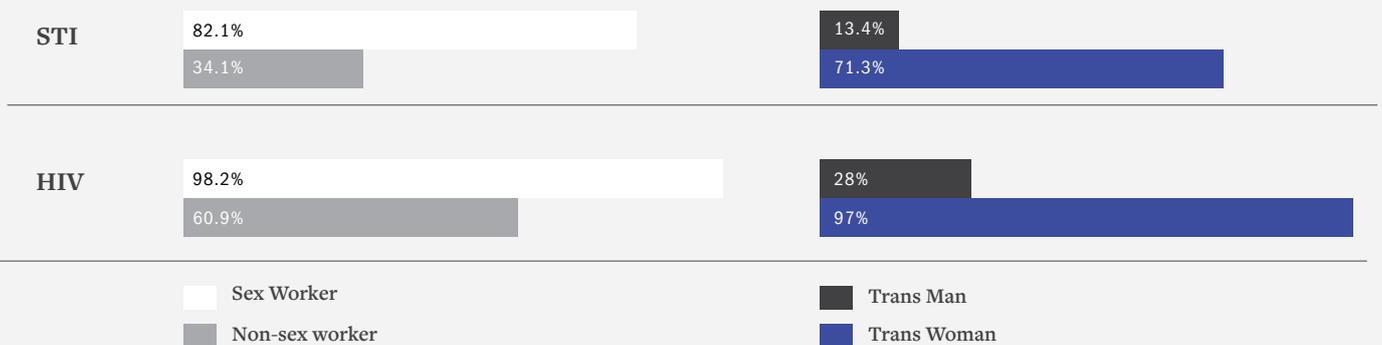
The increased investment in community and peer-led interventions has led to greater knowledge of STI and HIV. The data indicates 96% of the sample (n=240) have knowledge of STI and HIV, but this does not necessarily translate to testing, with only 55.6% of the sample (n=139) tested for STIs. Additionally, 38.8% (n=97) respondents stated that they had never been tested for an STI. Within this group 29.7% (n=74) identified as sex workers.

HIV

A total of 77.6% (n=194) of the respondents had been tested for HIV. Of the respondents, 17.5% (n=43) of people had never had a HIV test, 14% (n=35) of those were trans men, they reported their reasons for not testing included a lack of perceived risk and not wanting to think about it. Seventeen participants were HIV positive.

The data reveals that trans women and sex workers are more likely to initially test for STIs and HIV and test more frequently thereafter than trans men. Given the high number of casual and regular partners indicated by trans women and sex workers, it is encouraging to note that those especially at higher risk, are more likely to test for HIV and STI, this highlights improved community knowledge. However, testing rates for non-sex workers, especially trans women, continue to lag, revealing gaps that persist in engaging high risk populations.

Ever got tested for STI and HIV in the past by sex work status and gender identity



Gender-Affirming Health Care

Gender affirmation is intrinsically linked to better health outcomes for trans people. For some trans people gender-affirming interventions are crucial to mentally and physically realising their true gender. ***Studies show that Trans people who utilise gender-affirming interventions such as hormones or surgery had better mental health outcomes than those who were unable to access these interventions.***¹⁴

Given the lack of affordability and service availability, only 9.6% (n=22) of the respondents had any gender transition related surgery with an additional 40% (n= 100) stating they intended to do so in the future. Additionally, 46.8% (n=117) of the sample stated they did not intend to undergo surgery, highlighting the diversity of ways in which trans people in Nepal experience their gender identity, and that surgery is not a requirement for everyone. Hormone Replacement Therapy (HRTs) were identified as the most important priority to facilitate transitioning for both trans women and trans men. The data reveals that 34% (n=85) of respondents had used hormones with mean age of first use at 22.9 years, and youngest at 15 years. Trans women (43.6%) are more likely to use hormones than trans men (7.5%). Most trans people purchased hormone medication from pharmacies (57.6%), with only 3.2% (n=8) receiving advice about taking hormones safely from a health care provider. This is unsurprising given that, in Nepal, there is no national guideline on trans-competent health care. As such many people seek information, hormones and surgery from unregulated and non-medical sources. One trans man shared his experience of purchasing hormones from a pharmacy:

“I wanted to reduce my breasts so I went to buy medicines from a nearby clinic. The service provider did not understand me clearly but provided the medicines. I clearly explained them that I am a trans man. I went home and thought to read the manual before taking medicine. At that time, I found I was given “Iron Chakki”¹⁵. I went back to the clinic, and said, “I am not pregnant why did you give this medicine to me? Then the guy said sorry for giving the wrong medicine.”

