

# TRANS RESILIENCE REPORT

*Stories of Hope, Pain, and Survival from the  
Trans Movement During the COVID-19  
Pandemic*



**aptn**

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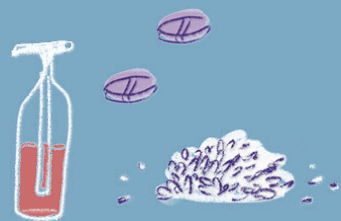
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# CONTENTS

## ACRONYMS

6



## A NOTE FROM THE ED

8



## INTRODUCTION

10

## FINDINGS AT A GLANCE

14



## INTEGRATING COVID-19 RESPONSES INTO OUR STRATEGIC FRAMEWORK

18

### Our Process

22



## THE IMPACT OF THE COVID-19 PANDEMIC ON TRANS COMMUNITIES IN ASIA AND THE PACIFIC REGION

30



### Restricting Advocacy and Trans People Organising

32



### Human Rights Violations Associated with Curfew, Lockdown and Movement Restrictions

34

### Loss of Income and Exclusion from Social Protection Schemes

36

### Limiting Access to Health Care

41



### Impact on Mental Health

43

### Impact on Gender-Affirming Health Care

45



## BUILDING SUSTAINABLE TRANS-LED ORGANISATIONS

47

### Strengthening Collaborations and Partnerships

52

### Building Skills and Establishing Online Movements and Organising

54

### Advancing the Capacities of Trans Organisations to Serve their Communities

56

## A YEAR IN REVIEW

59

### Advocacy

60

### Leadership Building

62

### Health

64

### Strategic Information

66

### Relief Support to Partners and Communities

68

## RECOMMENDATIONS FOR ACTIONS TO ADDRESS THE IMPACT OF COVID-19 ON TRANS AND GENDER DIVERSE COMMUNITIES:

76

### To National and Local Governments

77

### To the National Human Rights Institutions (NHRIs) and the UN Human Rights Bodies

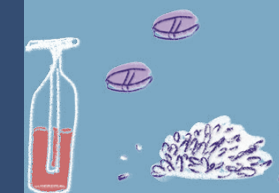
79

### To Local, Regional and Global Human Rights Movements

79

### To Donors/Funding Agencies

80





# ACRONYMS

<b>AIDS</b>	<b>Acquired Immuno-Deficiency Syndrome</b>	<b>IPC</b>	<b>Infection Prevention Control</b>
<b>APTN</b>	<b>Asia Pacific Transgender Network</b>	<b>LGBTIQA</b>	<b>Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual</b>
<b>ARV</b>	<b>Antiretroviral</b>	<b>NHRI</b>	<b>National Human Rights Institutions</b>
<b>ASHM</b>	<b>Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine</b>	<b>PLHIV</b>	<b>People Living With HIV</b>
<b>CSO</b>	<b>Civil Society Organisations</b>	<b>PPE</b>	<b>Personal Protective Equipment</b>
<b>GWL-INA</b>	<b>Jaringan Gaya Warna Lentera Indonesia</b>	<b>PNG</b>	<b>Papua New Guinea</b>
<b>GNC</b>	<b>Gender Non-Conforming</b>	<b>SOGIESC</b>	<b>Sexual Orientation, Gender Identity, Expression, Sex Characteristics</b>
<b>Hetura NCD</b>	<b>Hetura National Capital District</b>	<b>Thai TGA</b>	<b>The Foundation of Transgender Alliance for Human Rights</b>
<b>HIV</b>	<b>Human Immunodeficiency Virus</b>	<b>UN</b>	<b>United Nations</b>
<b>HoK</b>	<b>Haus of Khameleon</b>	<b>UNDP</b>	<b>United Nations Development Program</b>
<b>HOPE</b>	<b>Have Only Positive Expectations</b>	<b>UNAIDS</b>	<b>Joint United Nations Programme on HIV/AIDS</b>
<b>IHRI</b>	<b>Institute of HIV Research and Innovation</b>	<b>WHO</b>	<b>World Health Organisation</b>
<b>ILGA</b>	<b>International Lesbian, Gay, Bisexual, Trans and Intersex Association</b>		



# NOTE FROM THE ED

**"This has been the first 'emergency' situation that we have worked in. And our very first experience of a crisis at the scale of a community. The inequalities within our communities have never been more sharply visible. The collective grief, despite which we have had to go on delivering the project, without the possibility of mental health support, has also been a first. Witnessing 'human survival', so close to home, has been an absolute first."**

**- Sampoorna, India**

When we wrapped up our Annual Governance Meeting in December 2019, we had no idea we would be in the midst of a global pandemic that would change the face of our work and how we did it. Flight cancellations, restrictions of movement, and border closures have made it difficult for APTN and our partners to reach those most in need. This public health emergency has not only exacerbated anxiety and fear about the virus, it has led to various forms of social stigma, discrimination and exclusion. As you will read in the report, trans communities have been excluded from health and social protection policies and programmes and further, we have heard reports from our partners on the ground of the public accusing trans people for being vectors of the virus. Yet, our community fights and resists these ungrounded claims, to focus instead on stepping up to provide emergency support to trans people who are greatly affected by the pandemic.

COVID-19 has created an existential threat to many trans groups and organisations in our region; there is a constant fear that they will lose funding and will eventually have to shut down their organisations. Some were forced to close their centres and stop their activities, including vital service provisions and medications to people living with HIV. Yet others have found creative ways to assist their communities, offer connections to support against isolation, and volunteer to support trans and gender diverse people, especially those unable to work due to the COVID-19 health measures and restrictions. While efforts have been made to support local groups, we are just as mindful there is still a lot more we need to do.

This unstoppable chain of events tested and taught us about the role we hold as a regional network in this ecosystem. We learnt a lot, for example, that we are agile and adaptable to meet the needs of the community. We also learnt that our governance structures and strategic priorities are well aligned to the needs of our community which enabled us to pivot funds and adapt programmes to integrate COVID responsive interventions into our existing work. This pandemic has also taught us that using a traditional operating model is no longer sustainable, and that we need to readjust to a much more uncertain operating environment.

We express our gratitude to the funders and donors who have unconventionally reached out asking how they can best support us and who we served at this time; Rebecca Fox, Wellspring Philanthropic Fund (WPF), Nathaniel Miller, Robert Carr Fund (RCF), Michael Heflin, Shirley Ku and Esther Lee, Open Society Foundation (OSF), Jessica Huber, Global Equality Fund (GEF), Eamon Murphy, Stuart Watson, Michela Polesana, UNAIDS, and funds from Aidsfonds COVID-19 Response Fund (CRF), Women's Fund Asia (WFA), Global Fund - Key Population Research and Advocacy (KPRA) that contributed to the APTN Community Support Fund.

I am humbled and inspired by the way our organization has risen to this challenge - with flexibility, resilience, courage – and a caring heart. I thank my colleagues -- Raine Cortes, Christopher Khor, Patcharin Nadum, Apimon Nitipisanon, Jas Pham, Samreen Shahbaz, Kanokporn Sangkavichitr, and Cole Young whose commitment and discipline were critical when the pandemic hit, and continue to be, as we forge ahead to serve our people and our communities. We also sincerely thank our governing board members, Hua Boonyapisompan, Phylesha Brown-Acton, Thitiyanun Nakpor, Chamindra Weerawardhana and, Mitch Yusof, who supported the decisions to quickly re-direct support to those impacted by the crisis.

On a personal note, along with everyone else at APTN, I am working hard to cope with this pandemic. I am an APTN colleague, but also a son, a brother, and a partner. At times like these, the worry list can be long for all of us, there are no exceptions. But I know we will get through this. Over the decades in the movement, we have seen – and mastered – many challenging moments. I am convinced that we will overcome this one too.

We wish all of us more power, hope and solidarity. We are resilient.

*With gratitude,*

*Joe Wong*

Joe Wong  
Executive Director





# INTRODUCTION

On the 11th of March 2020 the World Health Organisation (WHO) announced the COVID-19 outbreak as a pandemic. We knew that this would have wide ranging impacts on the lives of people in the trans and gender diverse community and the critical work they do across Asia and the Pacific region. The COVID-19 pandemic has starkly revealed the vast social, economic and health disparities experienced by trans and gender diverse communities even further. Trans people often delay or avoid seeking healthcare due to negative experiences of stigma and discrimination from health care providers. When they do seek healthcare, they report experiences of disrespect, lack of privacy and confidentiality and in many cases outright refusal of care. Additionally, trans people are experiencing increased difficulties getting access to hormones and gender-affirmative health care. The trauma for many trans people associated with the increasing difficulties of accessing gender-affirmative health care such as hormones and experiencing the physical side effects of stopping their medical transition is having an overwhelmingly negative effect on their mental health. Due to the high rates of HIV and other underlying chronic health conditions in our community, trans people are vulnerable to exposure and risk of COVID-19 infection.

Unfortunately, social isolation is not new to transgender people, many have been rejected and excluded from their families, religious groups and communities, however pre-COVID-19 they were able seek social and emotional support from their peers and trans organisations. Physical distancing measures and lockdowns due to COVID-19 now prevent trans and gender diverse communities from accessing these vital resources to sustain their mental health and social support.

The lack of legal gender recognition laws across the region highlighted the exclusion and rejection of our community from essential government social protection schemes aimed to alleviate hardship. Trans individuals and communities reported exclusion from services due to the incongruence of identity documents and physical presentation. Trans families were not recognised by the state, limiting access to conventional family-based government subsidies and relief programmes.

Stigma and discrimination also have a profound impact on the availability of formal employment opportunities. This means that trans people are often forced to work in high risk and insecure informal economies, such as sex work, entertainment and begging. In some countries, informal sector jobs like are sex work are criminalised, trans people in public spaces are often met with violence or encounters with law enforcers and charged with violating laws such as 'crossdressing', loitering, and public nuisance, impacting on trans people's safety.

Our data and consultations revealed that during this time of COVID-19, for many of our community, those that are still working cannot afford to stop and socially isolate, and those who continue to work are at great risk of COVID-19 infection. Many in our community are often the sole income earner in their family, supporting their parents, siblings, children and their community. Financial vulnerabilities and wealth inequalities have impacted their ability to keep themselves protected from COVID-19, with many unable to afford to panic buy and stock up on emergency supplies, further impacted by price hikes due to increased demand.

It is clearer now more than ever that an urgent shift is essential to prioritise investment in free, accessible and trans-inclusive public healthcare and social protection. It is long overdue for governments and public institutions to recognise and prioritize the experiences and needs of those on the margins of society to ensure all under their duty of care have access to quality and stigma free social protection and healthcare systems and infrastructure.



<sup>1</sup> Fisk, Kylie, and Jack Byrne. The Cost of Stigma: Understanding and Addressing Health Implications of Transphobia and Discrimination on Transgender and Gender Diverse People. Evidence from a Trans-Led Research in Indonesia, Nepal, Thailand, and Vietnam. Bangkok: Asia Pacific Transgender Network (APTNet), 2020.

THE TIME IS NOW.





# FINDINGS AT A GLANCE



**14** countries in the asia pacific region

**22** organisations



USD  
**110,109**

Of the **2,313** number of people who were supported under the grants

The mean age was **33**, the range of age was from **17-81** years old.



