ECOM

RESEARCH REPORT

ON VIOLATIONS OF THE RIGHTS OF TRANS* PEOPLE IN ARMENIA, KAZAKHSTAN AND TAJIKISTAN DURING THE COVID-19 PANDEMIC

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This report describes the results of a study of violations of the rights of trans* people in Armenia, Kazakhstan and Tajikistan during the COVID-19 pandemic, conducted as part of the C19RM project with the support of the Global Fund.

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LIST OF ABBREVIATIONS AND TERMINOLOGY

CEECA	Central and Eastern Europe and Central Asia
ECOM	Eurasian Coalition on Health, Rights, Gender and Sexual Diversity
FGD	Focus group discussion
HC	Hate crime
HIV	Human immunodeficiency virus
IT	Internalized transphobia
LGBTQ	Lesbian, gay, bisexual, transgender, and queer people
MSM	Men who have sex with men
NGO	Non-governmental organization
PLH	People living with HIV
SOGI	Sexual orientation and gender identity
STI	Sexually transmitted infection
TGGN	Transgender and gender non-conforming people
WHO	World Health Organization

Ableism — discrimination that denigrates people with disabilities and/or other chronic health conditions.

Lockdown *(quarantine)* — measures taken at the national or local government level related to the restriction of public transport, business, services and/or freedom of movement of the population.

Misogyny — hatred, hostility or demeaning attitude towards women and girls, perception of them as less important than and not equal to men.

Moderator — a person who conducts a focus group discussion (FGD), asks questions, guides the discussion, and helps respondents to open up and share experiences.

Recorder — a person who takes notes during the FGD and then prepares a transcript from the audio recording.

Recruiting — selecting and inviting respondents to participate in the FGD.

Respondents — participants of the FGD.

White supremacy — term for behavior when people of one ethnic group behave as more privileged (better) than people belonging to other ethnic groups. The term originally referred to racism against «non-whites» in the United States, and later came to be used in other contexts to refer to behavior that demonstrates the superiority of one group over others in the territory of one country of origin.

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Previous (up to 2020) research[1] on the right to health, as well as on the vulnerability of trans* people to HIV, shows two key findings: the first is a catastrophic lack of information about trans* people in the context of the systematic collection of disaggregated information on various key populations vulnerable to HIV[2] (among other things); second, among all LGBT+ people, it is trans* people who are affected by internalized transphobia, which, among other things, remains a barrier[3] to receiving the necessary medical and social services in sufficient volume (against the backdrop of the high level of transphobia among medical and social workers).

As defined by the guidelines of the American Psychological Association[4], transgender and gender non-conforming people (TGGN) are those whose gender identity differs in some way from the sex assigned to them at birth. One of the reasons for the widespread discrimination against TGGN is the stigma that still prevails in most modern societies with a binary gender system. A high level of stigma against trans* people is demonstrated by even the most advanced countries in terms of acceptance of LGBT+ communities, such as the USA or the UK.

[1] For example, «Оценка потребностей трансгендерных людей в регионе ЦВЕЦА» ECOM in Russian https://ecom.ngo/library/trans_people_needs_eeca and «Ensuring an inclusive global health agenda for transgender people», WHO https://apps.who.int/iris/bitstream/handle/10665/272051/PMC5327942.pdf?sequence=1&isAllowed=y

[2] Transgender people are recognized as one of the most vulnerable groups to HIV, but there is still insufficient epidemiological data on them. The World Health Organization estimates that they are 49 times more likely to be infected with HIV than the general population (WHO, 2015). The risk may be lower for trans* men, but there is even less data on this (MacCarthy et al., 2017; WHO, 2015).

[3] For example, «Интернализированная трансфобия и возможности мобилизации сообществ трансгендерных и гендерно неконформных людей» ECOM in Russian https://ecom.ngo/library/internal_transphobia and «Исследование внутренней (интернализованной) трансфобии» ECOM in Russian https://ecom.ngo/library/vnutrennyaya-transfobii

[4] American Psychological Association https://www.apa.org/topics/lgbtq/transgender

Accordingly, the level of stigma in less developed countries, which includes the countries of the region of Central and Eastern Europe and Central Asia (CEECA), is much higher and much less studied[5].

Transgender and gender non-conforming people face the strongest discrimination in accessing health services in general, as well as in almost all other areas of social life even under normal conditions. Therefore, the hypothesis of this study was that such a level of discrimination and a lack of data will also affect the situation of trans* people and their access to health and social services during the COVID-19 pandemic.

Based on the hypothesis of the lack of research on the situation and needs of trans* people in normal times, ECOM decided to conduct a combined study on the situation of and data on trans* people during the COVID-19 pandemic.

The study protocol was developed by ECOM as part of the C19RM program with the support of the Global Fund.

[5] For example, a number of studies in Russian: https://www.transcoalition.net/wp-content/uploads/2020/04/ask-tk-1.pdf and https://rm.coe.int/-/16807b8ae5 and https://www.unaids.org/sites/default/files/media_asset/04-hiv-human-rights-factsheet-transgender-gender-diverse_ru.pdf

GOALS AND OBJECTIVES OF THE STUDY

Goal of the study — identify and describe human rights violations, including of the right to health, experienced by trans* people in the three countries of the study during the COVID-19 pandemic (due to restrictions in those countries, and because they belong to the trans* community); Based on the information collected and analyzed, prepare a set of recommendations on both improving data collection mechanisms, and on preparing possible protocols for responding to global challenges, which should contain instructions specific to communities of key populations, including trans* people.

OBJECTIVES OF THE STUDY:

1. assess the quantity and quality of data on the problems and needs of trans* people as part of general research on the impact of COVID-19 on key populations (in global and local contexts);
2. assess the scope and quality of individual research on trans* issues during the COVID-19 pandemic (in global and local contexts);
3. identify the key issues that trans* people have faced in the countries of the study, and how such issues have been addressed (if at all).

Study hypothesis — There is no focus on TGGN in medical protocols both during normal times and during the pandemic.

PRESUMABLY THE REASONS FOR THIS ARE:

- high level of stigma in relation to TGGN;
- lack of highly specialized medical research on trans people;
- absence of trans* people as samples in sociological and medical research;
- in most cases, the collection of data on the health and social problems caused by the pandemic was carried out without taking into account the need to collect disaggregated data on each key population, including trans* people (both globally and regionally).

The perceived lack of data on trans* people and their situation means that even updated protocols for responding to global challenges do not contain sufficient information about the needs of key populations, which will lead to increased stigma and vulnerability in the future.