TRANS MAN, FGD

In another FGD, participants mentioned that, even though they were aware that hormone medications take an immense toll on their bodies, they still take them. Another participant stated that she started taking hormones to grow her breasts. Instead of taking one pill a day, she took two because she did not know about the side-effects of hormones. Largely, information on hormone use for the vast majority of those using hormones came from their trans friends (81.7%). A total of 18.8% (n= 45) of the sample indicated intentions to use hormones in the future. Of these, 39 (86.7%) plan to seek medical advice. A higher proportion of trans men (41%) than trans women (17.1%) intend to take hormones in the future. Decisions made around use of hormones are often driven by cost and perceived effectiveness of rapid physical transformation, and are administered without knowledge about safety, short and long-term side effects and contraindications of other medication including ART.¹⁶ Yet access to information and knowledgeable health care providers in Nepal are extremely limited especially within the public health sector. Where available within the private sector, cost remains a significant barrier to access.

“In medical school, we aren’t taught about trans identities and they are referred to as hermaphrodites. We are never taught about the difference between sex and gender...”

MEDICAL PROFESSIONAL, BIR HOSPITAL, KII RESPONDENT

¹⁴ Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme (2015) Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities. Washington, DC: Futures Group, Health Policy Project. Retrieved from: <https://www.weareaptn.org/wp-content/uploads/2017/10/blueprint-comprehensive.pdf>

¹⁵Iron supplement

¹⁶Ibid

General Health Care

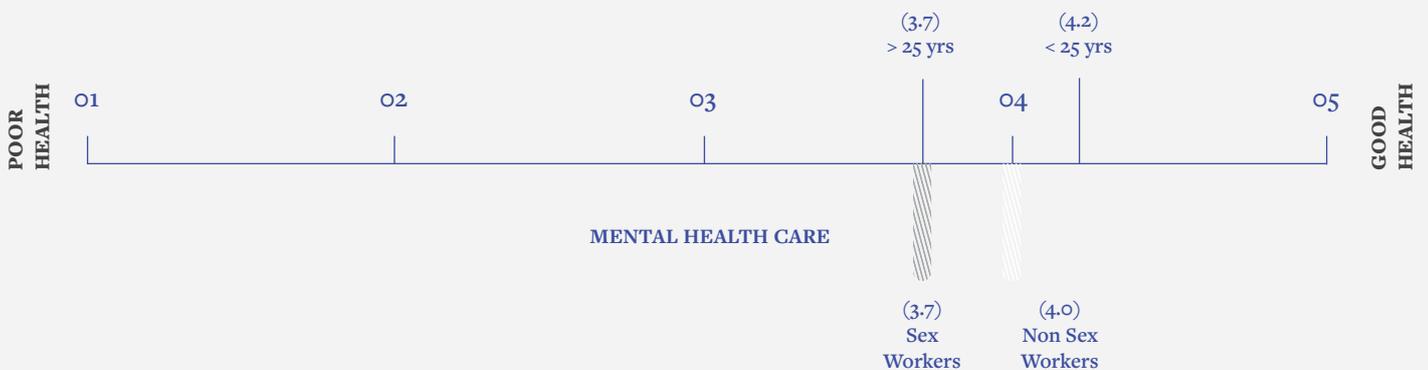
The survey sought to gain a better understanding of self-reported physical and mental health of respondents in the last 30 days on a scale of 1-5 with a score closer to one indicating poor mental and physical health, and a score of five indicating positive mental and physical health and well-being. Participants were asked about their physical health in relation to fever, infection, accident and injury, health status in relation to gender-affirming surgery and hormone use.



Mental Health Care

Mental health, compared to physical health, revealed poorer outcomes with a mean average of 3.7 on the scale. Participants were asked questions pertaining to experiences of anxiety, depression, hopelessness and worthlessness. When disaggregated for age, the findings revealed that participants under 25 years self-reported better mental health outcomes (4.2) than those above 25 (3.7).¹⁸ Mental health also differed by sex work status, with sex workers having overall worse mental health (3.7) than non-sex workers (4.0). Over one third 33.2% (n= 83) of the sample has had thoughts about ending their life. To better understand factors of mental health, the survey also asked questions on suicide attempts and ideation. The mean age for suicide attempts was 18.8 years and

the earliest age indicated by a respondent was 11 years old, with some people having attempted suicide up to seven times. Only one person accessed professional mental health services while the remainder relied on friends, family and non-government and community-based organisations as sources of support. Attempts of suicide and ideation aligns with the age when young trans people are internally grappling with their identities without disclosure to others. This finding highlights the crucial need for greater interventions for young trans people to explore and understand their gender identity in safe spaces, with access to protective resources including peers and mental health professionals trained in trans health and social concerns.



¹⁷ Scores did not differ by gender identity or age but did differ by sex work.

¹⁸ Statistically significant: t = -2.88 and p = 0.004



Availability of services in Nepalgunj & Kathmandu

STI and HIV Service Availability

In 2017, the Government of Nepal released and began implementing National Community Led Testing Guidelines which aim to Identify, Reach, Recommend, Test, Treat and Retain (IRRTR) people living with HIV as early as possible, and link them to treatment and care services. The Government has been implementing this approach through a mix of facility and community-based services. Since implementation began, a gradual increase has been observed on the treatment cascade (64% tested, 49% on treatment and 23% virally suppressed). However, in order to achieve the fast track target of 90-90-90, there needs to be a significant increase in service availability and quality of health care providers.¹⁹ There are 175 HIV Testing and Counselling (HTC) sites across Nepal, out of which only 39 are managed by non-government and/or CBOs and treatment services are provided through 69 ART services.²⁰ Testing, counselling and treatment is free for all people at risk of and living with HIV.