**58%** (n=1345) identified as trans feminine / trans women.

**20%** (n=452) identified as third gender or hijra.



**15%** (n=335) identified as trans masculine/ trans man

**8%** (n=181) identified as other, including, lesbian, bisexual, gay, queer, men who have sex with men (MSM) and gender-non conforming and cultural terms including Leiti, Fa'afafine, Fakatagata, Koti, Palopa and Mouga.<sup>2</sup>



<sup>2</sup> Leiti (Tonga), Palopa (PNG), Fa'afafine (Samoa), Koti (Nepal and India), are cultural and locally defined terms referring to trans women and trans feminine people. Fakatagata is a cultural term used in Tonga, that refers to trans men or trans masculine people. Mouga is a local term from the Terai region of Nepal referring to those who identify as neither male, female, or both.

**81%** (n=1883) of people had reported reduced income, job loss and/or were forced to go on unpaid leave



**45%** (n=1049) people reported as not having access to basic necessities (hygiene kit, hormones, food, shelter, PPE) as a result of COVID-19



**33%** (n= 756) reported being the main provider of the household because of COVID-19 due to reduction in overall family income.



**10%** (n=230) reported experiencing depression and/or anxiety as a result of COVID-19

**3%** (n=61) of people reported becoming homeless due to COVID-19.



**63%** (n=1449) of respondents stated that the support from this grant was the only support they had received at the time.



Of the **35%** (n=808) who had received support from other organisations:

They include overwhelmingly trans-led or LGBTI organisation **25%** (n=573).



**11%** (n=252) were able to avail social protection benefits and support from government agencies, however the numbers remain far too low.



Other sources of support came from:



**3%** (n=69) community-based organisations



**3%** (n=68) non-government organisations



**2%** (n=51) friends and family



**2%** (n=40) religious groups and organisations



**2%** (n=41) private businesses

# INTEGRATING COVID-19 RESPONSES INTO OUR STRATEGIC FRAMEWORK

Over the last ten months we have been working alongside our country partners and trans focal points in the region to closely monitor the evolving situation presented by COVID-19. An already disproportionately marginalised community, our partner organisations, focal points and community members have shared with us how the effects of COVID-19 have intensified social isolation and exclusion, stigma and discrimination, reduced access to health care especially gender-affirming care (GAC) and further impacted financial and employment insecurity.

Through our online rapid assessment<sup>3</sup> and partner interviews of the experiences of trans and gender diverse people and organisations conducted between March to May we collected information from across Asia and the Pacific region to gain a greater understanding of the impact of COVID-19. The rapid assessment survey<sup>4</sup> was undertaken by 133 respondents from 42 countries, of which 100 were from 17 countries in Asia and the Pacific. During the partner interviews, APTN Secretariat connected with 12 partner organisations across 10 countries to understand the effects of COVID on their communities and what support they required to sustain the important work their organisations are doing.

<sup>3</sup> <https://weareaptn.org/covid-19-rapid-assessment-findings/>

<sup>4</sup> The rapid assessment survey received responses from 133 respondents from 42 countries around the world, 100 of these respondents were from 17 countries across the Asia Pacific region.



Findings included how emerging national public health policies and COVID-19 related restrictions and measures, including physical distancing and lockdowns, have affected their lives and work at the grassroots level. Based on these findings and building on our Standing Up for Trans Rights Strategic Plan 2018-2020, APTN integrated COVID-19 responsive mechanisms to ensure our ongoing strategies and interventions responded to the experiences and needs of trans people stemming from the COVID-19 pandemic and maximising the effectiveness of our response.





Based on these findings and building on our **Standing Up for Trans Rights Strategic Plan 2018-2020**, APTN integrated COVID-19 responsive mechanisms to ensure our ongoing strategies and interventions responded to the experiences and needs of trans people stemming from the COVID-19 pandemic and maximising the effectiveness of our response. Most importantly, the COVID-19 Response Framework aims to bear witness to the ongoing detrimental impacts experienced by the transgender community through ongoing monitoring of human rights gains and violations, amplifying the needs of our community to policy makers and governments, and continuing advocacy for broader change. The framework focused on five key areas:

**1. Advocacy:** Increased monitoring of developments around regressive stances on existing human rights gains and document human rights violations, including violation of civil liberties through authoritative policies.

**2. Leadership building:** Increased capacity strengthening in the areas of campaigning, advocacy, and the human rights mechanism through a series of online leadership programmes

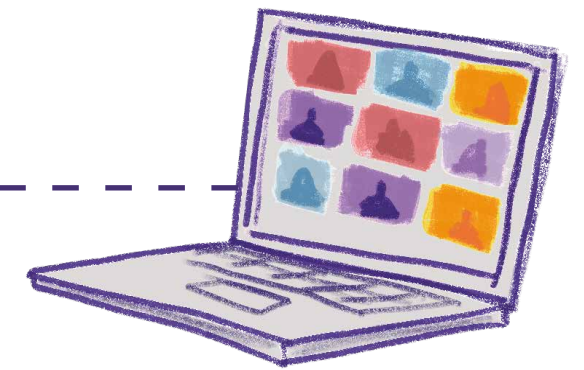
**3. Health:** Guide peer providers and healthcare providers on the provision of care to trans people remotely and mapping on/offline health providers providing assistance at this time through a series of health interventions.



**4. Strategic information:** Increase access to contextualised, relevant, timely and accurate information on health and COVID-19 in local languages for trans and gender diverse communities in 14 countries

**5. Emergency Relief Support to Partners and Communities:** Provide small grants to partners in prioritised countries to support their work and emergency relief support to trans communities whose livelihoods have been severely affected by COVID-19 related measures.

With the generosity and the flexibility of our current and new donors, we were able to pivot and redirect our existing and new funding to establish a COVID-19 Community Support Fund. This fund facilitated two streams of grant support to provide relief to trans individuals, groups and organisations impacted by COVID-19.

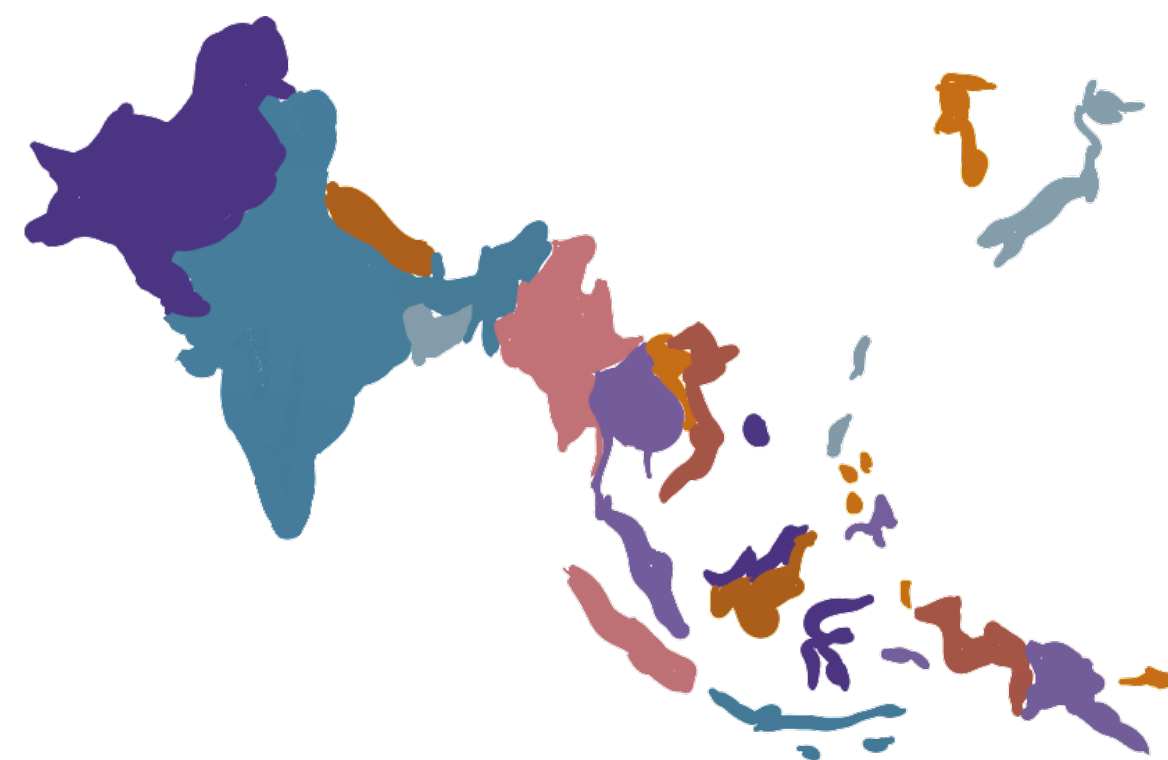


## OUR PROCESS

The need was great, and the resources were limited. We spent time deliberating and reflecting with our Thai Board, Regional Steering Committee, technical partners, funders and allies to make difficult and strategic decisions around how and who we could facilitate grants to. The process was challenging but in the end our decisions were determined by selecting our country partner and groups that had the least access to mobilise external funding, to ensure that no one was left behind. Further, the Partner Needs Assessment enabled APTN to understand our communities existing situation and needs which led to the development of the COVID-19 Response Framework. This helped us to know the what and how to respond to the emerging and upcoming issues our community was to contend with.

APTN was able to pivot existing funds and generate new funding to support grants, totaling USD \$110,109. Grants to current and past partners were between USD \$3500- \$9,200. This also included funding Community Focal Points in countries where there has been a continuous expressed need to gather information, monitor the human rights situation of the trans community, document trans people's experiences of the COVID-19 Pandemic and translate critical information into local languages. For individuals, groups and organisations that were not eligible to apply, we directed to other relevant grants, funds and appeals.<sup>5</sup>

We reached out to our past and present partners as well as nascent and emerging trans led organisations to discuss their funding needs in supporting their community. Emerging organisations were selected based on need in the country and capacity to deliver support. These were new partnerships for APTN. Through this process we received a total of 22 proposals for funding from trans-led and trans-inclusive organisations and groups across 14 countries in Asia and the Pacific region.