COUNTRIES INCLUDED IN THE STUDY

 *Armenia*

 *Kazakhstan*

 *Tajikistan*

** ***Note***: *For the purposes of this study, «during the COVID-19 pandemic» means the period from mid-March 2020 to March 1, 2022. This time period includes both periods of lockdowns and periods of easing of safety measures, restrictions on movement and the provision of various governmental and public services. At the time the protocol was written (beginning of March 2022), COVID-19-related safety measures were still not fully lifted in each of the countries of the study (different in each of the three countries).*

CHARACTERISTICS OF THE SAMPLE:

In all three countries where the study was conducted, the trans* community is the most marginalized, hidden and small LGBT+ sub-group. Recruitment of community members for FGD and other events is possible mainly through internal closed networks and personal acquaintances, including the snowball method. This narrows the sample, within which falls people who are at least somewhat familiar with the activist and/or human rights environment.

The majority of respondents live in large cities, mainly in the capitals of the countries. All surveyed countries have large rural populations, which are more conservative and more likely to reject LGBT+ people than, for example, the populations of large cities. Trans* people generally try to live in capital cities, as it is easier to find work and it is often possible to remain anonymous. Other factors that force trans* people to move from rural areas and small towns is harassment, pressure from relatives who do not accept their transition, and/or a desire to maintain their privacy and not «come out».

A relatively high percentage of trans* people in the countries of the study work in the informal sector, including in sex work, which also significantly affected their experience during the COVID-19 pandemic.

STUDY METHODOLOGY

The study was conducted using two methods: desk research and an analysis of existing data on the impact of COVID-19 on trans* people (in global and regional contexts, provided that such data is available); and by developing a questionnaire and carrying out focus group discussions in the countries of the study with a subsequent analysis of the information received.

Desk research — a review of published studies and reports on violations of the rights of trans* people (in a global context and in EECA countries) during the COVID-19 pandemic (including data from the three countries of the study) to identify common trends, problems and possible solutions.

Desk research was also used to formulate a hypothesis about the lack of data for analysis, and about the types and extent of human rights violations against trans* people, as well as to analyze the current situation. Together with the results of the focus group discussions, this data will be used to develop recommendations for the final report.

Focus group discussions with representatives of the trans* community in the three countries were carried out in order to collect qualitative data on the real experiences of trans* people in these countries during the pandemic.

An analysis of the data (responses of FGD respondents) was carried out anonymously, and information pertaining to all respondents was encrypted.

TOOLKIT (QUESTIONNAIRE)

ECOM developed two questionnaires for conducing the field part of the study (FGD).

Questionnaire 1 — was used before the start of the FGD, which made it possible to collect socio-demographic data on the respondents.

Questionnaire 2 — built around questions in several thematic blocs relating to a wide range of opportunities for realizing the right to health during the pandemic.

THE BLOCS OF QUESTIONS IN THE FGD QUESTIONNAIRE ARE BUILT AROUND:

- experience/situation of violations of the right to health during the pandemic/due to measures related to the pandemic;
- experience/situation of deteriorating housing conditions/financial situation during the pandemic, including issues of job loss;
- experiences/situation related to relationships with family members/other close relationships, including experiences of domestic violence;
- relationships in the community, practices of support and mutual assistance;
- suggestions/ideas from respondents about what decision-makers can do to improve the situation/increase the visibility of trans* people and their needs in similar situations in the future.

REQUIREMENTS FOR RESPONDENTS:

- belong to the transgender community
- age 18+
- willingness to discuss with other members of the community in FGD/understanding that the data will be used anonymously in a public report
- signing informed consent form

Both questionnaires are included in the annexes to this document in Section 10.

Respondents were not paid for their participation in the FGD.

Potential respondents were recruited by ECOM and by the moderators hired to conduct the FGD through contacts within the trans* community and contacts with activists and individual organizations in the countries where the study was conducted. Information about the FGD was not published in open sources.

The sample for this kind of research is not representative. A total of 36 trans* people took part in the FGD in all focus countries.

The timeframe of the desk research, FGD and subsequent analysis of the data array was March-July 2022.

DESK RESEARCH — GLOBAL RESULTS

Prior to carrying out desk research, it was hypothesized that the impact of COVID-19 on trans* people in the CEECA region may not be sufficiently studied. This hypothesis was based on an analysis of previous studies, including those conducted by ECOM, which showed that in general studies, trans* people remain the group for which the least amount of data is available and collected.

For the desk research phase of the study, approximately 10 articles and reports[6] nwere selected[7] on studies carried out in 2020-2021 related to general health issues and the realization of the human rights of members of the LGBT+ community and of trans* people in particular.

IMPORTANT LIMITATIONS OF EXISTING RESEARCH:

- The information collected and analyzed on the impact of COVID-19 on trans* people predominantly illustrates the situation in high- and middle-income countries, with much less data available from lower-middle income countries and countries below the poverty line.
- Most research and data available is from the US and Canada.
- Even in the US and Canada, researchers note a lack of attention to the trans* community and its needs in larger samples of the LGBT+ community.
- Existing data on the European continent primarily relates to EU countries and, to a lesser extent, the member countries of the Council of Europe, while data from the countries of Central Asia, like most countries of Eastern Europe, are presented only in generalized, large-scale online surveys.
- Most of the studies focus on the medical field and do not provide enough data to cross-analyze the impact of COVID-19 on other areas of life.
- Insufficient attention in existing research is given to the fact that the situation of individual trans* people within the same country or even local community can vary greatly due to the fact that trans* people may have multiple intersectional identities[8], which accordingly, affect their vulnerability to manifestations of multiple forms of discrimination.

[6] The full list of the literature used is presented in Section 9.

[7] Due to the fact that this study is applied, rather than academic, in nature, and it was important to have access to data that can be openly obtained and verified, data from articles and reports in the public domain were used for the desk phase of the study.

[8] By the term «intersectional identities», we mean that trans* people have other characteristics and traits that can exacerbate their vulnerability in certain situations, such as: financial situation (poverty), profession (unemployment status), ethnicity, health status (e.g. HIV+ status) and/or disability; this list is not exhaustive.

It was not possible to find individual qualitative studies[9] for each of the three countries considered or for the CEECA region, aside from the inclusion of data from these countries with data from other countries in larger, multi-country samples[10].

