

Fostering Transgender Leadership to Meet Transgender People's Holistic Needs through the Key Populations Investment Fund

SUCCESS STORY | APRIL 2022

Under EpiC, KPIF funding supported transgender programming in Burma, Cote d'Ivoire, Laos, Malawi, Namibia, Nepal, Nigeria, Philippines, Thailand, and Togo, and resulted in 11,913 transgender people testing for HIV, with 1,498 newly diagnosed with HIV for a case-finding rate of 12.6%, 2,257 currently on ART, and 1,281 achieving viral suppression.

Key Populations Investment Fund

The Key Populations Investment Fund (KPIF) was a global, US\$100 million investment from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) (2019–2021) to increase access to and retention in high-quality HIV prevention and treatment services for key populations (KPs) — men who have sex with men, sex workers, transgender individuals, and people who inject drugs — in sub-Saharan Africa, Southeast Asia, Latin America and the Caribbean, and Ukraine. The goal was to provide funding to KP-led, -trusted, and -competent civil society organizations (CSOs) and build their capacity to use their expertise to the benefit of the KP communities they serve.¹ The Meeting Targets and Maintaining Epidemic Control (EpiC) project led by FHI 360, one of several projects that received KPIF funding, worked with 99 local CSOs across 20 countries to implement KPIF-supported activities. Here we describe how some of those EpiC-supported CSOs leveraged KPIF support to advance their work in transgender programming, a technical priority under KPIF that was advanced by several bilateral projects in addition to central awards such as EpiC.

The Need for Transgender-Focused HIV Programming

Transgender people face human rights violations entrenched in discriminative policies and structural challenges related to gender norms and inequalities. Global data indicate that transgender women are 34 times more likely to be living with HIV than adults in the general population, and transgender sex workers in multiple settings have a higher HIV prevalence than their male or female counterparts.² There is a clear need for action, but historically, transgender people were often excluded as explicit beneficiaries of KP-focused HIV programs; instead, they were conflated with men who have sex with men or not served at all.³ HIV prevention programs that are for and led by transgender people are needed.^{4,5} These should be multilevel interventions that address structural, biomedical, and behavioral risks.⁶

By taking all these factors into consideration, KPIF-supported transgender programming under EpiC has made progress in meeting transgender people's needs and improving their access to HIV services around the world. In total, KPIF supported direct service delivery in FY20–22 that resulted in 11,913 transgender people testing for HIV, with 1,498 newly diagnosed with HIV for a case-finding rate of 12.6%, 2,257 currently on ART, and 1,281 achieving viral suppression in Burma, Cote d'Ivoire, Malawi, Namibia, Nigeria, Thailand, and Togo. In addition, KPIF support

¹ U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Key Populations Investment Fund. Fact sheet. Washington, DC: PEPFAR; 2020. Available from: https://www.state.gov/wp-content/uploads/2020/07/PEPFAR_Key-Populations-Investment-Fund_Fact-Sheet_2020.pdf.

² Joint United Nations Programme on HIV/AIDS. Confronting inequalities: lessons for pandemic responses from 40 years of AIDS (global AIDS update). Geneva: UNAIDS; 2021. Available from: https://www.unaids.org/sites/default/files/media_asset/2021-global-aids-update_en.pdf.

³ National AIDS and STI Control Programme (NASCO). Incorporating HIV programming with transgender persons into the Kenya key populations programme. Key Populations Newsletter (Nairobi, Kenya). 2020 Oct-Apr; p. 5. Available from: https://hivpreventioncoalition.unaids.org/wp-content/uploads/2020/07/NASCO-KP-NewsletterIssue-18_Oct2019-April2020_v2.pdf.

⁴ Centers for Disease Control and Prevention (CDC). HIV and transgender communities. Issue brief April 2019. Atlanta: CDC; 2019. Available from: <https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-transgender-brief.pdf>.

⁵ Center of Excellence for Transgender Health. 8 best practices for HIV prevention among trans people [Internet]. San Francisco: The University of California San Francisco, Department of Medicine; 2021 [cited 2021 Sep 22]. Available from: <https://prevention.ucsf.edu/transhealth/education/8-best-practices>.