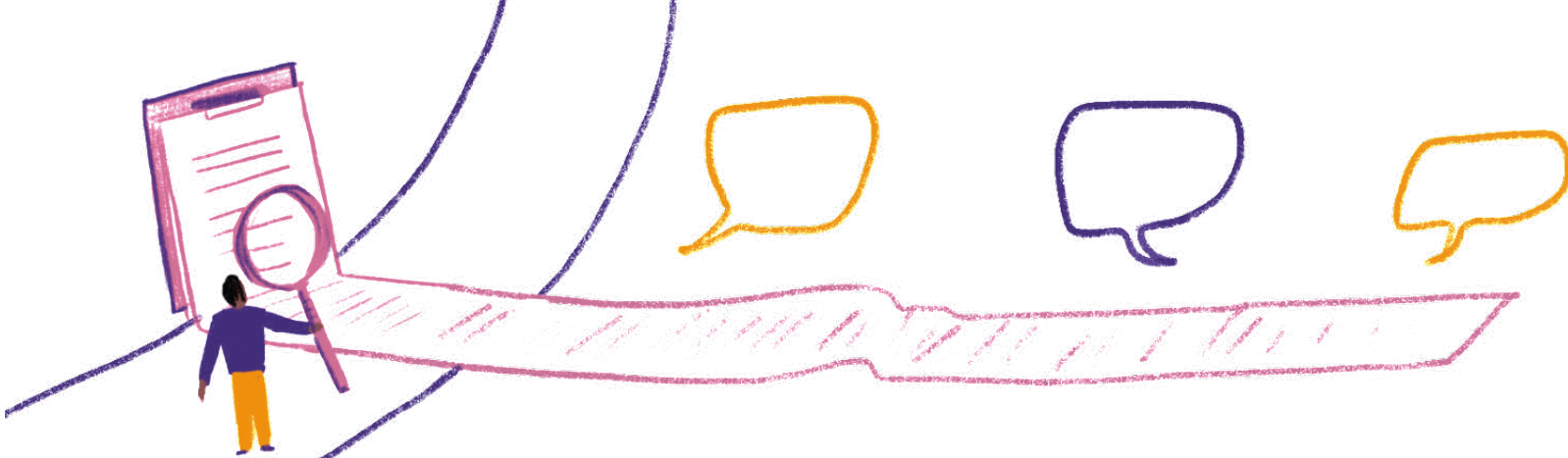


**In total, 22 organisations and groups and 18 individual country focal points received funds enabling them to support 2313 individuals across Asia and the Pacific region to access essential supplies including food and PPE, financial assistance and social and mental health relief support.**

<sup>5</sup> These included for example, Women's Fund Asia, Outright International, International Trans Fund, Frontline AIDS, Youth LEAD and International Lesbian, Gay, Bisexual, Trans and Intersex Association, Asia (ILGA Asia).







We were highly cognisant of the additional strain that reporting during an emergency response can create for our organisations, especially nascent, under resourced, and loosely organised groups. However, we have learnt over decades of establishing and sustaining our movement that high quality, accurate data which speaks to and highlights the needs and experiences of our community is a critical step for inclusion and increasing resources. More importantly, we know documentation is essential in ensuring lessons are learnt and built upon by future generations. In response to this and to alleviate additional burdens we engaged paid focal points in each country to coordinate reporting across partner organisations, monitor and locally distribute strategic COVID-19 related information in local languages, and document policy and law changes affecting trans people during this time.

We used a mix of monitoring and reporting methods to ensure we had accurate data to increase our understanding of the context for trans communities to develop an effective and relevant response.



### 1. Quantitative Data Collection (KoBo Tool-box):

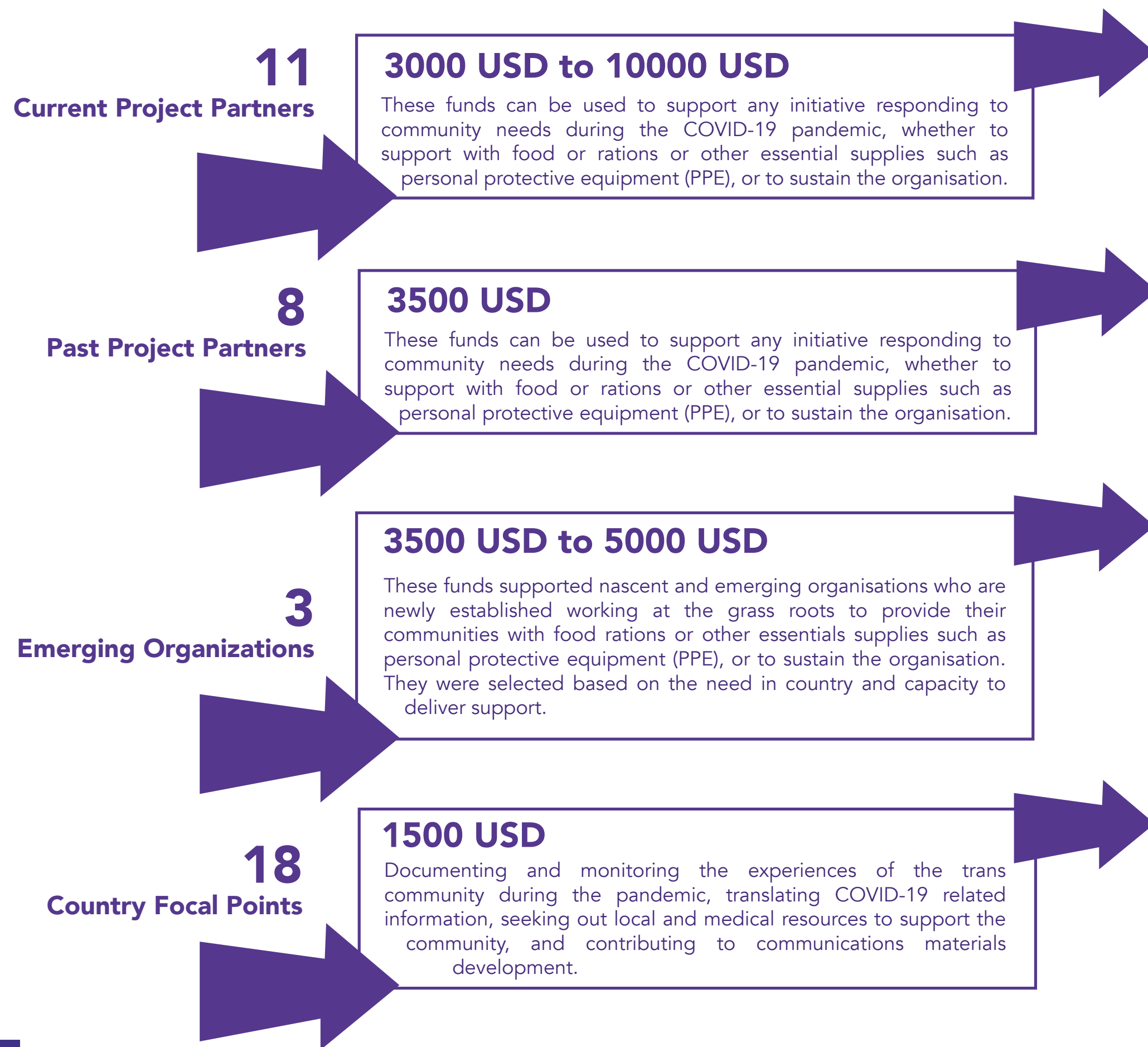
During the implementation of grants, we requested partners to implement a short survey to understand the reach of our partners and ongoing health, financial, legal and social protection needs of the community. This also supported APTN to better understand the diversity of people in need and who our partners supported, for example, beyond the trans community we were also able to support lesbians, gay men and men who have sex with men, as well as the non-trans family members of our transgender community. We provided trainings to all partner organisations on how to use the tool

### 2. Qualitative Data Collection (Stories from the Streets):

Captured the lived experiences of the community enabling us to gain a better understanding of their needs, and further interventions required. These storytellers highlighted the resilience and adaptability of our community to find solutions, organise and support each other.

**3. End-of-Project Report:** The end-of-project reporting provided essential information on the impact of the grants for the community, it was also an opportunity for APTN to increase our understanding of the emerging organisational needs that partners required in order to scale up their support. This included for example, to increase knowledge and skills in providing peer mental health counselling, emergency case management and mobilising communities and movement building for advocacy. In order to reduce the burden of reporting on our partners, APTN secretariat supported each organisation's focal point in drafting their end of project report and gathering information through project update calls throughout the grant period





## Reporting Mechanisms



**Quantative Data Collection: Kobo Toolbox**



**Qualitative Data Collection: Stories from the Streets**



**End of Programme Report**

# COMMUNITY LED RESEARCH: USING THE KOBO TOOLBOX<sup>6</sup>

In May 2020 APTN developed a rapid survey tool to understand who was accessing support, who might still be missing out and what the current and emerging needs for the community are during this time. We used KoBo toolbox, an open source suite of tools for data collection and analysis used in humanitarian emergencies and other challenging environments, to capture information on beneficiaries of the grants. Its intrinsic design made it easy to use. It can be used online and offline and has the capability to translate surveys into many different languages.

We developed a short questionnaire<sup>7</sup> with seven questions to collect information on demographics; such as age, gender identity and sexual orientation, support required and received from partners, the COVID-19 related reasons the support was required and if they were able to seek protection support and services from any other organisation, other than the project partner. APTN translated the English survey into 8 different languages.<sup>8</sup> We provided three online trainings to 22 organisations. Following the deployment of the survey we received 2313 submissions. For many of our partners this was a new tool and while there were some challenges, partners were able to use the data to inform their own understanding of the communities they serve as well as use the data for advocacy.

"Overall, it was a great tool and the same tools we're using such as the google forms, but the plus point is that this kobo tool can still work offline. Aside from referencing this data for our future project proposals, we can also use these survey results in engaging local governments, for example, we were able to use our data on trans men data to Manila City Hall Officials"

- LakanBini, Philippines

"The KOBO tool was very useful, portable and more importantly user friendly, we did interviews in selected spaces in which we were not comfortable but the KOBO tool in mobile phone used for collecting the data was essential and saved a lot of time."

- Hetura NCD, PNG

"We would, but please be mindful of the time and energy that it would take for activists to involve in training, providing small honorarium would be important."

- JTID, Indonesia

"We also felt that Kobo is a great tool for us to also keep a track of our growing communities and the demographics that we need to focus on most. Only complaint from our end would be that we are unable to see the submitted forms and that can cause technical issues. We would love to get more training on community led research principles."

- Samabhabona, India

Trans people have often been left out of humanitarian and emergency response. Lack of data on the impact of pandemics, emergencies and disasters on the trans community has contributed to the limitations in accessing and participating in national relief and recovery programs. Collecting quantitative data on the experiences of trans people during the COVID-19 pandemic enabled APTN to increase our ability to capture reliable information on the critical needs of our community and supported us, our partners and donors, to respond more effectively. Most importantly, it provided an opportunity for national trans organisations to build their capacity in utilising data to design programmes and advocacy interventions for their own community and seek external financial resources. Research on trans populations has often been conducted by the 'other's such as social researchers, academics and public health officials for example. While trans populations are studied and analysed, outcomes don't always meet the complex and multifaceted needs of the trans community and are at times reduced into simplistic silos.

Our communities are experts and powerful navigators of affecting change. Data and studies have shown that research that centers trans people's expertise and knowledge yields positive outcomes when decisions about us are made by us. Consistent with our community principles of "Nothing about us without us" this process continues to strengthen our capacity in utilising research methodologies and data to collect information for evidence-based advocacy, to increase access to funding and promote quality and trans-inclusive and competent services.

<sup>6</sup> [www.kobotoolbox.org](http://www.kobotoolbox.org)

<sup>7</sup> <https://ee.kobotoolbox.org/x/oSgNvp9s>

<sup>8</sup> Bahasa, Bengali, Hindi, Malay, Nepali, Sinhala, Thai, Urdu





THE **IMPACT** OF THE  
COVID-19 PANDEMIC ON  
TRANS COMMUNITIES IN  
ASIA AND THE PACIFIC  
REGION



# RESTRICTING ADVOCACY AND TRANS PEOPLE ORGANISING

Startling reports were sent in by our partners of governments using the COVID-19 pandemic as a way to further stifle and limit the rights of transgender people. Our partner GWL-INA in Indonesia reported that the Government of Indonesia was using lockdown and limited movement restrictions to attempt to force through new criminal codes restricting access to sexual and reproductive health care, expanding punitive laws limiting freedoms and sexual rights of LGBTI people and expanding blasphemy laws. These laws, if passed, will further violate the rights of women, religious minorities, and lesbian, gay, bisexual, and transgender people, as well as freedom of speech and association.