KEY FINDINGS FROM A DESK REVIEW OF EXISTING RESEARCH ON THE RIGHT TO HEALTH:

- In all countries where studies have been conducted on the impact of the COVID-19 pandemic on trans* people's access to health services, more than half of those surveyed said they refused testing for COVID-19 and minimized seeking healthcare for suspected infections due to fear of discrimination and misgendering[11].
- All analyzed medical studies support the hypothesis regarding the significant vulnerability of trans* people to severe illness and COVID-19-related health complications (more than 50% of cases)[12].
- The data obtained indicates significant restrictions and delays in accessing transition-related health services by trans* people: hormone drugs, previously prescribed medical procedures and operations, as well as an inability to get appointments for new procedures (20% of respondents in some countries), which negatively affects, among other things, the psychological health of many trans* people.
- Limitations in the provision of reproductive and sexual health services (frequent closures in the first months of the pandemic), which also significantly affected the physical and psychological health of trans* people living with HIV or engaged in sex work.
- Frequent lack of access to regular psychological care services and deterioration of psychological health, especially in the first months of the pandemic (excluding cases where respondents did not have funds for such assistance).
- The narrowing of one's circle of contacts and an acute lack of social interaction, which, among other things, also affected psycho-emotional health. This was noted by respondents in most studies.
- Approximately one-third of respondents in large, multi-country studies reported having suicidal thoughts during the pandemic.

[9] For example, Infocard interviews on how COVID-19 has affected the lives of transgender sex workers https://www.transcoalition.net/2020-trans-sex-workers-and-covid-19/

[10] For example, a study in 63 countries conducted in 2020 with the collaboration of clinicians, researchers and community organizations. More information at: https://www.tandfonline.com/doi/pdf/10.1080/26895269.2021.1986191 As well as a study conducted by TGEU in 2021 in Europe and Central Asia, available at: https://tgeu.org/wp-content/uploads/2021/01/impact-assessment-covid19-and-trans-people-in-europe-and-central-asia.pdf

[11] Misgendering occurs when someone intentionally or unintentionally talks about a person, refers to a person, or uses language to describe a person that does not match his/her declared gender. Referring to a woman as «he» or referring to her as a «boyfriend» are examples of this behavior.

[12] The reasons for this greater vulnerability include: pre-pandemic health conditions and chronic diseases, high levels of nicotine use, regular use of hormone drugs, poor quality of life.

- Lack of access to supportive hygiene (non-medical) treatments, such as hair removal services, also had a negative impact on the psychological well-being of many respondents.
- Separately, there is data on studies of the attitudes of respondents from the LGBT+ community to COVID-19 vaccines: «most respondents believe that vaccination is a matter of sharing responsibility for their own health and the health of other people (75% among LGBT+ people compared to 48% among heterosexual people), at least 40% are willing to get vaccinated as soon as it is available»[13].

KEY FINDINGS FROM A DESK REVIEW OF EXISTING RESEARCH ON THE REALIZATION OF OTHER SOCIAL AND ECONOMIC RIGHTS:

- More than half of respondents to surveys conducted in the United States reported that they or someone close to them lost their job and/or part of their income due to the COVID-19 pandemic.
- Approximately one-third of those surveyed in countries with high and/or above-average standards of living experienced stress and difficulties in relation to their housing situation during COVID-19.
- Pre-pandemic housing problems (high levels of transphobia in many societies, lack of documents with the desired gender marker, low and/or irregular income) have significantly increased during the COVID-19 pandemic, according to community representatives from around the world.
- Having to live with relatives (who are often transphobic and unsupportive) due to loss of income has led to an increase in reports of domestic violence against trans* people.
- According to trans* activists, cases of profiling[14] and abuse of trans* people by police officers are on the rise in European countries due to increased patrols in connection with lockdowns.

Due to the fact that these studies use various methodologies, it is not possible to derive any aggregate socio-demographic profile of the trans* people who participated in the global and multi-country surveys. However, it is important to highlight some of the most common characteristics that overlap in different studies (and in different countries), and increase the cumulative negative effects of the COVID-19 pandemic.

[13] Data from the study: "The impact of COVID-19 Pandemic on LGBT People" – see the list of literature used.

[14] Профайлинг – тактика работы полиции (милиции), при которой выбор людей на улице для проверки документов и/или доставления в участок определяется внешними маркерами.

SUCH CHARACTERISTICS INCLUDE:

- disability and/or other chronic health conditions that make people more vulnerable to COVID-19 (including those that put them at risk of becoming more severely ill when infected with COVID-19);
- low income level (financial insecurity and lack of savings);
- unemployment (in particular, the pandemic affected those people who were employed in the service sector, including in the sex industry);
- level of education, qualifications and professional skills are not always associated with a higher level of income.

Existing research adds to the body of information on the different experiences of trans people linked to their multiple identities. Emphasizing and understanding these different identities within the trans* community is very important. How the COVID-19 pandemic has impacted different subgroups within the trans* community needs to be researched and assessed. Existing systems of oppression (such as white supremacy, ableism, and misogyny) are used by individuals and institutions in power to increase the impact of health, economic factors, and environmental issues on the lives of minorities. Thus, existing programs and practices should meet the needs of trans* people. Medical and social interventions must be based on an understanding of the diversity of people, including taking into account their trans* identity, and finding adequate solutions to meet their needs*[15].

Available global research data on the impact of the COVID-19 pandemic on the trans* community in different countries, despite the different living standards in these countries, as well as the distinctive individual characteristics of trans* people themselves, brings to the fore several **common problems**:

1. The lack of sustainable common practices for collecting disaggregated data on the needs and characteristics of key populations, including trans* people, in various areas (primarily in the field of health) has led to the fact that the needs and specificities of these populations were not taken into account in planning responses to the COVID-19 pandemic.
2. Populations that are marginalized and vulnerable even under normal conditions become even more vulnerable when emergency measures and restrictions are introduced, and require additional protection tailored to their needs that take into account their vulnerable status.
3. Even within a group united by a single important and/or defining characteristic, it is important to consider the effect of other characteristics that members of this group have in order to take into account the needs associated with these multiple characteristics that increase the vulnerability of members of such a group in force majeure situations.

[15] Quote from the publication «Trans Adults Amidst the COVID-19 Pandemic: Quality of Life, Pandemic Impact, and Vaccine Preferences», see List of literature used.

4 The right to health is not an isolated right. Its realization always depends on many other factors, including the possibility of realizing other socio-economic rights, as well as to what extent equality and inclusion are a priority in a particular community/country during normal times.

An analysis of available research has shown that the COVID-19 pandemic and associated restrictions are exacerbating economic and social challenges for all Canadians. Transgender and non-binary people, who experienced higher levels of economic insecurity and social marginalization before the pandemic, may be particularly affected. Analysis reveals that the majority of transgender and non-binary people in Canada are facing negative financial and social consequences from the COVID-19 pandemic[16].