Gender-Affirming Service Availability

- Cosmed Laser and Cosmetic Surgery Centre is the only (privately owned) clinic providing gender-affirmation surgery for trans people in Nepal. Services include breast augmentation, top surgery, orchiectomy, pre-surgery referrals, post-surgery treatment and gender-affirming surgery. Costs associated with gender-affirming surgeries are expensive and often unaffordable. While there are some private hospitals providing endocrinological and hormone testing and results for trans people taking hormones, again costs and long waiting times to see a specialist are prohibitive. Currently there are no health care providers who are providing or prescribing HRT to trans people in Nepal. A trans woman participating in the FGD shared her experience on hormone and surgery availability in Nepal:

“We do self-medication. We know that there are hormones available in Teaching Hospital. There are some friends who have performed breast implant in Green City Hospital. Many of us perform at Bangkok.”

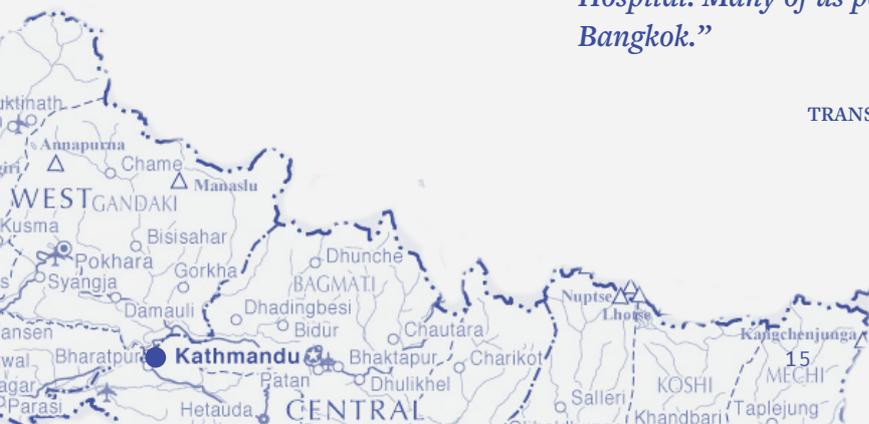
TRANS WOMAN, FGD

Mental Health Services

The focus group discussions further revealed a dearth of mental health counselling and support services for the trans community. While private counsellors and psychologists are available, often cost is a barrier to access. Only one organisation was identified by the community, ● Parichaya Samaj as providing counselling and mental health support. However, those providing services were lay counsellors without professional training. A representative from the organisation stated:

“...well the counsellors aren’t trained in the field, but they bring in years of personal and field experience to their practice with them.”

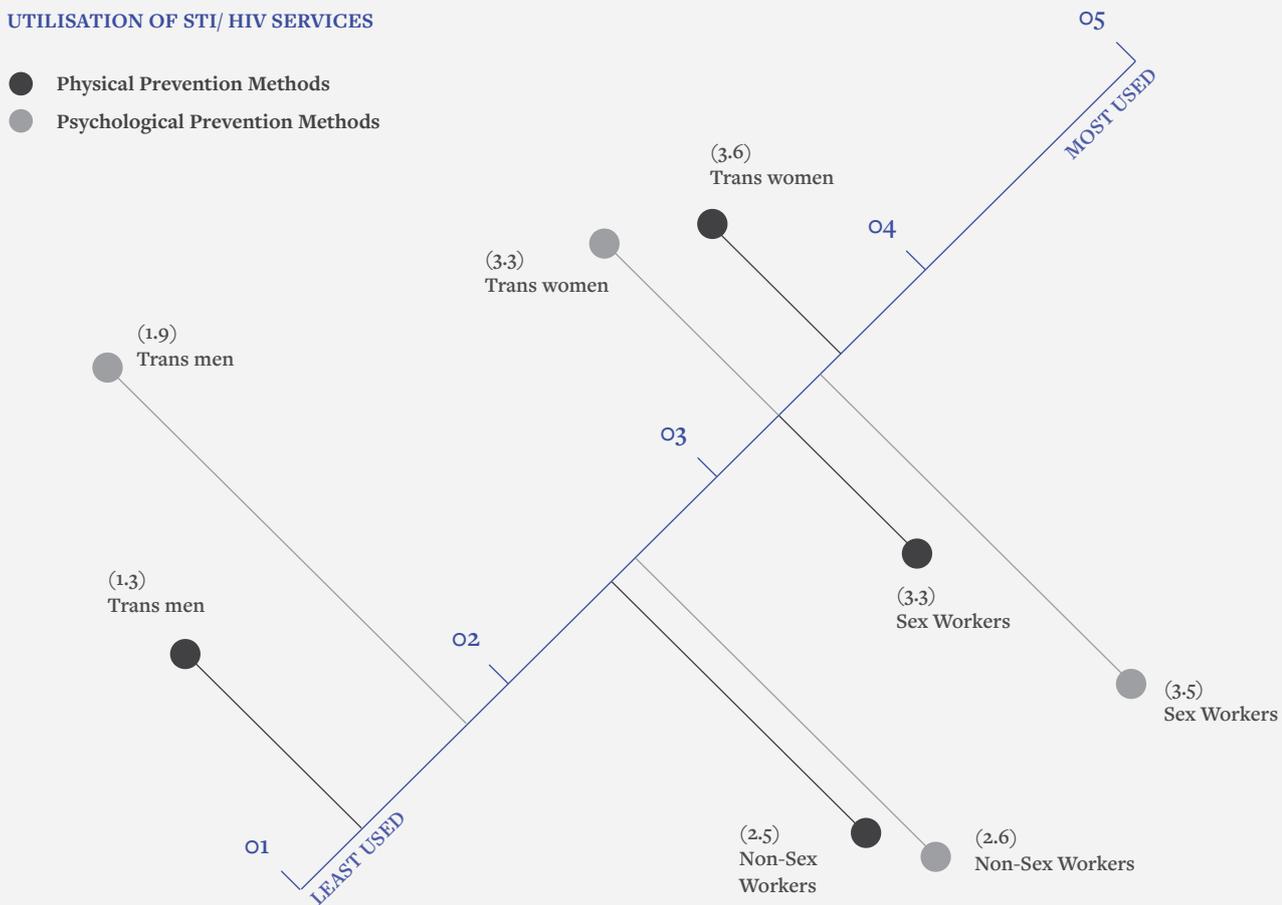
Peer counselling cannot be discounted. Peer counsellors should receive knowledge and skills training to increase their capacity in providing such services until professional mental health services become affordable and available.