⁶ Poteat T, Malik M, Scheim A, et al. HIV prevention among transgender populations: knowledge gaps and evidence for action. Curr HIV/AIDS Rep. 2017;14(4):141–52.

KPIF Key Achievements in Transgender Programming

- Expanded services and technical capacity of transgender-led organizations
- Trained FHI 360 and implementing partner staff on gender and sexual diversity to ensure transgender-competent programming and service provision
- Engaged uniformed law enforcement and provided sensitivity training to help stop harassment of transgender people
- Enhanced legal education and support to transgender community members
- Conducted regional training related to transgender competencies, and community mobilization and community-led monitoring for transgender programs
- Opened first transgender-focused clinic in Burma and one in Kathmandu
- Established a regional network of transgender organizations and service providers in Asia

strengthened transgender programming but did not fund direct service delivery in Laos, Nepal, and Philippines. This KPIF-supported, trans-focused programming also led to opportunities to mobilize transgender communities, empower transgender individuals as community-based providers, and engage with law enforcement and health care providers to reduce rights violations.

Country Case Examples

The following case studies from Kenya, Nigeria, Laos, Nepal, Burma, Philippines, and Thailand demonstrate the importance of KPIF in both direct service provision to transgender people and creating an enabling environment through assistance to transgender-led organizations.

Kenya: Expanded Services, Enhanced Technical Capacity

From 2019 to 2021, Jinsiangu (Swahili for “my gender”) was EpiC’s KPIF grantee in Kenya. With KPIF support, Jinsiangu strengthened its technical and organizational capacity to partner with the Government of Kenya to advance the health and human rights of transgender people and provide services directly to them.

Jinsiangu institutionalized a monitoring and evaluation system for timely reporting of data to the national database, improved organizational management through a mentorship model between EpiC and Jinsiangu, and installed QuickBooks software to automate financial processes. During the COVID-19 pandemic, they strengthened their use of online platforms for meetings and increased the use of mobile phones to reach clients with counseling, coordinate activities, and collect service delivery data.

Jinsiangu successfully engaged with the National AIDS and STIs Control Programme (NASCO) on policy issues and development of first-ever programming guidelines for transgender people. They helped operationalize the guidelines by sensitizing public health care providers to offer services free of stigma and discrimination. This improved referral mechanisms between Jinsiangu and public facilities and increased transgender people’s access to three strategic public health institutions in Nairobi County.

A 24-hour hotline and 15-member crisis response team were formed to address cases of violence against transgender people and assist with incidence mitigation, alternative dispute resolution, education, and referral to services such as mental health care, legal support, sexual and reproductive health, and HIV and STI screening and treatment. Mental health services were enhanced with a peer-to-peer support system for less critical cases via social platforms such as WhatsApp chat and groups. A mental health counselor was hired to provide routine psychosocial services including formation and follow-up of monthly support groups.

As a result of increased human rights awareness, more transgender people are coming forward to report abuses and are being linked to post-violence care. Between October 2019 and July 2020, 66 cases of gender-based violence (GBV) were reported to Jinsiangu, and 38 individuals were provided with counseling and other services. For the same period a year later, 118 cases were reported, with 115 receiving services. Post-KPIF support, Jinsiangu continues to act upon cases of reported GBV using the skills learned and network developed with KPIF funding.



Sensitization training in Kenya facilitated by Jinsiangu, a trans-led partner of EpiC