Accordingly, for further planning of inclusive interventions and the development of action plans in force majeure situations, it is necessary to properly address these issues both at the national and global levels in the form of policies and established practices (a detailed list of recommendations is provided in Section 7).

[16] Quote from the publication «Social and economic impact of COVID-19 on transgender and non-binary people of Canada», see List of literature used.

DESK RESEARCH — EXISTING DATA FROM THE COUNTRIES OF THE STUDY AND THE REGION

No individual studies conducted in one or all of the countries of the study were identified during the desk research phase. However, respondents from two such countries were included in a large-scale survey conducted by a team from Germany[17] in 2020. In addition, response data from community organizations and activists from all three countries analyzed in this publication is included in a 2021 study carried out by Transgender Europe (TGEU)[18].

PREVIOUS RESEARCH GENERALLY NOTED THAT THE SITUATION OF THE TRANS* COMMUNITY DURING THE COVID-19 PANDEMIC HAS BEEN INFLUENCED BY:

- intersectional identities (health status, employment in sex work, low income, migrant status, HIV+ status and/or ethnic origin);
- job loss during the pandemic (previous low income);
- need to live with relatives (risk of domestic violence);
- refusal of medical care related to trans* transition or the need to delay transition.

Factors that have significantly influenced the overall situation of trans* people in the region are broadly consistent with the results of global studies.

Also consistent with global research data is the conclusion that the pre-pandemic situation, in which neither social services nor health systems «saw» either the trans* community or its needs, is further exacerbated during the pandemic. This «invisibility» of the community is illustrated both by the lack of data on trans* people gathered through the collection of disaggregated statistics, and by the failure to develop plans to respond to certain needs and/or threats, including the development of new emergency response plans at the beginning of the COVID-19 pandemic (that, accordingly, did not take trans* people into account).

The invisibility of the trans* community has, in turn, shifted the burden of providing emergency assistance to the trans* community onto local activists and community groups, as well as onto national NGOs and international networks. This has shifted the advocacy and social focus of their work to an emergency response to the pandemic, including responding to medical requests, and providing psychological support and humanitarian assistance.

[17] This is a study conducted in 63 countries in 2020 as a collaboration between clinicians, researchers and community organizations. More at: https://www.tandfonline.com/doi/pdf/10.1080/26895269.2021.1986191

[18] This is a TGEU study conducted in 2021 in the countries of Europe and Central Asia, available at: https://tgeu.org/wp-content/uploads/2021/01/impact-assessment-covid19-and-trans-people-in-europe-and-central-asia.pdf

According to TGEU, during the COVID-19 pandemic, trans* people in the region faced the following ***main challenges***:

- medical services related to trans* transition were not prioritized during the pandemic (not provided during some quarantine restrictions), which caused much stress and anxiety among some members of the community;
- lack of uninterrupted access to hormone therapy is another barrier that all organizations in the region mentioned;
- the inability to move freely (including in order to obtain drugs) is another factor linked to the introduction of hard lockdowns;
- delays and interruptions in access to ART for those living with HIV;
- limited or no access to means of protection, including in relation to reproductive and sexual health, which is especially relevant for people involved in sex work;
- loss of employment and/or part of income, and dependence on relatives and friends as a result of this;
- need to live with relatives and/or other people, and an increase in cases of domestic violence.

This reflects a similar situation to the global one, however, the issue of the ban on free movement was raised less frequently in high-income and upper-middle-income countries.

Data from a 2020 wide-scale survey of trans* respondents from two of the countries of the study shows ***similar global challenges*** with respect to the realization of the right to health during the pandemic:

- More than half of those surveyed in the countries of the study (and in the CEECA region) avoided testing for COVID-19 (even if they had symptoms) due to fear of discrimination.
- Approximately a quarter of those surveyed reported temporary interruptions in access to hormone therapy.
- A minority of respondents reported that previously planned medical procedures related to transition were canceled or postponed (such a small percentage of responses may be due to the extreme difficulty of accessing medical procedures in the CEECA region, thus, the number of people in the trans* community who can afford such procedures is very small).
- Approximately a third of respondents mentioned certain chronic conditions that can result in a greater risk of complications from COVID-19 when describing their health status.

RESULTS OF THE FOCUS GROUP DISCUSSIONS IN THE THREE COUNTRIES OF THE STUDY

Focus group discussions were conducted in the summer of 2022 in three countries: Armenia, Kazakhstan, and Tajikistan.

Participation in the FGD was as follows:

Armenia
9 people

Kazakhstan
17 people

Tajikistan
10 people

Important factors affecting the experience of trans* people in the countries of the study that distinguish them from other countries (in previous multi-country studies):

- Based on global trackers of measures taken by governments to contain and respond to COVID-19[19], two of the three countries in the study did not have hard lockdowns, even at the start of the pandemic. For example, in Tajikistan, there was a recommendation to wear masks, but there was no ban on visiting public places, and shopping centers and other establishments were not closed[20]. In Kazakhstan, at the peak of the spread of COVID-19, restrictive measures went from being recommended to mandatory. The situation developed in a similar manner in Armenia, where restrictive measures were introduced at the beginning of the pandemic, including a mandatory lockdown[21].
- The trans* community in the countries in question is a very small and closed group[22]. Contact with the group and, accordingly, recruitment for participation in surveys and the FGD was possible mainly through personal connections.
- Trans* people who took part in the FGD are predominantly urban (metropolitan) residents, since most trans* people are forced to leave their homes in small towns and move to capitals in order to have more resources and opportunities for transition and employment, and due to a desire to remain anonymous and avoid domestic violence.

[19] For example, data available here: https://ourworldindata.org/covid-stay-home-restrictions

[20] «The authorities of Tajikistan did not recognize the presence of COVID-19 in the country for a long time. Rumors that there was a pandemic in the country were discussed in the Tajik segment of the Internet. However, the Ministry of Health refuted this twice. As a result, the authorities reported cases of coronavirus infection only two days before the visit of the WHO mission — on April 30 (!). Following this, a number of restrictions were introduced in the republic: it was mandatory to wear masks; clothing markets, restaurants, cinemas, and beauty salons were closed; schoolchildren and students were placed on vacation; and joint prayers in mosques was banned. However, a full-fledged quarantine was not introduced in the republic: public transport ran as usual, people moved freely in the streets. Even the spring army draft was not canceled. In Dushanbe, only employees of international organizations observed self-isolation or social distancing, while most companies and enterprises worked as before». Quote from the report on the results of the FGD.