-02-

**What types of available
HIV and other health
care services *do trans
people access or not
access, and why?***

UTILISATION OF STI/ HIV SERVICES



Utilisation of STI and HIV Services

According to the FGDs, trans people in Kathmandu and Nepalgunj do access government services, including Bir Hospital and Teku Hospital. However, they largely access HIV and STI services provided by CBOs such as Blue Diamond Society, Parichaya Samaj and STD AIDS Counselling and Training Service (SACTS). The graphic above provides a breakdown of where trans people sought treatment following a positive STI diagnosis.

Of the 139 people (55.6%) who had been tested for an STI, 26.6% said they had not tested positive. The majority (56.8%, n=79) attended an NGO/CBO for treatment, 9.4% (n=13) seeking treatment from a government health care site, 3.6% (n=5) from a private sector health centre, one from a pharmacist, and 2.9% (n=4) seeking no treatment.

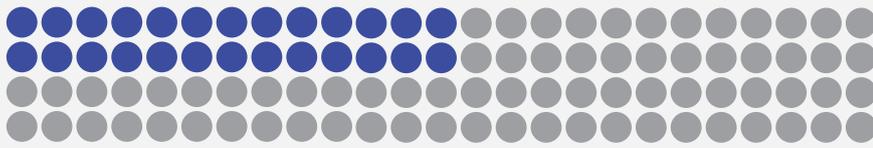
Trans people utilise a mix of physical and psychological HIV prevention approaches and services depending on

availability. Participants reported using multiple physical prevention methods with 83.2% of the sample reportedly using condoms, 82% used lubricant while a smaller number of people, 15.2% used Pre-Exposure Prophylaxis (PREP) and 22% had used Post Exposure Prophylaxis (PEP). In terms of psychological interventions, 92.4% of the sample had received counselling on HIV risk, 83.6% received Sexual and Reproductive Health counselling, 64% had utilised behavioural interventions and 54.8% used family planning counselling. This highlights that, given the opportunity for access and availability of HIV-related services, trans people have a high utilisation rate of both physical and psychological prevention services. The data also revealed that, on a scale of utilisation of multiple prevention services available, sex workers were more likely to utilise a greater number and diversity of services than non-sex workers. Trans women were more likely to utilise a wider range of services than trans men.

¹⁹ Country Progress Report."National Center for HIV and STD Control, Ministry of Health, Government of Nepal, 2018, https://www.unaids.org/sites/default/files/country/documents/NPL_2018_countryreport.pdf

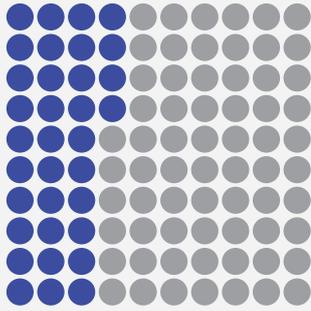
²⁰ Ibid

When asked if, in the last six months, participants had fallen ill or needed advice on their health:

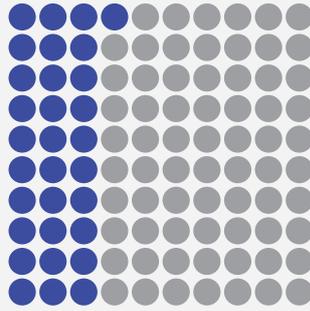


26.4%
answered yes
to the question

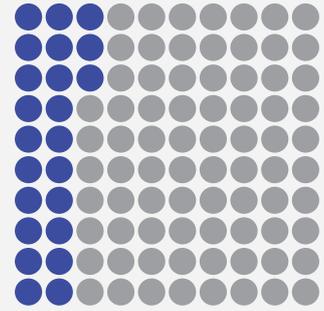
of those,



33.8%
went to see an NGO
or CBO



30.8%
visited a
government clinic



23.1%
went to a private
hospital/clinic

General and Mental Health Care Access

Access to health care providers for general episodes of illness varied in the sample. When asked if, in the last six months, participants had fallen ill or needed advice on their health, 26.4% (n=66) answered yes to the question. Of those 33.8% (n= 22) went to see an NGO or CBO, 30.8% (n= 20) visited a government clinic, and 23.1% (n= 15) went to a private hospital or clinic. When accessing mental health care and treatment services, only 12.8% (n=32) of respondents had ever received counselling, an overwhelming 84.8% (n=212) of participants had never received any mental health services, and 2% (n=5) of participants did not even know what a mental health service was.

“I have recovered from depression. We LGBTI people want society acceptance. We LGBTI people want mental health programme. We need confidentiality. We need time to time medicine. We need good counselling. When I went to consult a psychiatrist and I shared my situation and feelings he told me I’m in last stage of depression and it made me scared.”

Access to Gender-based Violence Response Services

Trans people’s exposure to violence is an issue of significance, particularly as it correlates directly with poor mental health and a reluctance to access and utilise care services where they exist. Respondents were asked two questions on their experiences of physical violence; “Have you ever been physically assaulted such that you require medical treatment?” and “Who from/where did you seek help when physically assaulted?” Of the sample 19.2% (n=48) of respondents who had experienced serious assault, with trans women 24.3% (n=43) were overwhelmingly represented in this group. Furthermore, sex workers (n=32) were more likely to experience assault than non-sex workers (n=16). Again, the findings highlight in seeking help following an assault, most survivors went to seek help at NGO/CBO (29.8%; n= 14) followed by peers (27.7%; n= 13), and 23.4% (n= 11) did not seek help from anyone.

-03-

What are the barriers
in accessing HIV & other
health care services?

The study identified several barriers for trans people in accessing HIV and other health care services. The most significant gender-related problem identified by trans people in **delaying and/or deferring access to and utilisation of appropriate services** was perceived and anticipated discrimination by HCPs as a result of past negative experiences.

“In hospital, the staff doesn’t even treat us good, one doctor had even gave me wrong medication.”

Overall 37.4% (n=89) of the sample delayed accessing health care services due to fear of discrimination. Of those who answered the question and could provide a reason, 30.8% (n=73) said they delayed treatment service because of their past experience where HCPs asked intrusive questions, 30.5% (n=71) said they delayed treatment due to lack of guidance or standards of care for trans persons at clinics, and 22.6% (n=44) delayed it due to fear around safety and security at the clinics. When trans people do access health care services, often they do not reveal their gender identity, due to their lack

of trust in the HCPs’ capacity to address their trans health issues and fear that their information will not remain confidential. This is especially the case for sex workers compared to non-sex workers. During the FGD, one trans woman recounted her story of being delayed treatment due to her gender identity and having her confidentiality breached:

“I got a serious injury in my throat and was taken to Bir Hospital, and I was in ladies get up. Nobody cares me for so long though I was in serious condition. After long time, they took me to operation theatre and my operation got successful. The news spread around the hospital like a hijra has been hospitalized. Hundreds of people including doctor, nurses, patients and their care provider came to see me as hijra. Even police came for investigation and asked me whether he is male or female in front of my family members. I really felt very bad during that time.”

TRANS WOMAN, FGD



Moreover, practical barriers including costs, transport, clinic timings, lack of trans-specific guidance and standards of care and safety create an additional delay in accessing services. The study found that 18.4% (n=46) of the sample that needed health care services in the last six months did not receive them because of costs associated with treatment, and 4.8% (n=12) had delayed treatment due to distance. Transport-related costs and clinic timings significantly affected delays in seeking treatment for sex workers compared to non-sex workers.

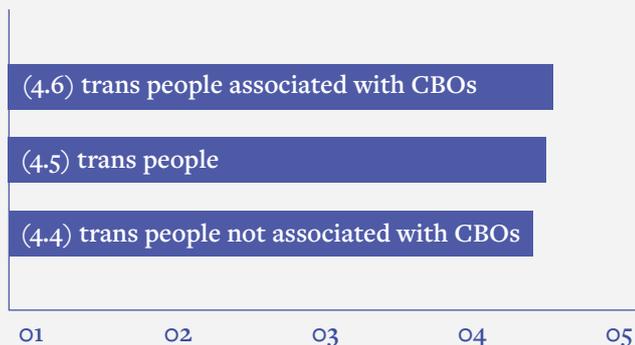
When the data on practical and gender identity related barriers was correlated with respondents’ self-reported physical, mental and gender-related health status, findings revealed that these barriers to accessing health services have a significant adverse effect on the mental and gender-related health (not physical) outcomes for trans women, whereas trans men were not impacted in the same way.