**"There is a current bill that contains articles that will violate the rights of women, religious minorities, and lesbian, gay, bisexual, and transgender people, as well as freedom of speech and association. At this time of COVID-19, parliamentarians are secretly pushing for this bill to be discussed and approved given that demonstrations and/or rallies are not allowed."**

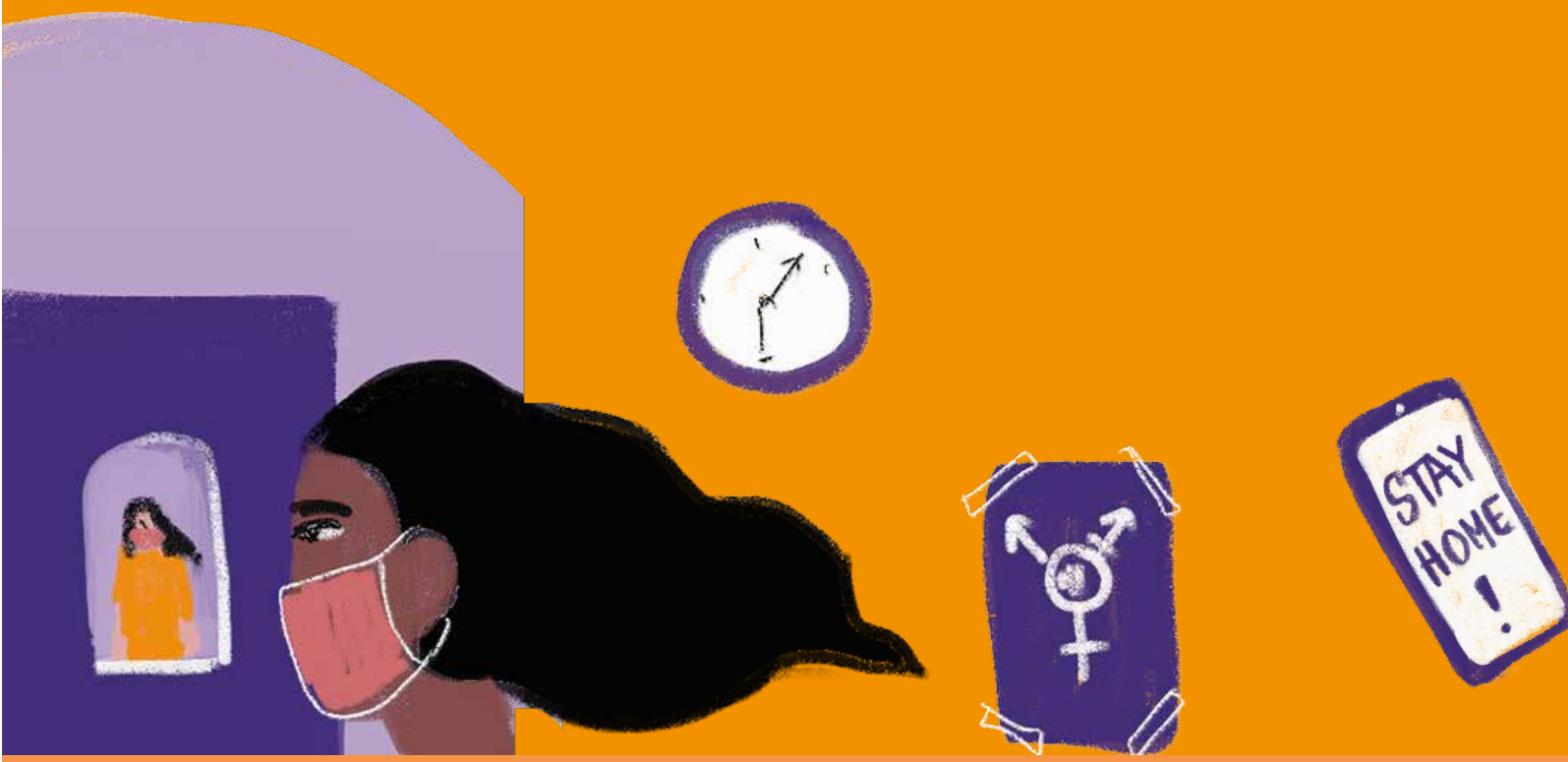
**- GWL-INA, Indonesia**

In both Vietnam and India, Gender Recognition Laws and Rules are being discussed and passed in the Parliament in 2020. In the law passed in India and in the draft law under discussion in Vietnam, these laws only allow for legal gender recognition if trans people undergo gender affirmation surgery. In 2015, Vietnam drafted the Gender Affirmation Law to recognise transgender citizens, it is set to be passed in the National Assembly in 2020. In India, the Government passed the Transgender Persons (Protection of Rights) Act, 2019, on July 13, 2020. Subsequently, the Government released the draft Transgender Persons (Protection of Rights) Rules, 2020 and provided 30 days from the date of publication for stakeholders to address suggestions or objections, after which the rules will become binding. These rules further require trans people to register with the Government in order to be officially recognised.

In the lead up to the development and passing of these laws, civil society and rights activists have protested and contested key aspects of the laws. However, COVID-19 has limited their capacity to engage in further advocacy. The right to participate, protest and the freedom of association of activists are limited by curfews and movement restrictions, which are sometimes subject to arrest and criminal penalties.

**"COVID has become an excuse to shut down the protest happening around the country. It was the first time when people across the country were coming together for the first time since Independence, yet the government can use COVID as an excuse to stop our organising."**

**- Samabhabona, India**



# HUMAN RIGHTS VIOLATIONS ASSOCIATED WITH CURFEW, LOCKDOWN AND MOVEMENT RESTRICTIONS

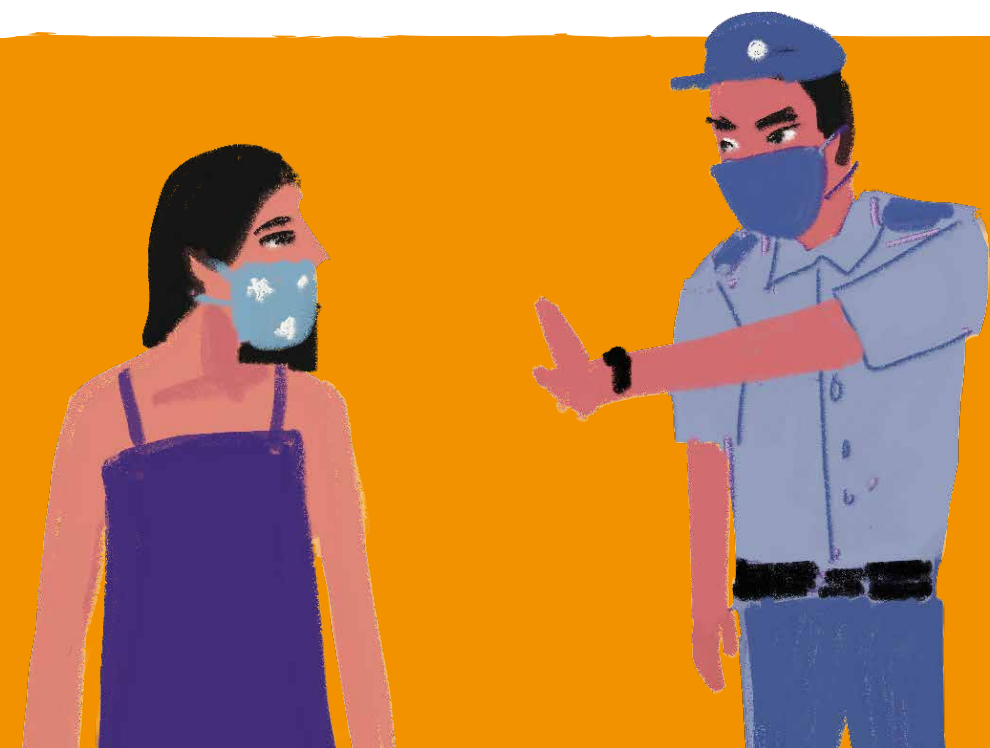
Reports from Fiji, Indonesia and Malaysia told of trans sex workers and those rendered homeless due to lack of financial security being arrested by police. In Fiji, trans and non-trans sex workers were charged and arrested for soliciting sex (sex work), noting that Fiji criminalizes sex work as per the Crimes Law and arrested while breaching curfew violations. However, the closure of the courts during lockdown delayed proceedings and resolution with many remaining in detention far longer than necessary. Staff from Haus of Khameleon (HoK) in Fiji visited those in jail cells, providing meals, sanitation and hygiene supplies and clothing. HoK facilitated in filing documentation with legal counsel and to ensure that from the stage of being charged to their court hearing proceedings – their dignity, safety and wellbeing is prioritised.

In Malaysia, our partner SEED Foundation reported homeless trans people were rounded up by state actors and forced into temporary shelters, unable to leave. The shelters were sex segregated and transgender women were placed with cisgender men and were only able to use the male bathrooms. The lack of gender responsive programmes such as these limits trans people's safety and privacy and increases their experiences of abuse and harassment.

In the Philippines, LakanBini reported that the Philippine Government has introduced new national lockdown laws. The Philippines has reported to have one of the longest and strictest lockdowns in the world.<sup>9</sup> Local governments are given the mandate to decide how violators of curfew and lockdown laws are punished. During this time LakanBini has been monitoring human rights violations and shared disturbing reports of the unlawful treatment of trans and LGBT people by state actors who were accused of lockdown violations. These included ridicule, humiliation and violence.<sup>10</sup>

**“There have been human rights violations from local governments. Since the national government put out a law to put areas in lockdowns without specifying rules, specifications are left to the local government who have created their own punitive measures. For example, a trans woman who was caught violating curfew had their head shaved. Also a Filipino politician tried to force LGBT+ people to kiss and ‘sexy dance’ as punishment for breaching coronavirus lockdown.”**

**- LakanBini, Philippines**



<sup>9</sup> <https://edition.cnn.com/2020/08/03/asia/philippines-coronavirus-duterte-intl-hnk/index.html>

<sup>10</sup> <https://www.pinknews.co.uk/2020/04/08/philippines-lgbt-curfew-punishment-dance-kiss/>





# LOSS OF INCOME AND EXCLUSION FROM SOCIAL PROTECTION SCHEMES

Our data highlighted that 81% (n=1883) of recipients from the COVID-19 Community Support Fund reported a loss of income, reduced income or were forced to go on unpaid leave.

**"This population doesn't have the comfort of work from home policies, and because they fall into the unorganized sector, there is no financial security that they are receiving from the government. In such a time trans people are struggling to survive; unable to pay their rent, facing risk of mass homelessness and consequent exposure to COVID-19."**

**- Samabhabona, India**

Historical systemic and systematic discrimination against trans people stemming directly from harmful laws criminalising their identities and sexual behaviour and a lack of legal gender recognition across Asia and the Pacific region has further impacted trans people's access to financial and health security throughout the COVID-19 pandemic. In India, Indonesia, the Philippines, Nepal, and Sri Lanka, our partners reported that many in the trans community were excluded from social protection schemes, aimed at ameliorating hardships during COVID-19, due to their gender identity. Given that many are unable to change citizenship and national documents to reflect their gender identity, the linking of social protection schemes through national identification documents meant that many trans people who were not able to produce 'authenticated' documents could not access government support and relief efforts.