[21] For example, an analysis available here: https://apps.who.int/gb/COVID-19/pdf_files/14_05/Armenia.pdf

[22] For example, «Региональный обзор транс* сообществ и контексты 12 стран Восточной Европы и Центральной Азии» ECOM, in Russian: https://ecom.ngo/library/regional-context-and-trans-people-of-eeca

- A significant proportion of respondents are trans* people who do not live openly according to their desired gender identity (due to various reasons, including living with relatives and their financial dependence on them, domestic violence, and a lack of acceptance in society).
- In countries where respondents have transitioned and live openly with their desired gender identity, the impact of COVID-19 and the deterioration in quality of life is greater than in countries where respondents do not live openly, and have not transitioned and/or come out.
- Many of those who transitioned and came out were not accepted by their relatives and do not maintain contact with them; contact was not renewed even during the COVID-19 pandemic.
- In all study countries, there are significant legal and medical barriers[23] that complicate both legal transition and access to health care for trans* people.
- According to an assessments of the results of the FGD, a large percentage of trans* people in the countries under review are employed in the informal sector and sex work, which also affected their experience during the pandemic (people involved in sex work indicated a decrease in their amount of work and income, and also noted a fear of contact with clients and the need to choose between safety and income).
- In all countries reviewed, respondents noted significant levels of aggression in society, including cases of verbal and physical violence against trans* people in the streets, as well as rumors on social networks and in the media that the spread of the pandemic is due to LGBT+ people.

[23] For example, a previous analysis of barriers for LGBT+ people in CEECA countries conducted by ECOM, available in Russian: https://ecom.ngo/library/legal-environment-assessment-2018, and country reports on Kazakhstan https://ecom.ngo/library/kazakhstan-legislative-analysis_2020 and Tajikistan https://ecom.ngo/library/la2020-tadjikistan

GENERAL CONCLUSIONS BASED ON RESULTS OF THE FGD IN THE THREE COUNTRIES OF THE STUDY

INTERSECTIONAL IDENTITIES AND THE ABILITY TO LIVE OPENLY WITH ONE'S DESIRED GENDER IDENTITY:

- intersectional identities (e.g. migrant status, unemployment, or involvement in sex work) increased the vulnerability of trans* people during the pandemic;
- many respondents have not come out, and the need to live with relatives during the lockdown (due to loss of income and housing) required them to hide their transgender identity;
- many respondents do not take/do not have access to hormone therapy.

EMPLOYMENT AND INCOME:

- sex work is the main type of employment for a large proportion of those surveyed who live openly with their desired gender identity (in two out of three countries);
- a majority of respondents, along with the loss of their jobs, lost a significant part or all of their income and had to reduce their quality of life;
- for some respondents, the loss of income meant having to live with relatives and the risk of domestic violence, and/or worsening relationships due to their inability to generate income;
- a smaller proportion of those surveyed who were not involved in sex work and have not openly transitioned noted that their quality of life did not deteriorate during the pandemic;
- a large proportion of respondents in all three countries noted that, both before and after the pandemic, it is nearly impossible for an openly trans* person to find a job due to discrimination;
- the only benefit of the pandemic, which trans* people can take advantage of (depending on their skills) is an increase in the availability of remote work, the transfer of many processes online, as well as the anonymity and autonomy that such forms of employment provide[24].

[24] This is a special case for several respondents, which may be connected both with the profile of the respondents (their level of education and age), and in general with the level of development of the societies in which they live.

FAMILY RELATIONS AND DOMESTIC VIOLENCE:

- the majority of respondents do not consider economic and/or psychological violence from relatives and friends to be serious manifestations of domestic violence (requiring attention), which may indicate a high level of acceptance of violent relationships, as well as the absence of options for getting out of such relationships;
- some respondents experienced domestic violence due to COVID-19 when they were unable to generate income;
- several respondents noted the termination of relationships with their partners during the pandemic due to domestic violence;
- for some respondents, the need to live with relatives (mainly with parents or other caregivers, such as grandparents) was an unpleasant experience, while others, on the contrary, noted a rapprochement and improvement in relations with loved ones (siblings) as a result of the need to spend a lot of time together during the pandemic[25].

MEDICAL INFORMATION AND SERVICES:

- almost none of the respondents have private health insurance (the exceptions are those whose employer paid for health insurance);
- some respondents in countries with compulsory public health insurance believe that this insurance is sufficient for them[26];
- the majority of respondents believe that they received medical services on an equal basis with others; the main criticism was the lack of trained specialists (for trans* people) who were unavailable at the peak of the pandemic;
- in addition, an important factor leading to the inability to obtain the help or advice of trained specialists was restrictions on movement and the inability to travel to the capital;
- respondents specifically noted that they linked denials of medical care and of hospitalization for suspected COVID-19 with their trans* identity in only one of the countries of the study;

[25] Respondents of only one country of the study.

[26] In just one case, the respondent indicated that she had private health insurance paid for by her employer. All countries under consideration have so-called public health insurance, which includes a package of guaranteed free medical care. The lists of guaranteed services and their actual implementation may differ in each country. An analysis of these packages and their availability for trans* people was not the subject of this study. Based on the feedback of respondents, it seems that the state-guaranteed medical care at least included COVID-19 counseling and diagnostic services.

- many respondents noted the lack of clear information about testing and available medical services for those with suspected COVID-19 infections, which, in addition to the usual fear of discrimination in healthcare institutions, also resulted in people in some situations not seeking medical care and testing;
- many noted a lack of understandable information on vaccination for the general population, and even more so for trans* people (such information was not available at all);
- many respondents noted that there was no available information about the impact of COVID-19 on trans* people (in relation to hormone therapy, other possible health conditions and/or diagnoses).

It is important to note separately that during the pandemic in Kazakhstan, the rules for examination by the medical commission for trans* patients changed, which also led to certain difficulties. According to the new guidelines of the Republican Scientific and Practical Center for Mental Health of Kazakhstan, the examination of trans* patients included a mandatory three-week hospital stay[27].

MENTAL HEALTH:

- respondents noted the deterioration of their mental health and stress from uncertainty (especially at the beginning of the pandemic), but the majority did not seek the services of psychologists and/or other supportive professionals, mainly due to lack of funds; respondents who had previous experience with psychotherapy emphasized the need for it during the pandemic;
- respondents noted the importance of the support received during the pandemic from friends and relatives; to a certain extent such support replaced therapy and helped during isolation. On the contrary, only some respondents were happy with isolation and the opportunity to lead an online lifestyle;
- a significant proportion of respondents noted that relationships with some people in their lives have become closer and stronger after living together through the pandemic; some also noted that the pandemic helped them end already unpleasant contacts;
- on the other hand, opinions are divided on what contributed to the weakening of social relations: the unwillingness to observe or, conversely, violate social distancing, or the need to keep in touch virtually and the inability/unwillingness to maintain such online relationships[28].