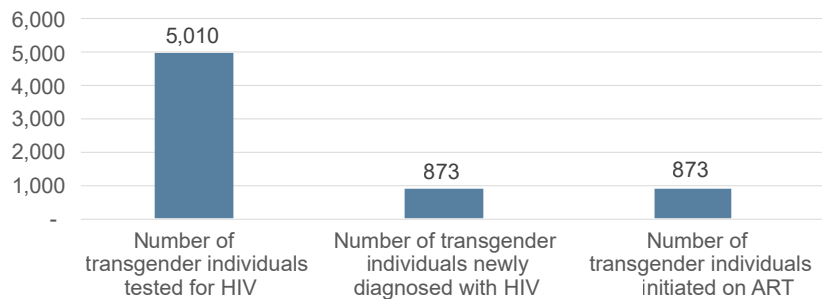
Photo credit: Jinsiangu

Nigeria: Expanded Opportunities for Leadership, Increased Safe Space

When EpiC Nigeria began planning the KPIF-supported transgender programming in 2019, they consulted with transgender people and those working closely with the transgender community to identify organizations and individuals who could help meet the transgender community's needs. As the existing transgender-led organizations were still in nascent stages and unable to receive direct funding, the Dynamic Initiative for Health Care and Human Rights (DIHHR) merged with the Initiative for Advancement for Humanity (IAH), an organization that had traditionally focused on men who have sex with men. In states without existing transgender-led organizations, transgender individuals were employed by organizations that had traditionally focused on men who have sex with men.

All FHI 360 Nigeria staff and implementing partners were trained on gender and sexual diversity as part of KPIF-supported capacity-building efforts. If a transgender person was not available to offer a specific service, clients were guaranteed the opportunity to interact with someone who understood their concerns and offered friendly care. At the same time, the program kept an open dialogue regarding the needs of transgender people and men who have sex with men. For example, program leadership made sure that the two groups felt comfortable sharing the two KPIF-supported one-stop shops (one in Niger and another in Bayelsa) instead of assuming that their issues and interests were the same. From September 2019 through December 2021, 5,010 transgender individuals were tested for HIV through the program, 873 of whom were newly diagnosed with HIV as well as initiated on antiretroviral therapy (Figure 1).

Figure 1. Transgender individuals tested, newly diagnosed, and initiated on treatment in Niger and Bayelsa States, Nigeria (September 2019–December 2021)



The program also addressed structural issues faced by transgender people beyond the health care setting. Small grants from KPIF were provided to three local CSOs — Community Health Initiative for Youth in Nigeria (CHIYN), Initiative for the Advancement of Humanity (IAH), and Passion and Concern for Women Welfare Empowerment Initiative (PACCOWWEI) — to engage uniformed law enforcement and provide sensitivity training to help stop harassment. Support from KPIF complemented private partner support to extend wraparound services such as safe spaces and economic empowerment. As a result, 35 transgender people were provided with safe space in Niger State, and 20 transgender people received training on business skills. Eight of these individuals have gone on to be self-employed as tailors, soap makers, and other small traders.



Transgender community members in Niger state, Nigeria

Photo credit: EpiC Nigeria

Asia Region: Expanded Training, Increased Capacity

From 2019 to 2021, KPIF regional funds were used to transfer Thailand's significant experience in transgender service provision to other countries in the region, including Burma, Laos, the Philippines, and Nepal. Partners included Institute of HIV Research and Innovation (IHRI), Service Workers In Group (SWING), Asia Pacific Transgender Network (APTN), and Asia Pacific Coalition on Male Sexual Health (APCOM). APCOM and APTN are the leading network organizations for men who have sex with men and transgender people in the region. IHRI is respected throughout the region for innovations in KP programming and the transgender-focused Tangerine Clinic.

Major KPIF-supported activities in the region included the development and implementation of regional training packages for providers related to transgender competencies, such as IHRI's development of the [Thai Handbook of Transgender Healthcare Services](#) and [Trans Health 101](#), an online self-learning course. The areas of capacity building in these packages included competencies in service provision for clients, hormonal monitoring (a service that brings new transgender people into HIV services), and campaign development for the uptake of pre-exposure prophylaxis (PrEP). Hormonal monitoring, in particular, is a key example of a service that an increasing number of clinics globally are offering to their transgender clients since it is

highly valued and an important component of holistic care. All of these capacity areas have been developed through IHRI's hands-on experience and expertise honed by more than five years of implementation at their Tangerine Clinic, the first trans-specific clinic in Asia. Community mobilization and community-led monitoring for transgender programs were also introduced by the Asia Pacific Transgender Network (APTN) in numerous countries.

IHRI provided capacity building to Lan Pya Kyal (LPK), a nongovernmental organization (NGO) in Burma with significant KP leadership, to establish the first transgender-led clinic in Yangon, Ma Baydar, which opened in January 2021. Sixty people affiliated with the clinic were trained in transgender programming. Although the military coup and simultaneous COVID-19 pandemic disrupted services, the clinic tested 318 transgender women in FY21, with an HIV case-finding rate of 15.7 percent. This was

accomplished through a strong community and online cadre of transgender women who worked tirelessly to accompany clients to the clinic and who maintained service provision even when other clinics closed.