-04-

**How can the empowerment
of the trans community and
organisations *reduce barriers to
HIV/STI and other health care
services?***

In the sample, 64.8% (n=162) of respondents stated they were a member of a trans or LGB or MSM community-based group. They reported benefits of this membership included access to trans-specific health services and information and capacity enhancement such as advocacy and outreach skills. The data also indicated that, for trans people, membership to these organisations is categorised by a higher level of internal individual pride for trans people. As part of the study, trans people were asked six key questions²¹ to assess various ways in which participants feel proud to be trans. The data revealed that overall trans people have high levels of pride (4.5) and those who were associated with CBOs reported statistically significant higher levels of pride (4.6) than those who were not (4.4). This indicates that for trans individuals a connection to community has the potential to be a protective factor against minority stress and positively influence health and well-being.

LEVELS OF INTERNAL INDIVIDUAL PRIDE



Peer-led organisations and CBOs play a crucial role in providing and/or facilitating access to services. The data clearly illustrates that uptake in services when availability is high, yet the lack of trans-inclusive and non-discriminatory services remain the biggest barriers

to positive physical and mental health outcomes for trans people. Peer-led organisations and CBOs are at the forefront in providing various services and referral linkages to their community to ensure that they have access to services and are the preferred service for the delivery of STI and HIV testing and treatment. During the FGDs, many of the participants utilised services provided by Blue Diamond Society (BDS) and Parichaya Samaj as they felt the service was confidential, familiar, and they could be open about their gender identity.

“I felt alone, had to leave school, I had no gains, thought my future was spoiled, I didn’t know anyone else like me. Nowadays, I don’t feel that because I met lots of people like me...I gained self-confidence being involved in BDS.”

Advocating for greater transparency and accountability of governments in providing quality and non-discriminatory health care is also a key function of the trans community. Peer-led organisations and CBOs have been critical voices in ensuring the Government of Nepal is upholding its commitments as signatories to international UN conventions and declarations by contributing to United Nations human rights monitoring mechanisms such as the Universal Periodic Review (UPR) and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW).

Given the important role peer-led organisations and CBOs play not only for the trans community but also the national public health responses in combatting HIV, it is essential that they are financially and technically supported to lead the way towards reducing HIV and achieving national targets both in terms of continued advocacy and for trans-affirmative health and social protection system strengthening efforts.

²¹(1) Being trans or not identifying with my sex assigned at birth makes me feel special and unique. (2) I am proud to be of different gender from my sex assigned at birth. (3) If I choose not to disclose my gender identity, I am still proud of who I am. (4) I am comfortable revealing to others my gender identity. (5) I feel part of the community that identifies as trans or of different gender from their sex assigned at birth. (6) I feel connected to this community.

RECOMMENDATIONS

The following recommendations have been framed through the analysis of the data and provide an opportunity for key stakeholders including trans-led organisations, government and the private sector to convene, discuss and develop concrete and tangible steps in moving forward for implementation and integration within existing frameworks. The stigma and discrimination faced by trans people limits their life-long access to education, livelihood, employment options and citizenship, which are drivers of poverty, financial instability and high-risk work choices and increase their risk of contracting HIV.

01 Strengthen Constitutional Provisions for Trans People Under the Law

Practical steps to institutionalise an enabling rights-based environment to enable the full enjoyment of constitutional rights for trans people must be a priority. This includes the right to citizenship, the right to education, the right to safe and fair employment and access to social protections. Nepal has led the development of a constitutional framework for recognising the rights of trans people. Until these rights and provisions are fulfilled and human rights violations are meaningfully addressed and criminalised, the elimination of HIV in Nepal will not become a reality.

STAKEHOLDER	GOVERNMENT OF NEPAL
RECOMMENDATION	National, provincial and district administrative levels must be informed of the law and the operational procedures to facilitate change of gender on all relevant citizenship identification documents. Citizenship documents provide the basis of accessing the national insurance scheme, absence of which limits the options and access to health care for many trans people. Male, Female and Other gender options must be available to trans people, and name change procedures and processes should be made easily accessible and available.
STAKEHOLDER	MINISTRY OF HEALTH
RECOMMENDATION	The government of Nepal should make provision to legislate and allocate budget towards trans people's health, social support, including outreach activities and increased coverage of the national health insurance scheme to alleviate the burden and barriers associated with cost for HIV-related services, general health care, and social services for trans people.