[27] Separately, the moderator of the FGD added that the requirement to undergo a paid PCR test before seeing each trained specialist and/or visiting a medical institution complicated these procedures for some trans* people and delayed the consideration by the commission and the receipt of the final document allowing them to change their passport gender.

[28] It is important to note here that, in some countries of the region, living accommodations for trans* people are an important part of their socialization and provide an opportunity to meet freely with others in the community (in a safe place). The presence of hard lockdowns, and a lack of finances and places for holding such meetings could have an impact on both friendly relationships and the psychological state of some members of the community, since, in addition to the loss of social relationships, people also lost the opportunity to express themselves (relevant to those who cannot live openly according to their desired gender identity).

HUMANITARIAN AID AND NGO WORK:

- most respondents, in contact with local NGOs and/or initiatives, received safety kits (masks, antiseptics) and food packages;
- there were comments that aid providers (NGOs and international organizations) rarely conduct needs assessments or directly ask their beneficiaries about what they really need; according to some respondents, the lack of such targeted work does not allow them to be the subjects of this process;
- some respondents noted the need for greater involvement in and visibility of the work of large international organizations;
- there were also calls for the diversification of support from NGOs — in addition to direct humanitarian assistance, respondents expressed interest in receiving education and skills that could provide them with employment and income. This may indicate that communities have low trust in the state and shift the work and responsibilities of the state onto NGOs, which are already forced to respond to many challenges;
- there was a separate request for initiatives related to the promotion of the rights of trans* people at the international level, as well as comments that the international community and humanitarian organizations pay little attention to marginalized groups, including sex workers and trans* people.

GENERAL CONCLUSIONS

The trans* community in the countries of the study and in the CEECA region more generally is extremely vulnerable in normal times, and the pandemic and related restrictions have certainly worsened the situation of many trans* people. Such deterioration ranged from issues that are also important for the cisgender majority, such as loss of income, reduced living standards, anxiety and deterioration in family relationships, as well as issues specific to trans* people, such as access to medical services, and a lack of available information on the impact of COVID-19 and vaccinations on trans* people.

It is important to separately note the general problem related to the provision of information. Like previous studies, the results of the FGD in the countries under consideration showed a request for information about COVID-19 and a lack of official information in countries (on the pandemic, measures to overcome it, vaccination, etc.). Poor English proficiency and a lack of skills for searching for and critically evaluating information, especially when such information is lacking globally, have also affected the level of knowledge about COVID-19 and its impact on trans* people, vaccinations, and about other related health issues.

The pandemic has highlighted the gaps in social care in the countries of the study and in the region, such as: gaps in domestic violence response systems, and a lack of unemployment support, shelters, psychological support hotlines, and humanitarian assistance for those who have lost their jobs and income due to quarantine measures and restrictions.

The high level of transphobia in the countries of the study and the consequent inability of many trans people to live openly with their desired gender identity also exacerbated the situation during the lockdown. Combined with the need in some cases to live with relatives, these factors have exposed individual trans* people to the risk of domestic violence and exacerbated their psychological distress.

It is necessary to note separately the high threshold of trans* people to tolerate certain manifestations of domestic violence (primarily economic and psychological violence), which may be a consequence of the lack of both educational activities and support services for victims. People who have nowhere to go are forced to normalize violence and find ways to survive under such conditions.

Studies of the impact of the pandemic on the trans* community, as well as other in-depth studies of the impact of certain processes on people with different identities and protected characteristics, should be carried out not only by public organizations. Such studies should become a mandatory part of the assessment and planning of state policies and responses.

The lessons learned during the pandemic should also form the basis for broader changes and reforms, such as decriminalizing sex work, improving healthcare services for trans* people, developing a public and/or community-based shelter and support system for victims of domestic violence, as well as other social protection measures for people in difficult life circumstances.

It is also important to highlight ***the lessons for civil society*** brought about by the pandemic:

- the need to quickly change work priorities;
- the need to reformat human rights goals for urgent humanitarian assistance;
- development of skills needed to find resources during crises;
- monitoring problems that are not addressed by states, and finding options to solve these problems;
- the need to move all communications online while maintaining direct contact with the communities in whose interests work is being carried out.

RECOMMENDATIONS

WHO AND GOVERNMENTS OF STATES

- measures taken in response to the pandemic and/or other crises should take into account a risk assessment of their disproportionate impact on marginalized populations, including LGBT+ people;
- lessons of the COVID-19 pandemic must necessarily lead to the inclusion of an emphasis on ensuring the right to health of trans* people in medical protocols;
- the development of medical services and improvements in the quality of medical services must necessarily include measures to combat discrimination in the healthcare sector;
- any measures to restrict the movement of the population must be proportionate and not result in any unjustified discriminatory impact on a particular group of the population;
- it is necessary to develop a system for the provision of social services, namely, to ensure the establishment of community shelters and crisis centers for victims of domestic violence, a system of effective support and assistance with finding employment for the unemployed, and support programs for socially vulnerable groups of the population, including the provision of humanitarian assistance. Such programs must be accessible without discrimination to all, including trans* people.

DONORS AND CHARITABLE ORGANIZATIONS

- taking into account the lessons of the pandemic, review programming approaches, and allow flexibility in the reallocation of funds and the reprogramming of work in order to meet the needs of beneficiary communities and to respond to regional challenges;
- include regional and local NGO representatives in the planning of programs and in decision-making activities and activities that influence donor policies;
- ensure that large-scale regional and/or country projects include risk assessments, impact assessments and support for marginalized populations; take into account intersectional identities in all supported projects where possible.

HUMAN RIGHTS ORGANIZATIONS AND COMMUNITY SUPPORT GROUPS

- conduct situation assessments and consultations with the community for planning short- and long-term programs;
- in the long term, together with community members, focus on creating opportunities for developing the legal literacy of the community, as well as for strengthening self-presentation, job searching, and new professional skills, as well as language learning, in order to strengthen the position of community members in the labor market.

IN THE LONG TERM, ALL THREE COUNTRIES OF THE STUDY NEED TO ADDRESS SYSTEMIC ISSUES SUCH AS:

- decriminalizing sex work;
- creating state and community support systems for people affected by domestic violence, including the necessary legislative reforms to increase accountability for domestic violence;
- reforming procedures for providing medical services for trans* people, as well as the procedure for legally changing one's gender marker in documents;
- adopting antidiscrimination laws.