IHRI also provided support in the Philippines on both local partners' efforts to increase demand for PrEP among transgender clients and to counsel on and monitor hormone replacement therapy. As a result of this support, subgrantee Regional TB-HIV Support Network (RTHSN) was able to make significant inroads, reaching and testing more transgender people.

IHRI was also pivotal in strengthening a transgender-friendly clinic in Kathmandu, Nepal, through KPIF-supported capacity building by EpiC. This clinic, along with 18 other clinics supported by EpiC, was part of a Nepalese PrEP demand-generation campaign that is a component of the new national PrEP program recently launched in Nepal. Following the initiation of demand generation, PrEP use increased by 42 percent from October 2020 to March 2021, including among transgender clients. During that period, 419 transgender clients were screened and determined eligible for PrEP, of whom 406 initiated PrEP. IHRI supported the dissemination of PrEP, framing messages focused on positive outcomes and benefits and PrEP promotion using the online reservation application. In Nepal, IHRI also conducted training for KP-led and KP-competent local organizations on linking clients to PrEP. Of the 1,931 individuals screened and determined eligible in FY21, 1,869 (96.8 percent) were initiated and 1,878 are receiving PrEP. Transgender clients had an initiation rate of 95.7 percent.



KPIF-funded PrEP initiation services in Laos

Photo credit: EpiC Laos

IHRI organized capacity building and mentoring webinars with more than 25 government groups and NGOs in Laos, including the Ministry of Health (MOH), hospitals, and the Community Health and Inclusion Association (CHIA), on improving interventions for transgender people. Based on their expertise and capacity building related to PrEP rollout in Thailand, IHRI simultaneously worked with these same institutions in Laos helping them establish the country's first PrEP program and building competencies in PrEP administration, adherence, and promotion, including for transgender people.

Lessons Learned and Recommendations

Having funding and programmatic targets specific to transgender people in place and offering comprehensive transgender-competent services creates huge potential for gains in HIV service uptake among transgender people. Transgender organizations that receive support not only provide services to their communities, but they can also engage government and other stakeholders in creating an enabling environment for programming. Over time, these organizations are best placed to provide technical assistance across borders, including through forming regional networks that can sustainably provide space for needed advocacy and policy change efforts to remove obstacles — such as stigma, discrimination, and violence — to transgender people's health and well-being.

Recommendations to continue to expand quality HIV prevention care and treatment to transgender people, create an enabling environment that allows trans individuals to access these services, and protect and promote the human rights of transgender people from KPIF-supported programming include:

- Continue to grow the knowledge base on what works in transgender programming and strengthen the local capacity of trans-led organizations, including by investing in country and regional networks and technical assistance exchange. For example, KPIF leveraged capacity built through prior years' investment in trans-led service delivery in Thailand and was able to facilitate the sharing of that knowledge and capacity across new networks and countries.
- Partner directly with transgender-led organizations, building capacity as needed, for HIV service delivery, economic empowerment and skills building, and movements that promote human rights for transgender people.
- Support transgender community leaders to partner with and train clinicians to deliver trans-competent clinical services, including the provision of PrEP, and improve the monitoring of progress toward trans-inclusive care.
- Offer holistic services, including gender-affirming care (and particularly gender-affirming hormonal therapy per [COP 22 guidance](#)), and violence response services, to ensure that HIV services meet transgender people's priority needs and lead to increased service uptake by trans people.
- Work with a broad range of stakeholders, including law enforcement and government, to address structural issues that affect the health and well-being of transgender individuals.
- Continue to advocate for funding and targets specific to transgender programming.

The EpiC project is committed to leveraging and expanding the capacity built through KPIF among trans-led and trans-serving organizations. EpiC will continue to work with regional and local partners to advocate for community-led and holistic service delivery that simultaneously advances epidemic control and promotes the human rights of communities facing a disproportionate burden of HIV and human rights violations.

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