02 End All Forms of Discrimination in Health Care Settings

Perceived stigma and fear of discrimination around one's gender identity remains the greatest cause of delays in accessing health services even when individuals are symptomatic and/or in poor health. Given that in Nepal the majority of HIV services are implemented by the government, intensified efforts are required to ensure that all health care providers are technically knowledgeable, skilled and competent to realistically address the health care needs of trans people, and importantly, that trans people are treated with dignity when accessing services.

STAKEHOLDER	MINISTRY OF HEALTH, HEALTH CARE FACILITIES
RECOMMENDATION	Health facilities must strictly enforce the Public Health Act of 2008, which mandates confidentiality and states patients shall not be discriminated against on the basis of their sexual or gender identity, across all health facilities to enable access to all trans people.
STAKEHOLDER	MINISTRY OF HEALTH, HEALTH CARE FACILITIES
RECOMMENDATION	All STI and HIV related health services (government and private) should be required to undertake inclusion, anti-discrimination, trans-competent and sensitivity training. This training should be provided not only to health care providers but also auxiliary staff and administration staff including in-take staff, receptionists, security guards and cleaners to ensure that, throughout the service delivery cycle, trans people feel safe and are treated with dignity.
STAKEHOLDER	HEALTH CARE FACILITIES
RECOMMENDATION	Non-discriminatory clauses and organisational policies should be developed and implemented to safeguard trans people's rights at health facilities, it should include mechanisms to file complaints and redressal for rights violations.

03 Strengthen Community and Peer-led Trans Groups to Ensure Quality, Transparency and Accountability of Government and Non-Government Health Services

Community and peer-based organisations are the preferred service provider for the trans community. With the majority of external donor funds (GFTAM, PEPFAR) distributed to government services, trans organisations often remain under-resourced to meet the demand in services. A greater distribution of control over resources is required until the government has the capacity to provide comprehensive health care to the trans community. Additionally, community monitoring and accountability of HCPs is essential to ensure that

they are implementing quality, non-discriminatory and accessible HIV and health services to the trans community. Accountability mechanisms such as community monitoring are powerful tools in identifying persistent gaps, finding solutions and improving knowledge, attitudes and quality of service delivery, all of which can contribute to uptake in services and increase long-term health benefits.

STAKEHOLDER GLOBAL FUND, PEPFAR, NATIONAL TRANS ORGANISATIONS
RECOMMENDATION At least 30% of total external HIV donor investments (PEPFAR, GFTAM) with matching funds from government should be directed to funding key population groups including trans-led organisations to provide tangible health and non-health care services including literacy and employment pathway programmes over the life of the grant.

STAKEHOLDER MINISTRY OF HEALTH, NATIONAL TRANS ORGANISATIONS
RECOMMENDATION Establish a formal partnership with the Ministry of Health and key population groups to develop community monitoring framework to define and measure benchmarks of quality of care, access to testing, results and treatment. CBOs should be contracted and financed in the implementation of such programmes.

STAKEHOLDER NATIONAL & REGIONAL TRANS ORGANISATIONS
RECOMMENDATION Locally adapt the APTN's *"Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities"* to support operational and technical guidance for trans organisations on developing minimum standards for trans-competent health care, which includes information on provision of gender-affirming health services such as hormones.

STAKEHOLDER NATIONAL & REGIONAL TRANS ORGANISATIONS
RECOMMENDATION Undertake a national trans-competent and friendly service mapping for government, private sector and CBO-led facilities to increase access and knowledge for trans people to gain quality and stigma-free services.

04 Increase the Number of Trans-competent Health Care Providers Across the Country

The Government of Nepal needs to make greater efforts to ensure government health providers have technical knowledge and standards of care for the trans community in Nepal. Technical knowledge and understanding of trans people's mental and physical health needs can lead to positive health outcomes, reduced stigma and discrimination and barriers to health care.

STAKEHOLDER	MINISTRY OF HEALTH, NATIONAL TRANS ORGANISATIONS, REGIONAL TRANS ORGANISATIONS
RECOMMENDATION	Create linkages to regional and international technical experts on trans health such as World Professional Association for Transgender Health and the Tangerine Clinic, Institute of HIV Research and Innovation (IHRI), Thailand to provide an opportunity for the Government of Nepal to develop national trans competency standards of care, and a framework of action to increase their capacity on trans health issues.
STAKEHOLDER	MINISTRY OF HEALTH, MINISTRY OF EDUCATION, ACADEMIC INSTITUTIONS, NATIONAL TRANS ORGANISATIONS, REGIONAL TRANS ORGANISATIONS
RECOMMENDATION	Develop trans-specific curriculum modules across medical education institutions including medicine, nursing, emergency and psychiatry to increase knowledge and competency of HCPs.

05 Increase the Availability and Quality of HIV *and* Health Services for Trans People

Increased financial and health care capacity investment should be redirected to community and non-government services to deliver the full continuum of care including providing ART and case management to ensure retention for people at risk of and living with HIV. The investment in community-led HTC in 2017 and gradual increase in testing numbers has shown that the community has the capacity and reach to deliver services to their peers. Such programming has the potential to complement formal public health programmes and to support the government of Nepal to achieve their fast track goals, especially in relation to increasing ART initiation and retention as well as monitoring viral load suppression, which is currently lagging.