LIST OF LITERATURE USED

STUDIES

Andreas Koehler, Joz Motmans, Leo Mulió Alvarez, David Azul, Karen Badalyan, Koray Basar, Cecilia Dhejne, Dragana Duišin, Bartosz Grabski, Aurore Dufrasne, Natasa Jokic-Begic, Antonio Prunas, Christina Richards, Kirill Sabir, Jaimie Veale & Timo Ole Nieder (2021): How the COVID-19 pandemic affects transgender health care — A cross-sectional online survey in 63 upper-middle-income and high-income countries, International Journal of Transgender Health, DOI: 10.1080/26895269.2021.1986191

Available at: https://doi.org/10.1080/26895269.2021.1986191

Ann Caroline Danielsen MSc, M.P.H. Katharine MNLee M.S., Ph.D. Marion Boulicault Ph.D. Tamara Rushovich M.P.H. Annika Gompers MPhilf Amelia Tarrant (A.B.) Meredith Reiches (Ph.D.) Heather Shattuck-Heidorn (Ph.D.) Luke W.Miratrix Ph.D. Sarah S.Richardson (Ph.D.) (2021): Sex disparities in COVID-19 outcomes in the United States: Quantifying and contextualizing variation

Available at: https://www.sciencedirect.com/science/article/pii/S0277953622000193#bib31

Human rights campaign in partnership with PSB research (2020): THE ECONOMIC IMPACT OF COVID-19 INTENSIFIES FOR TRANSGENDER AND LGBTQ COMMUNITIES OF COLOR

Available at: https://assets2.hrc.org/files/assets/resources/COVID19-EconImpact-Trans-POC-061520.pdf?_ga=2.108305217.2116106901.1644338105-1657142066.1644338105

Vern Harner,* Ascher K. Munion, and Jama Shelton (2021): Trans Adults Amidst the COVID-19 Pandemic: Quality of Life, Pandemic Impact, and Vaccine Preferences

Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8657091/

ILGA Europe: COVID-19 and specific impact on LGBTI people and what authorities should be doing to mitigate impact

Available at: https://www.ilga-europe.org/sites/default/files/COVID19%20_Impact%20LGBTI%20people.pdf

Lindsey Dawson, Ashley Kirzinger, and Jennifer Kates, KFF (2021): The Impact of the COVID-19 Pandemic on LGBT People

Available at: https://www.kff.org/coronavirus-covid-19/poll-finding/the-impact-of-the-covid-19-pandemic-on-lgbt-people/

Trans PULSE Canada (2019): Social and economic impact of COVID-19 on transgender and non-binary people in Canada

Available at: https://transpulsecanada.ca/wp-content/uploads/2020/12/TPC_COVID_Report-_Social_Econ_Impacts_EN_FINAL-ua-2.pdf

Boglarka Fedorko, Anwar Ogrm, and Sanjar Kurmanov (2021) Impact assessment: COVID-19 and trans people in Europe and Central Asia. TGEU.

Available at: https://tgeu.org/wp-content/uploads/2021/01/impact-assessment-covid19-and-trans-people-in-europe-and-central-asia.pdf

ARTICLES

Meg Perret Kai Jillson Ann Caroline Danielsen Mai-Han Trinh Dougie Zubizarreta L. Zachary DuBois (2021): COVID-19 Data On Trans And Gender-Expansive People, Stat! DOI: 10.1377/forefront.20210510.756668

Available at: https://www.healthaffairs.org/do/10.1377/forefront.20210510.756668/full/

Edge Effect, BRIEFING NOTE: Impacts of COVID-19 on LGBTIQ+ people

Available at: https://www.edgeeffect.org/wp-content/uploads/2020/04/LGBTIQ-COVID19_EdgeEffect_30Apr.pdf

INFORMED CONSENT AND DATA PROTECTION FORM

INFORMED CONSENT

The data collected in this study is protected under the EU General Data Protection Regulation (GDPR). I hereby declare that I have been informed orally of the purpose and nature of this study.

I understand that participation in this study does not entail any additional costs, and that ***I will not receive any financial benefit from it****.*

I agree that my data collected in this study will be recorded in an anonymous form*. The organizers guarantee that this data will not be passed on to third parties. The description of the methodology of the final report will not include the list of respondents or any data identifying possible participants.*

DATA PROTECTION

1. *I agree that, as part of this study, data will be collected anonymously and recorded on ECOM servers in accordance with EU law (GDPR).*
2. *Consent to the collection and processing of data is irrevocable, since due to the anonymous form of the survey, no deletion of data associated with a participant can be carried out.*
3. *I understand that at no time in the course of filling out forms and/or FGD, will I be asked to provide my passport data or any other personal information that identifies me, which I am not willing to share.*

Work will begin as soon as you agree to the above procedure and agree to participate in the study.

By clicking on the «Yes» button, I declare that I agree with the described procedure and that I am over 18 years old. I agree to participate in this study*.*

Signature _____ *Date* _____

QUESTIONNAIRE FOR COLLECTING SOCIO-DEMOGRAPHIC DATA PRIOR TO THE FGD

1. How would you describe your gender identity? Several answers are possible, for example:

- ☐ *woman*
- ☐ *man*
- ☐ *trans-woman*
- ☐ *trans-man*
- ☐ *trans*
- ☐ *trans**
- ☐ *transgender*
- ☐ *transsexual*
- ☐ *bigender*
- ☐ *gender changeable*
- ☐ *gender indeterminate*
- ☐ *gender variant*
- ☐ *agender*
- ☐ *non-binder*
- ☐ *I cannot classify myself*
- ☐ *I do not want to classify myself*
- ☐ *Your answer (write yourself)*

_____

2. Your age? (write answer)

_____

3. Your country/region/city of residence? (write answer)

_____

4. Where exactly do you live - city, suburbs, outside a city, rural area? (write answer)

_____

5. Your citizenship/residence status (for non-citizens)? (write answer)

_____

6. Do you have health insurance?

- ☐ *I have public health insurance*
- ☐ *I have private health insurance*
- ☐ *I do not have health insurance*
- ☐ *I do not want to answer*

7. Did you have COVID-19?

- ☐ *yes*
- ☐ *no*
- ☐ *I do not know because I was not tested and did not seek medical help*

8. Are you vaccinated?

- ☐ *yes*
- ☐ *no*
- ☐ *I did not have access to quality vaccines*
- ☐ *I do not want to answer*