**I couldn't receive the government benefit of Rs. 5000. I was asked to fill a form to receive my benefit and I was asked to be available at a certain location to avail it. But when I arrived the officer stated that due to my unchanged gender identity and because I rent, the benefit will not be provided to me. I continued to question the officer for his unfair treatment but I was arrested by the police. I was taken to the police station by a group of male policemen and was remanded in the male's prison and they kept me there for 24 hours and I still did not receive my Rs. 5000**

**- Storyteller: 35yo Trans Woman, Sex Worker, Sri Lanka**





In the Philippines, our partner from LakanBini reported that social protection schemes implemented by the Philippine Government excluded family structures outside the traditional heterosexual paradigm. Qualified recipients were to be legally married, and/or have children in their name. This affected not only trans people, but also people in same sex relationships, unmarried cisgender couples and single people. While some local governments included LGBTI people, they were required to produce marriage certificates as proof of relationship. In Manila, trans people were included in some social protection schemes, however only if they had children and only if nationally recognised documents were provided as proof.

Accessing social protection schemes is a human right and should be available for those in need without discrimination. Our data highlighted that only 11% (n=252) of the Community Support Fund beneficiaries received any kind of support from their government. Social protection schemes are a lifeline to reduce further inequality and debt. However, without such protections, our partners and storytellers reported borrowing money from friends, family, and financial institutions to keep afloat. Those who were able to build a safety net of savings are anxious as they watch them dwindle. Curfew and restricted movement orders have had devastating economic impacts on trans people, who due to employment stigma and discrimination are largely employed in the informal sector. Our partners have reported on the devastating loss of income many of their community members have experienced. Those working in the service industry, hair and beauty salons, singing and dancing on the street, cabaret and club performers, and sex workers have been most affected.

**"Aside from access to healthcare, a major blow to this community has been financial – with lockdown measures in place, transgender people have been unable to meet their financial needs without placing themselves at risk either of contracting the disease or of brutal treatment from the police who enforce the lockdown rules. Many people have lost a major chunk of their income as a result of unethical, large-scale lay-offs, and are currently unable to pay rent, afford their monthly ration, and address their living expenses."**

**- HOPE, Pakistan**

Financial losses and insecurity have rendered many trans people homeless or forced into living situations that are unsafe, violent and transphobic. Some have no choice but to move back in with family members who do not accept them.

**There is an increase in domestic violence in families because now many trans people have to stay home with their unaccepting families, causing arguments and violence. For those that are medically transitioning, their families often try to stop them from taking their hormones (they can't leave their families to go get their medical supplies and hormone treatments and injections from doctors or nurses). Because of all this, COVID-19 is making many people feel depressed and suicidal, but they no longer have a community to meet with and gain support".**  
**- The Foundation of Transgender Alliance for Human Rights (Thai TGA), Thailand**





"When I lost my job during the Coronavirus and lockdown happened, I was sharing a room with another person. She called me names and insulted me to the extent where I could not tolerate it anymore. We had arguments and I was asked to leave the place. It was already night when that happened and I was forced to stay outside since she locked the door from the inside. It was pouring rain that night. I spent the entire night soaking in the rain, I had no food and I drank the water that dropped from the roof. That was the night I felt like I have no reason to live. I even thought of jumping from the roof and ending my life then and there. If it was not for my friends and brothers from Unity 4 Change that supported and tried to cheer me up the whole night through the phone call, I would have really ended my life that night."

- Storyteller: 23yo Trans Man, Factory Worker, Nepal

It is not always the case that trans people are expelled from their families, we received stories of trans people living with and financially supporting their families as the main breadwinners of the family. Many of them had migrated from their hometowns to urban areas and major cities for work. Following lockdown and losing their jobs, many were trapped, unable to work and unable to go back to their hometowns to be with their families, exacerbating their psychological and mental distress.



## LIMITING ACCESS TO HEALTH CARE

Transgender people are often excluded from health care services and experience stigma and discrimination from health care providers and other patients. Due to a lack of trans competency on transgender health, trans people receive lower quality health services which often do not meet their needs. Stigma and discrimination, are the leading causes that contribute to trans people avoiding or delaying seeking health care, choosing instead to seek medical advice from the internet, elders in the community, peers and friends.<sup>11</sup> Throughout the COVID-19 pandemic, our partners have reported that their communities are worried and anxious of their risks and exposure to COVID-19, as well as needing support around non-COVID-19 related health issues. In Indonesia, our partners from GWL-INA and Yayasan Srikandi Sejati reported that people living with HIV (PLHIV) are experiencing antiretroviral (ARV) medication stockouts. Pre-COVID-19, PLHIV were dispensed a month-long dose of ARV medication, however, PLHIV are currently only receiving enough ARV medications for two weeks. This means already immuno-compromised people are being required to travel to their dispensing hospitals, which are COVID-19 treatment hospitals, more frequently increasing the risk of COVID-19 exposure to an already immuno-compromised population.

Our partners from It's T Time in Vietnam, reported that trans people's fear in seeking health care has worsened during COVID-19 and that access to HIV and gender-affirming care has become limited as medical providers prioritise COVID-19 related care.

<sup>11</sup> Fisk, Kylie, and Jack Byrne. The Cost of Stigma: Understanding and Addressing Health Implications of Transphobia and Discrimination on Transgender and Gender Diverse People. Evidence from a Trans-Led Research in Indonesia, Nepal, Thailand, and Vietnam. Bangkok: Asia Pacific Transgender Network (APTAN), 2020.

**"Trans people are more likely to lack access to adequate medical care, paid medical leave, and other necessities so they may not be able to engage in COVID-19 prevention measures as they look for resources to support their families. Moreover, they continue to experience discrimination from providers and staff in many health care settings so they may be reluctant to seek treatment."**  
- It's T Time, Vietnam

In India, state-based quarantine is sex segregated; policies for quarantining do not include or account for trans people whose gender identity does not 'match' their citizenship documents. Our partner Basera Samajik Sansthan reported that trans women who had tested positive for COVID-19 were either forced into male quarantine centers or were not admitted at all. Those who were admitted to hospital quarantine reported experiencing gender-related stigma and discrimination by health care providers and other patients, lack of privacy and felt unsafe. Lack of gender responsive policies and discriminatory attitudes and behaviours have damaging physical and mental health effects on trans people, increases avoidance of health systems and delays in health seeking behaviour, and has a broader public health impact on the wider community especially for those who may be positive but fear discriminatory treatment if they do seek health care.

**"The biggest hurdle we face is for our identity, mostly hospitals and health care centers are doing COVID-19 testing on the basis of citizenship card on which our gender is assigned as male; they don't register us as transgender. If we get a positive result for COVID-19, we don't have a quarantine center for us. They put us in male quarantine centers or they don't admit us at all. The nurses don't give us proper attention and the male patients present in the quarantine center have this weird look on their face. The discrimination makes us feel depressed and sad."**  
- Basera Samajik Sansthan, India



## IMPACT ON MENTAL HEALTH

Across the region, almost universally our partners reported the increasing impacts on the community's mental health. Isolation from their friends and peers has increased feelings of loneliness, stress and depression. Results from the KoBo survey highlighted that 10% (n=230) of community beneficiaries were experiencing depression or anxiety as a result of COVID-19. Coupled with fear of exposure to COVID-19, reduced or loss of income and reduced access to gender-affirming care, our partners Unity 4 Change, Blue Diamond Society from Nepal and Wajood Society from Pakistan reported that this has led to an increase in the number of trans people committing suicide as well as increases in suicidal ideation.

**"The suicide rate is increasing during lockdown. Many of them are facing violence from within the home. Due to this 7-month lockdown, 13 LGBTI people committed suicide among them 2 were lesbian and 2 were transgender men."**  
- Unity 4 Change, Nepal

Partner organisations in India, Indonesia, Malaysia, Nepal, the Philippines, Sri Lanka and Vietnam have all set up online individual and group counselling support sessions for the community. Some partners such as Basera Samajik Sansthan in India, Unity 4 Change in Nepal, Venasa Transgender Network in Sri Lanka have been able to engage psychologists and psychotherapists to provide professional individual and group counselling sessions. However, given the lack of trans-competent mental health providers available in many of these countries, many of our partner organisations are having to provide informal peer-based psychosocial support and counselling. Peer-based mental health and counselling support is incredibly valuable in building confidence and healing for those in need, however most partners do not have the necessary training and skills in providing such support. This has for some led to increased trauma and burnout for staff in these organisations.

**"The lack of mobility and movement has also placed this incredibly vulnerable community at a high risk of mental health problems – while the entire world suffers the difficult reality of isolation has increased tenfold for transgender people in Pakistan, who are already alienated or ostracized by their family, and can no longer socialize with their family of choice"**  
- HOPE, Pakistan



## IMPACT ON GENDER AFFIRMING HEALTH CARE

One of the greatest stressors for trans people who are medically transitioning has been the declining availability of gender-affirming care and treatment. Our partners in Sri Lanka, reported that gender affirming surgeries have been postponed, or cancelled, and affected trans people were not provided with information from health care providers as to when gender-affirming surgeries would resume. Our partners in Nepal, Sri Lanka and Tonga, reported disruptions in access to hormone therapy. In Nepal and Sri Lanka, disrupted supply chains from India reduced the availability of hormones, particularly testosterone, to support gender-affirming hormone therapy regimes for trans people. For those on hormone therapy in Tonga, many relied on their friends who came from overseas to deliver hormone medication, as it is not available in Tonga itself. Disruptions to international flights and travel have meant many are now without. In the Philippines, Nepal and Sri Lanka, gender-affirming surgeries, hormone level monitoring and follow-up appointments were put on hold, with health care providers focused on responding to COVID-19 cases. The disruption in gender-affirming care for trans people has exacerbated mental health including increasing anxiety and depression.

**"During COVID-19 only one pharmacy in the country is importing hormones, so everyone is stressed about how to access it. We mostly get hormones from India, but they are not exporting any right now. We have already contacted many pharmacies who are willing to buy [hormones from India] but no way to bring them in the country."**

**- Venasa Transgender Network, Sri Lanka**

**"I am on hormone treatment, but I don't have a regular health checkup or go to the hospital for diagnoses or blood tests. Often, I must buy it online or through friends without any prescription. I have to switch to a new brand of testosterone since the previous one I have been using was limited in availability because the hormone seller could not travel outside of Vietnam to bring it into the country. The person who has been helping me to inject hormones also went back to his province because of lockdown so I did not have the shot injected on time."**

**- Storyteller: 24yo, Trans Man,  
Medical Student, Vietnam**







# **BUILDING SUSTAINABLE TRANS-LED ORGANISATIONS**

Given the lack of government support, and limited national and international funding directed to transgender groups and organisations, our partners were left to respond to the extensive needs of the community with limited or no support. With scarce resources and high needs, partner organisations needed to make difficult decisions about who would receive support. For example, for Blue Diamond Society in Nepal, while support was prioritised based on most in need, it did create disunity within the community amongst those who did not meet the criteria. Where possible, those who missed out were referred to other organisations also providing support.