STAKEHOLDER	MINISTRY OF HEALTH AND EXTERNAL DONORS
RECOMMENDATION	Build the technical capacity of peer-led and community-based trans organisations to provide health service pathways beyond testing to include treatment initiation, retention and case management to achieving the government's HIVision 2020 strategy.
STAKEHOLDER	MINISTRY OF HEALTH, NATIONAL TRANS ORGANISATIONS, HEALTH CARE FACILITIES
RECOMMENDATION	Establish trans-responsive facilities and outreach clinics in partnership with government hospitals and trans organisations located in services where trans people feel safe and respected. Community-based ART services have the potential to increase access, adherence and retention.
STAKEHOLDER	MINISTRY OF HEALTH, NATIONAL TRANS ORGANISATIONS, HEALTH CARE FACILITIES
RECOMMENDATION	Increase the integration of gender-affirming services such as hormone therapy into HIV prevention and treatment services to increase uptake.

06 Increase Access of HIV and Health Services *for* Trans People

The results of this study underscore a critical need for service extension, differentiated services, and varied intervention approaches. The trans community is not a homogenous group. Interventions need to address these differences as well as adapt to changing community trends and service preferences. For example, policies should address low rates of HIV testing among trans men and non-sex workers, and recommend appropriate ways to sensitise trans men to demystify commonly held misconception that precludes them from testing for HIV. Additionally, prohibitive costs including transport to medical services, especially in rural areas, medication and service fees as well as clinic timings need to be addressed to eliminate physical barriers impeding service access. This barrier was a particular impediment for trans people engaging in sex work, which contributed to delays in seeking treatment despite the presence of STI symptoms.

STAKEHOLDER	MINISTRY OF HEALTH, NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	Development of national trans-competent guidelines to ensure greater inclusion of trans people and integration of HIV, STI and gender-affirming service delivery across health facilities and programmes.
STAKEHOLDER	MINISTRY OF HEALTH, HEALTH CARE FACILITIES, AND NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	All STI and HIV-related health services (government and private) should be required to undertake inclusion, anti-discrimination, trans-competency and sensitivity training. This training should be provided not only to health care providers but also auxiliary staff and administration staff including intake staff, receptionists, security guards and cleaners to ensure that throughout the service delivery cycle, trans people feel safe and are treated with dignity.
STAKEHOLDER	NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	Increase health literacy of trans people in terms of access to information on physical, mental and gender related health needs.
STAKEHOLDER	MINISTRY OF HEALTH, GOVERNMENT OF NEPAL, EXTERNAL DONORS & NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	Integrate gender-affirming health care under primary HCPs to increase access and eliminate physical barriers to HIV and gender-affirming health care.
STAKEHOLDER	MINISTRY OF HEALTH, NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	Develop and establish operational guidance at health facility level to provide a gender-affirming environment such as trans-friendly administration forms and access to gender-sensitive bathrooms.

07 Scale Up Mental Health Services for Trans People to Ensure Access and Availability

The data makes evident the high rates of suicidal ideation and poor mental health in trans people starting from a young age. While this area requires further research, the results of the survey highlight that poor mental health is associated with greater risk factors of HIV transmission. Those over the age of 25 are particularly affected and are less likely to access mental health services. However young people grappling with their gender identity during their young years highlight the need for greater youth-based programmes to support mental health resilience. There is currently a dearth of clinical mental health services for the trans community. In lieu of clinical mental health clinicians, counselling training can be provided to peer and community-based organisations as a first measure until a cadre of clinical professionals can be trained to provide trans-competent mental health services.

STAKEHOLDER	NATIONAL & REGIONAL TRANS ORGANISATIONS
RECOMMENDATION	Increase the skills and knowledge of peer and community based organisational staff through training to develop peer-based measures for mitigating mental stress and anxiety and supporting trans people who are experiencing suicidal thoughts.
STAKEHOLDER	ACADEMIC INSTITUTIONS, NATIONAL & REGIONAL TRANS ORGANISATIONS
RECOMMENDATION	Establish tangible/concrete partnerships with the Nepal School of Psychology and the Nepalese Psychological Association and the School of Psychiatry in the University of Kathmandu, for example, to increase their understanding and knowledge of trans-related mental health issues and needs. Build a cadre of psychologists, social workers and mental health clinicians who provide a trans-affirmative approach and client-centred care at subsidised cost.
STAKEHOLDER	YOUTH-FOCUSED ORGANISATIONS (BOTH TRANS-INCLUSIVE AND NON-TRANS INCLUSIVE), NATIONAL TRANS ORGANISATIONS
RECOMMENDATION	Work with and increase the knowledge, capacity and competence of broader youth-focused organisations to integrate young trans people into programming.
STAKEHOLDER	NATIONAL TRANS ORGANISATIONS, REGIONAL TRANS ORGANISATIONS
RECOMMENDATION	Increase community resilience, pride and empowerment through hosting empowerment camps.

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