**"We have received so many numbers of community people from different districts but due to budget constraints, we supported only 5 trans women for each district. This did cause some conflict in districts – each district's team had to decide and select for needy people. So, they primarily picked those who were poor, elderly and were HIV positive."**

**- Blue Diamond Society, Nepal**

For those managing donor funds and grants, inflexible administrative and financial donor requirements meant that many organisations were unable to reprogramme their funding to the COVID-19 response. In addition, some partners reported that donors expected their organisation to achieve expected results despite curfews, lockdowns and disrupted work places. For others, disrupted and/or halted grants meant that many employed staff from our partner organisations have not received salaries yet still continue to work on a volunteer basis.

**"Additionally, there is so much extra work that has come up due to COVID-19, we have a lack of resources to pay staff members so most work is done voluntarily. Through the COVID-19 Community Support Fund, we were able to financially support some volunteers"**

**- Blue Diamond Society, Nepal**



An example from our partner Yayasan Srikandi Sejati in Indonesia highlighted how inflexible donor grants can directly impact the safety of the community. Programme grants that provided transport allocations for trans PLHIV to access ARV medications from hospitals were restricted to the use of public transport. As an already immuno-compromised group, the risk of using public transport increases exposure to COVID-19, the impact for many trans PLHIV is to avoid or delay picking up their ARV medications despite needing to do so. COVID-19 responsive grants such as the COVID-19 Community Support Fund enabled Yayasan Srikandi Sejati to provide private transport options such as local car hire and taxis, to ensure health security of the most vulnerable in the community.

**"Compared to other funds, we had to provide more generic options because the budget is strict. For example, with other funds for transportation, trans women must use public transportation and are at risk of infection of COVID-19. However, with transportation support from the COVID-19 Community Support Fund, they can use a taxi or rent a car so that the risk of infection is reduced."**

**- Yayasan Srikandi Sejati, Indonesia**

For partners providing emergency relief supplies such as food, PPEs and medicine, travelling during curfew and lockdown presented numerous challenges. Sourcing PPEs and hormones were particularly difficult given the scarcity of supply and price hikes. Risk of exposure to COVID-19 for staff was also a concern. In places like Indonesia where the trans community lives in small, overcrowded areas, staff had to take extra precaution in order to deliver supplies. Staff from Blue Diamond Society in Nepal also reported threats and harassment from the public whilst delivering essential supplies.

**"The organisation and some staff/volunteers have received threats and people have even attempted to stop us from providing our relief support because bigotry has increased during this time."**

**- Blue Diamond Society, Nepal**



## STRENGTHENING COLLABORATIONS AND PARTNERSHIPS

Throughout the past year, our partners have been working tirelessly to support the transgender community across Asia and the Pacific region. It is encouraging to note that at times the trans community was not alone. Partners in Fiji, India, Nepal, Papua New Guinea and the Philippines, were able to work with diverse stakeholders including local, state and national governments, supportive non-government organisations and the private sector to deliver support. For example, in Thailand, Sisters Foundation was supported by UNDP with additional funds to continue rolling out their community-based HIV testing and treatment services. In Papua New Guinea, Hetura National Capital District (NCD) LGBT Group partnered with World Vision to conduct COVID-19 Infection Prevention Control (IPC) Training for 30 trans peer leaders who subsequently provided training to their communities across a number of provinces. Similarly, Tonga Leitis Association was supported by the Ministry of Health to roll out COVID-19 information sessions to 74 members of their association.

Following close monitoring of the situation for their trans peers across Nepal, Blue Diamond Society and Unity 4 Change were able to raise concerns with the Government of Nepal regarding the rights violations of trans people being refused social protection schemes due to their gender identity. While many continue to be excluded, there were reports of an increase of some trans people who were subsequently able to access government handouts.

In India, our partner organisation Basera Samajik Sansthan worked closely with the local hospital in Noida, Delhi to increase trans women and hijra PLHIV access to a 30-day supply of ARV rather than the regular, 15-day supply. This enabled trans PLHIV to not only gain access to life saving medication but reduce transport costs and exposure to COVID-19 both of which have impacts on treatment adherence.

In Fiji, the Haus of Khameleon called on the Fiji Judiciary Department, Fiji Court System and the Fiji Human Rights and Anti-Discrimination Commission to ensure that the full protection of trans and gender non-conforming (GNC) people during the pandemic and to ensure all services are user friendly and ensure non-discrimination. It further stressed the need for the Fiji Police Force to work within Human Rights Standards and practice and called on the Fiji Corrections Service to ensure that for trans and GNC people that are detained, prisoned and incarcerated - they are treated with human dignity.



## BUILDING SKILLS AND ESTABLISHING ONLINE MOVEMENTS AND ORGANISING

Moving to online work presented both challenges and positive experiences for our partners. In terms of organisational management, there were some difficulties regarding the need for physical signatures on financial reports and physical meetings to discuss grant applications. This was exacerbated in places like PNG where the telecommunications infrastructure is weak and very expensive. Access to smartphones and digital literacy and security also presented some issues for partners; highlighting the need for digital skills training for communities.

Yet at the same time, online spaces provided some of our partners and their beneficiaries with greater engagement with others in the community and found increased participation in workshops than when held in person. Additionally, through the extensive outreach work conducted by partners, they remarked on growth of new members joining their networks and associations and an increase in community awareness of the role and value of networks for their communities.



**“We have been able to reach a much larger community who we don’t usually work with. They have been made aware of organisations and what support they can avail from us. Some of them are excited to join as members and be more involved with our other work. As an organisation, we have also found allies who have been helpful throughout the process. These alliances have been strengthened and have increased mutual trust even from different situations such as rural/urban, etc.”**

**- Samabhabona, India**



# ADVANCING THE CAPACITIES OF TRANS ORGANISATIONS TO SERVE THEIR COMMUNITIES

Our partners identified existing gaps and requested further skills and training in key areas. For example, partners from Fiji, India, Indonesia, Nepal, Pakistan, Sri Lanka, Thailand, Tonga and Vietnam all identified skills building needs to implement crisis management, peer mental health counselling and well-being programming for the community and for themselves.

**We need counselling and mental health support for trans leaders providing support to community members, a staff member experienced an emotional breakdown due to the listening of stories shared by community recipients of the community support.**

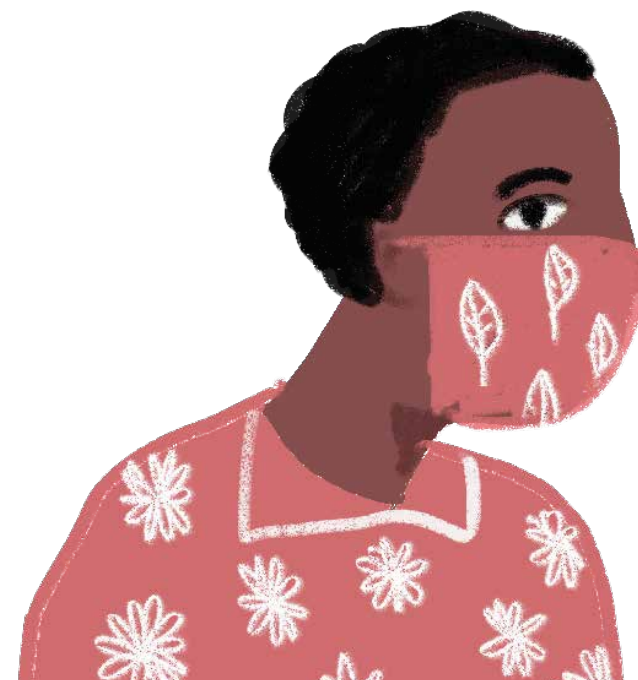
**- Haus of Khameleon, Fiji**

Organisations from India, Nepal and Papua New Guinea expressed the need to increase their understanding and engagement in national and local government humanitarian and disaster preparedness, management and recovery processes. The COVID-19 pandemic has blatantly revealed the lack of trans inclusive policies and programme interventions that will impact the ability for trans people and communities to recover from these economic and social shocks. It is essential that humanitarian and disaster emergency responses take into account diverse populations including trans people and that they have access to social protections and services free from discrimination, stigma and abuse to ensure no-one is left behind.

Our partners requested further support in increasing their knowledge and skills in organisational development and programme management, including developing proposals, designing programmes, tools to enhance monitoring and evaluation including data collection and financial management. Many also identified requiring additional support in building advocacy skills including campaigning, communication and negotiation skills, utilising social media for advocacy and strengthening and building their community movements through increasing engagement and membership.

**"As a trans person I am very positive for a better future in PNG, I hope hormones and information can become available for our new generation of trans. Our voices are very important. I want to help and support Hetura and it's partners to advocate for the things I missed out on as a trans woman so the new generation can see the fruits of Heturas work and continue to strengthen trans voices civil and human rights and build from there."**

**- Storyteller Hetura NCD, PNG**



Most importantly donors, need to make more funding available for trans groups across the region and globally. Funding mechanisms need to take into account the nascent governance and financial systems that many of our country partners are working within in order to ensure equal access and distribution of donor funds to those who most need it. APTN's country partners are often a lifeline for individuals and communities at the grass roots level. They provide much needed health, psychosocial and mental health support, they are advocates for eliminating human rights abuses and fighting for legislation and policy change. In order to sustain this work, it is essential their efforts are recognised through increased government and donor funding.

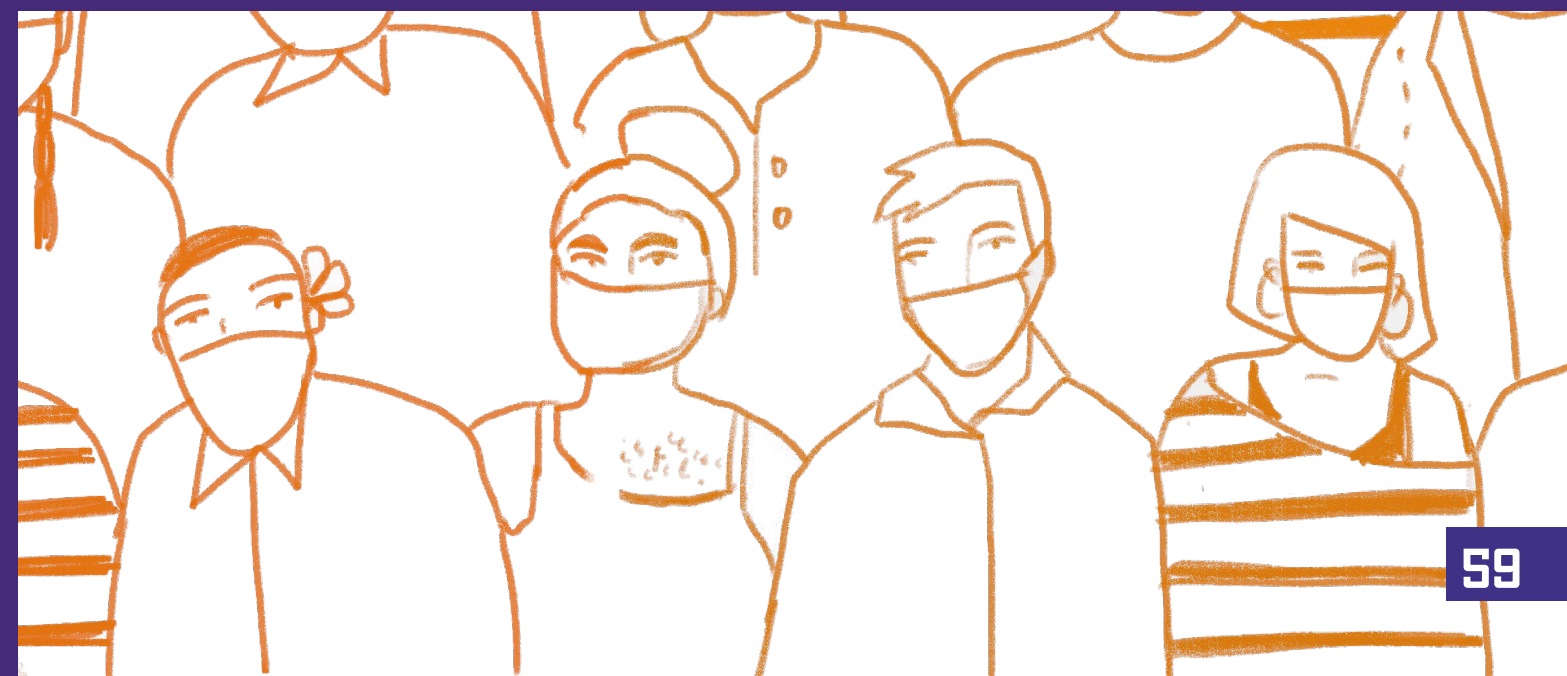
**"It's been heartbreaking to give out the small pellets of financial aid, knowing that the applicants need much more support. We ourselves have had so little to run this project, that it has not been possible to afford a core team to set-up and run this project. Our grants have to be larger. We have the ideas and the networks. We need more resources."**

**- Sampoorna, India**



## OUR JOURNEY RESPONDING TO COVID-19: A YEAR IN REVIEW

*When we look at our year in review we see that in collaboration with our national partners, donors and allies we were able to amplify the voices of trans communities across the region, develop tools to support our partners to strengthen their work and generate evidence to advocate for greater legal, policy and programme responses for transgender people across the Asia and the Pacific region.*





# 1. ADVOCACY

*Increased monitoring of developments around regressive stances on existing human rights gains and document human rights violations, including violation of civil liberties through authoritative policies*

## Joint statement on LGBTIQ youth in quarantine

On the 24th of April, we released a joint statement with our national, regional and global LGBTIQ partner organisations calling on donors, governments and organisations to ensure the protection of LGBTIQ young people and adolescents living with unsupportive families during quarantine, lockdown or curfew. This included ensuring LGBTIQ young people are participating in decision making on and receiving humanitarian aid, and ensuring young people have access to gender-based violence services and access to justice.<sup>12</sup>

## 187 Civil Society Organisations Call on States to Protect LGBTI Persons' Human Rights in the Context of COVID-19 Outbreak

In June, APTN joined a coalition of 187 organisations to draw the attention of the UN Human Rights Council to the situation of LGBTIQ persons and those who defend their rights in the context of the COVID-19 pandemic outbreak. In line with the call to action signed by 96 human rights experts, organisations working for the protection of the human rights of persons of diverse sexual orientation, gender identity and expression and sex characteristics (SOGIESC) globally have urged States and stakeholders to ensure that this public health emergency should neither exacerbate existing misconceptions, prejudices, inequalities or structural barriers, nor lead to increased violence and discrimination against persons with diverse SOGIESC.<sup>13</sup>



## Submission on COVID-19's Impact on Transgender Communities, to the UN Independent Expert on SOGI

In June, we submitted a written submission in response to the joint questionnaire shared by the UN Special Rapporteurs. The submission presented situational analysis in six countries<sup>14</sup> in Asia and the Pacific region where APTN worked with national and local trans-led, trans-inclusive civil society organisations (CSO). The submission provided an overview of the impact of COVID-19 related policy measures on human rights of trans communities in six countries as well as a regional overview. It also presented recommendations for human rights-based COVID-19 response to address the specific needs of trans communities.<sup>15</sup>

## Joint Letter to WHO to Recognise and Address the Needs of Trans and Gender Diverse Communities during the COVID-19 Pandemic

In September, we joined regional and national LGBTQIA organisations in signing an open letter to the World Health Organisation (WHO) urging Director-General Dr. Tedros Adhanom Ghebreyesus to include aspects of sexual orientation, gender identity, expression and sex characteristics (SOGIESC) into their policies, programs and WHO's response to the COVID-19 pandemic.<sup>16</sup> The statement included specific recommendations and actions to address the impact of COVID-19 on Trans and Gender Diverse Communities for Governments, Donors and funding agencies, National Human Rights Institutions (NHRIs) and the UN Human Rights Bodies, and Local, Regional and Global Human Rights Movements.<sup>17</sup>

<sup>12</sup> <https://weareaptn.org/2020/04/24/joint-statement-on-lgbtiqa-youth-in-quarantine/>

<sup>13</sup> <https://weareaptn.org/2020/06/08/187-organisations-call-on-states-to-protect-lgbti-persons-human-rights-in-the-context-of-covid-19-outbreak/>

<sup>14</sup> India, Indonesia, Fiji, Malaysia, Nepal, Pakistan, Papua New Guinea, Philippines, Samoa, Sri Lanka, Thailand and Vietnam.

<sup>15</sup> <https://undocs.org/A/75/258>

<sup>16</sup> [https://weareaptn.org/2020/09/03/an-open-letter-to-the-world-health-organization-for-sogiesc-inclusive-strategies-in-response-to-covid-19/?fbclid=IwAR179uHreGeL\\_Llha\\_3FoRBDfpsskVYc59fLHtNTFgKysJD1f0mCnKj9mU](https://weareaptn.org/2020/09/03/an-open-letter-to-the-world-health-organization-for-sogiesc-inclusive-strategies-in-response-to-covid-19/?fbclid=IwAR179uHreGeL_Llha_3FoRBDfpsskVYc59fLHtNTFgKysJD1f0mCnKj9mU)

<sup>17</sup> <https://weareaptn.org/2020/03/31/see-us-support-us-recognise-the-needs-of-trans-and-gender-diverse-communities-during-covid-19-pandemic/>

## 2. LEADERSHIP BUILDING

*Increased capacity strengthening in the areas of campaigning, advocacy, and the human rights mechanism through a series of online leadership*

### Amplifying Trans Advocacy Fellowship

APTN launched our *Amplifying Trans Advocacy Fellowship*<sup>18</sup> programme in June to support emerging leaders in Asia and the Pacific region to enable them to gain a thorough understanding of the international human rights framework and apply it to their ongoing national advocacy work. The fellowship integrates capacity building, seed funding, and technical assistance to enable trans human rights defenders from Asia and the Pacific to advance trans rights using international human rights accountability mechanisms. There are 26 fellows from 14 countries in the region. The online capacity building component of the fellowship was held between 15th September to 20th October and was followed by the launch of a seed grant application with an aim to support the fellow's local advocacy work.

### #SkillsForChange: An Online Workshop Series on Public Campaigning for Advocacy & Social Change

APTN held a month-long online workshop series between July and August, on #SkillsForChange: Public Campaigning for Advocacy & Social Change. These workshops were aimed at enhancing trans community knowledge and skills in public campaigning through engagement with traditional, online, and social media. These sessions supported participants to increase public awareness and visibility of lived experiences of LGBTIQ people, shift the narratives around SOGIESC rights issues in both public and political realms, and strengthen LGBTIQ advocates' call for action for social change. It has never been more important to equip the trans and LGBTQIA community with campaigning and advocacy tools to amplify their voices, expose human rights violations and build movements to demand change and justice. A total of 45 people participated in the workshops, from at least eight countries.

### Organisational Capacity Assessment Tool (OCAT)

In July, APTN initiated an organisational assessment and development process with 22 trans-led and trans-inclusive partner groups and organisations in the movement. The OCAT is an inward-looking reflective tool for groups to facilitate a self-assessment on their capacity and support them to identify areas where they may want to focus on strengthening skills and knowledge. Revision of the tool began in January, starting with a review of regional and global tools and best practices, and based on APTN's Finding our Voice. Finding our Place report, where most groups expressed the need for funding to sustain the on-going advocacy efforts and their volunteers and/or staff. The regional organisational assessment and capacity development report completed in November serves as a baseline for APTN's capacity development support towards partners.





## 3. HEALTH

*Guide peer providers and healthcare providers on the provision of care to trans people remotely and mapping on/offline health providers providing assistance at this time through a series of health modules.*

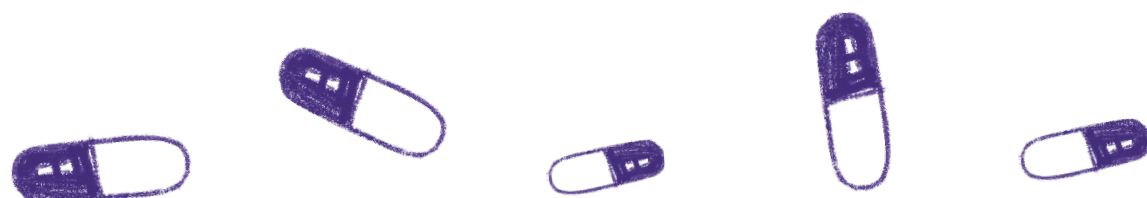
### How to Care for Yourself and Others Amidst COVID-19<sup>20</sup>

The COVID-19 pandemic heavily impacted our community's mental health, with some experiencing higher than normal stress, depression and anxiety, exacerbated by increased isolation, stress, and loneliness due to physical distancing and lockdown measures. In May with the aim to support our community with resources that could increase well-being and positive coping mechanisms, as well as support activities that could help communities learn new skills and pass time. We developed a blog series on:

1. How to Care for Yourself and Others Amidst COVID-19
2. Resources for Working From Home Effectively as a Team
3. Entertainment for Periods of Quarantine
4. Free Online Education

As part of this we also mapped country-based trans and LGBTI friendly online and tele-health counselling and mental health services where available. Services in India, Pakistan, Singapore, Sri Lanka and Thailand were included.

<sup>20</sup> <https://weareaptn.org/covid19>



### Webinar: Transgender Health and HIV in Asia

On September 18th, APTN co-moderated a webinar on "Transgender Health and HIV in Asia: Where are we in 2020?" alongside Tangerine Community Health Clinic by the Institute of HIV Research and Innovation (IHRI). This webinar provided updates on the context of transgender health and HIV services and developments in Asia with the aim to strengthen collaboration, best practice and knowledge sharing in the future. The webinar featured advocates, doctors, and other experts from organisations around the region and beyond, such as LoveYourself in the Philippines and Blue Diamond Society in Nepal.

### World Mental Health Day: "It's everyone's business!" Collaborating to Advance the Mental Health of LGBT Persons

In October, APTN participated in a webinar hosted by Equal Asia Foundation and UNDP Thailand, promoting conversations around mental health and allied issues of LGBTI+ persons in Thailand. The webinar brought together diverse perspectives, experiences and solutions. The panel discussions encouraged stakeholders to respond effectively to the mental health crisis, through adopting an intersectional approach that includes policymakers, healthcare providers, academicians, the profit and the non-profit sector.



## 4. STRATEGIC INFORMATION

*Increase access to contextualised, relevant, timely and accurate information on COVID-19 in local languages for trans and gender diverse communities in 13 countries. In funding local focal points across 13 countries we aimed to ensure that where possible surveys and findings, COVID-19 health resources and important updates were provided in local languages.*

### APTN X Equal Asia Foundation: COVID-19 Resources for Trans and Diverse Communities <sup>21</sup>

In March, in partnership with Equal Asia Foundation, we developed a resource list to support trans and gender diverse people to access information on medical and mental health, tips on advocacy and reporting human rights violations, tools for civil society and community based organisations to adapt their programming during COVID-19 and entertainment and educational resources to support people to get through quarantine and lockdown.

### APTN X YouthLEAD's Dignity Amidst COVID-19 Stories of Trans Youth Leaders <sup>22</sup>

In July, with the support of Joint United Nations Programme on HIV/AIDS (UNAIDS) and Aidsfonds, APTN and Youth LEAD worked together to increase the visibility and voices of trans and gender diverse youth leaders throughout Asia and the Pacific. We published a series of eight stories of trans and gender diverse youth leaders, including those living with HIV, who are making a difference in their communities. These young leaders come from a diverse range of countries and cultures across Asia and the Pacific and share how they are working to improve the lives of trans and gender diverse communities amidst COVID-19.

<sup>21</sup> <https://docs.google.com/spreadsheets/d/1A1ZB8uFxx09Ew7PI67Bfb6KP0sbqNUD86MWUlpL1W4M/edit#gid=468114638>

<sup>22</sup> <https://weareaptn.org/aptn-x-youthlead-trans-youth-leaders/>



### Behind Closed Borders: Resiliency of Trans People Amidst COVID-19

In line with the International Day of Action for Trans Depathologisation, on the 22nd of October, APTN, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), Institute of HIV Research and Innovation (IHRI) and FHI 360 hosted a webinar on "Behind Closed Borders: Resiliency of Trans People Amidst COVID-19". The event facilitated cross-country sharing of health practices, policies and laws, including pathologisation that continues to deprive trans people access to gender affirming and general healthcare and to live authentically as themselves, especially in this time of the COVID-19 pandemic. The webinar was attended by more than 60 healthcare workers, peer providers and community members from the region.





# 5. RELIEF SUPPORT TO PARTNER AND COMMUNITIES

Provide small grants to partners in prioritised countries to support their work and relief support to trans communities whose livelihoods have been severely affected by COVID-19 related measures.

A total of 2,313 people received some kind of relief support during the administration of our COVID-19 Community Support Fund. Our partners facilitated access to hormones, ARV medications, essential emergency supplies to the most in need including food, gas bottles for cooking and electricity vouchers to keep the lights on, rent money, telephone and internet credit, cash, PPEs, transport for COVID-19 testing and to pick up medication and condoms and lubricants. Partners also provided much needed mental health counselling and psychosocial support to reduce loneliness and isolation and build resilience and coping skills.



Information about COVID-19



ARV Meds



Condoms and Lubricant



Transportation



Shelter/Housing/ Rent



Financial Aid



Beneficiaries



Healthcare relating to COVID-19



Food/Water/Rations



Access to Horomes and gender affirming therapy.



Stress/ Emotional Support/Access to mental health care



Personal Protective Equipment PPE

## PACIFIC

### FIJI

Haus of Khamaleon



### FIJI + VANATU

Pacific Sexual and Gender Diversity Network



### PAPUA NEW GUINEA

Hetura National Capital District (NCD)



### SAMOA

My Girls Club



### TONGA

Tonga Leitis Association



## ASIA

### INDIA

Basera Samajik  
Sansthan



Samabhabona



Sampoorna



### INDONESIA

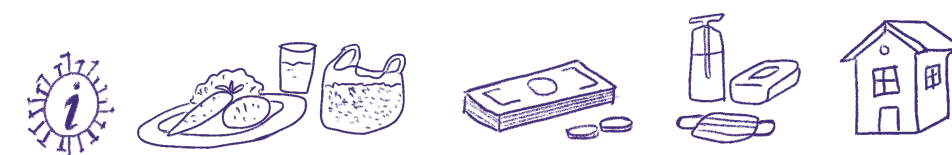
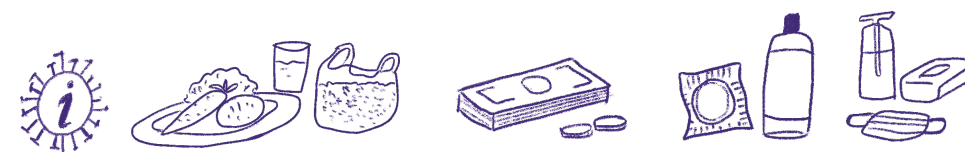
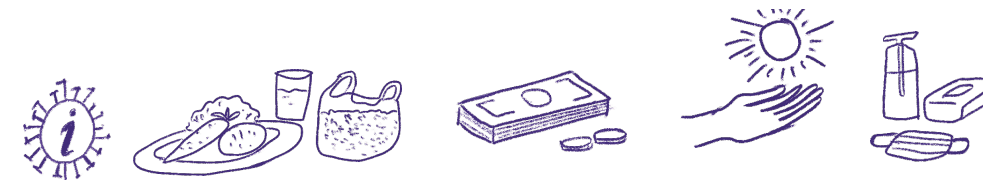
GWL-INA



Jarginan Transgender  
Indonesia (JTID)



Yayasan Srikandi  
Sejati





# ASIA

## MALAYSIA

SEED



## NEPAL

Blue Diamond Society



Unity 4 Change



## PAKISTAN

Have Only Positive Expectations -HOPE-

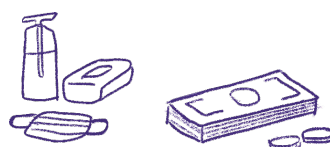


Wajood



## PHILIPPINES

LakanBini



## ASIA

### SRI LANKA

National Transgender Network



Venasa Transgender Network



### THAILAND

Sisters Foundation



Thai TGA



### VIETNAM

It's T Time



Ran an art as advocacy campaign sharing the experiences of the trans community during COVID through cartoons/comics. To do so, they hired and supported trans artists and activists to develop, create, and run the campaign.<sup>23</sup>



# RECOMMENDATIONS FOR ACTIONS TO ADDRESS THE IMPACT OF COVID-19 ON TRANS AND GENDER DIVERSE COMMUNITIES:

COVID-19 has increased the burden of care on our already resource-constrained trans movement and the important work it does. We have seen that in many countries, civil society organisations (CSOs) and community groups are doing critical work to support efforts to ensure that those experiencing the impact of COVID-19 have access to protection, care, and social services. We can also see that coercive measures to enforce lockdowns are discriminately applied to marginalised communities like trans and gender diverse people, and authoritative and military regimes in the region could **exploit lockdown conditions to regulate and silence dissenting voices including civil society and human rights defenders.**

The trans movement continues to fight to ensure that trans communities are not left behind. This needs to be recognised and addressed by donors and funding agencies. **Trans and gender diverse groups and organisations are experiencing fear and uncertainty for the survival of their organisations and constituents they serve** due to potential reprioritising or retracting of resources by donors and funders. These groups need sustainable funding support to provide their communities access to services and to continue to advocate for change, legal recognition and dignity.



## TO NATIONAL AND LOCAL GOVERNMENTS:

1. All necessary legal, policy and programmatic measures should be in place to **ensure legal gender recognition and inclusion of trans and gender diverse people in all social programmes** including public health.
2. **Ensure that all healthcare services related to COVID-19 are affordable and accessible and provided without stigma and discrimination** of any kind, including on the grounds of sexual orientation, gender identity and expression.
3. Affirmative action and measures ensuring access to social protection and health care (such as establishment of dedicated health facilities and sensitisation of medical workers and healthcare providers) should be taken by the government to **ensure trans and gender diverse people have equal access financial security and COVID-19 prevention, testing and care services in a safe environment.**
4. Ensure that the **information they provide to the public regarding COVID-19 is accurate, unbiased, timely, and consistent with human rights principles.** Information should be accessible and available in multiple local languages, including for those with low or no literacy, or people with visual and hearing disabilities.
5. Health data is particularly sensitive in the context of COVID-19, and the publication of information can pose a significant risk to affected persons and in particular people who are already marginalised. **Human rights-based legal protections should guide the appropriate use, disaggregation, and management of personal health data.**
6. **Ensure that HIV testing and treatment services are not affected by lockdowns or any other COVID-19 related measures,** and people living with HIV are able to access the necessary medical care without any interruptions.



## TO THE NATIONAL HUMAN RIGHTS INSTITUTIONS (NHRIS) AND THE UN HUMAN RIGHTS BODIES:

7. **Use human-rights based approaches** in the implementation of any response to and protective measures against COVID-19, including broad lockdowns. Encourage law enforcement officers to focus on increasing safety rather than arrests, violence, surveillance, or other coercive measures.
8. Take swift action to **protect individuals and communities who may be targeted as bearing responsibility for COVID-19**, establishing mechanisms to monitor, document and thoroughly investigate all reported incidents, and hold perpetrators accountable.
9. **Provide safe and trans-friendly shelters** to trans and gender diverse people who are experiencing homelessness or are living in unsafe living conditions.
10. **Enact national tax reforms that ensure a progressive tax system** with real redistributive capacity and affirmative action measures, such as subsidies, social protection or tax exemptions, that preserve, and progressively increase, the income of poorer households and to assist the most disadvantaged and marginalised individuals and groups including trans and gender diverse people.
11. **Invest in research, documentation of lived experiences of trans and gender diverse communities** to inform future humanitarian response and relevant policies and programmes, to ensure it addresses the unique needs and vulnerabilities of trans and gender diverse communities.

1. National Human Rights Institutions (NHRIs) and UN human rights bodies should ensure that states take all necessary measures to **ensure healthcare services and relief services are provided to all** on the basis of non-discrimination and equality.
2. National Human Rights Institutions (NHRIs) and UN human rights bodies should **ensure that state restrictions to curb the spread of COVID-19 are lawful, necessary and proportionate, are not discriminatory, and are fully respectful of human dignity**. NHRIs and UN human rights bodies should continuously monitor the situation and provide guidance to states to ensure compliance to international human rights standards.

## TO LOCAL, REGIONAL AND GLOBAL HUMAN RIGHTS MOVEMENTS:

1. Local, regional and global human rights **movements should support and collaborate with trans-led and trans-inclusive organisations** in collecting and sharing relevant information and resources. In solidarity, human rights movements should join hands with groups and organisations working for marginalised populations to amplify their calls to decision-makers in the government.







## TO DONORS/FUNDING AGENCIES:

1. Donors should **allow trans-led and trans-inclusive organisations to reprioritise their programmes to address the most urgent needs** of trans and gender diverse communities, including food and shelter, as well as the safety and well-being of their staff and volunteers in the context of the COVID-19 pandemic.
2. Donors should not retract any existing funding but should **maintain or increase organisational support** to resource-constrained trans-led and trans-inclusive organisations in responding to the COVID-19 pandemic.
3. Donors should **increase investment in research and advocacy programmes on healthcare needs of trans and gender diverse populations and inclusion of trans and gender diverse people as key populations in public health policies and programmes.** This includes ensuring their priority inclusion across COVID 19 vaccination programmes which must address the unique intersectional disadvantages trans people experience.



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