9. If you are vaccinated, which vaccine did you receive?

- ☐ *BioNTech/Pfizer*
- ☐ *Moderna*
- ☐ *Oxford AstraZeneca*
- ☐ *Sputnik V*
- ☐ *Janssen (Johnson & Johnson)*
- ☐ *SinoVac*
- ☐ *SinoPharm*
- ☐ *None*
- ☐ *Your answer (write yourself)*

_____

10. Do you have accommodation?

- ☐ *I have my own separate housing*
- ☐ *I rent a separate apartment on my own*
- ☐ *I live with relatives in their housing*
- ☐ *I rent with other trans* people*
- ☐ *I rent with other LGB+*
- ☐ *I rent with people I do not know well*
- ☐ *I am temporarily living with friends*
- ☐ *Your answer (write yourself)*

_____

11. Did you have to change your living arrangements due to COVID-19?

- ☐ *yes*
- ☐ *no*

12. Are your living conditions causing you stress?

- ☐ *yes*
- ☐ *no*
- ☐ *could be better, but it's not critical*

13. Your sources of income and the sources of income of your loved ones, with whom you share expenses, allow you to live:

- ☐ *Comfortably*
- ☐ *Tolerably, but it was better before COVID-19*
- ☐ *I am having difficulty making ends meet*
- ☐ *With great difficulty*
- ☐ *Do not want to say*
- ☐ *I don't know*

14. Do you have access to regular therapy (hormone)?

- ☐ *yes*
- ☐ *no*
- ☐ *I do not need this*
- ☐ *I do not want to answer*
- ☐ *Your answer (write yourself)*

_____

15. Do you have a support group/circle?

- ☐ *yes*
- ☐ *no*
- ☐ *I do not need this*
- ☐ *I do not want to answer*
- ☐ *Your answer (write yourself)*

_____

QUESTIONNAIRE FOR CONDUCTING THE FGD

Good afternoon, thank you for agreeing to take part in the focus group discussion. This is a qualitative study, it involves a small sample of respondents, but thanks to the focus group discussion method, it provides an opportunity to delve into the experience and opinions of the participants.

Your input, experience and what you are willing to share with us today is very important to us. We also guarantee your anonymity and security. All data collected will be used without reference to sources, including names or other personal information that may indicate the source. If it is more comfortable for you, you can choose any pseudonym that you call yourself today, this is necessary solely for the purpose of subsequent internal processing of information.

Our work will be conducted in the following manner:

- I (the moderator) will now explain the rules of our work,
- then I will ask you to fill out the form on informed consent to data collection.

Rules of interaction/work:

- activeness of all participants
- value of direct, honest and detailed answers
- respect for the spontaneous reaction of each participant
- every answer is «correct»/every experience of yours is important and valuable to us
- general discussion (refrain from dialogues) — everything said should be addressed to all participants
- mutual respect — speak in turn, do not interrupt other participants

We are recording this FGD. It will be transcribed and used for analysis and the subsequent preparation of the final report. We will not indicate the source of information/authorship of any quotes used; your contribution will remain anonymous.

1 FIRST BLOC OF QUESTIONS — GETTING TO KNOW THE GROUP

1.1 Please introduce yourself, what your name is here and now (it can be any of your nicknames) and what pronouns to use.

1.2 How often can you now live as your desired gender identity? Has anything changed during the COVID-19 pandemic?

1.3 Do you have other protected characteristics/identities that you feel make your situation worse/make you vulnerable? For example, disability, HIV+ status, involvement in sex work, statelessness, substance use, etc... can you give an example of how the combination of your identities leads to violations of your rights in specific life situations during the specified period (COVID-19)?

2 BLOC OF QUESTIONS ON THE ECONOMIC SITUATION OF RESPONDENTS IN RELATION TO THE PANDEMIC

2.1 Please describe how your financial situation has worsened during the pandemic. In what way exactly?

2.2 Does anyone in the group have a different experience? Perhaps on the contrary, the possibility of remote work improved your financial situation?

2.3 Did you have a regular job before the pandemic?

2.4 Are you currently employed?

2.5 To what extent does your transgender status affect your employment? What about COVID-19?

3 BLOC OF QUESTIONS ABOUT RELATIONSHIPS WITH FAMILY AND FRIENDS

3.1 Please describe your relationship with family/loved ones during the pandemic.

3.2 Do you have permanent housing? With whom do you live?

3.3 Has your housing situation changed during the COVID-19 pandemic?

3.4 Did you experience domestic violence during this time (various forms of violence: economic, psychological and/or physical)?

3.5 Did you have anywhere to turn to for help in relation to domestic violence during this period/ do you have a support group?

4 BLOC OF QUESTIONS ON BARRIERS TO THE REALIZATION OF THE RIGHT TO HEALTH DURING THE PANDEMIC

- **4.1** Have COVID-19 related restrictions and/or measures affected your overall access to health-care services (including the procedures/treatments you had access to before the pandemic)?
- **4.2** Do you have public or private health insurance that covered your needs during this period? If you don't have insurance, would you feel more comfortable if you did?
- **4.3** How has this affected services related to transitioning?
- **4.4** Have you ever been denied medical services? What do you think these denials were in connection with: your trans* status or COVID-19?
- **4.5** Did you receive any humanitarian assistance during this time, including health-related assistance?

5 MENTAL HEALTH AND SOCIAL INTERACTIONS

- **5.1** How do you rate your mental health now, after two years of the pandemic, compared to before and during the first months of the lockdowns/the most severe restrictions?
- **5.2** Did you seek psychological help during this period? Do you have the resources (time, money) for this?
- **5.3** Do you have a support circle (people with whom you keep in touch regularly and can ask for help) within the community? Outside the community?
- **5.4** Has the pandemic affected your relationships with friends, with other members of the community? If so, how?

6 BLOC OF RECOMMENDATIONS AND/OR POSSIBLE ADVICE FROM THE COMMUNITY

- **6.1** What information did you lack at the beginning/peak of the pandemic to feel safe?
- **6.2** Do you feel that government communication about the COVID-19 pandemic did not take into account the diversity of people/did not reflect your needs? How so?
- **6.3** What was most lacking during the pandemic in terms of communication/organization of interaction with the authorities? What would you like to be organized differently?
- **6.4** What can NGOs/international organizations realistically do to support the community in difficult times like the pandemic?

7 SUMMING UP

7.1 Is there anything else you think you could add that we forgot to ask about?

Thank you for participating in the FGD, and for your time and your experience. Once again, I remind you that all information will be used anonymously! This was very important and useful for us, and we will work to ensure that our final report contains as much information and detailed recommendations as possible, so that the interests of trans people are taken into account in the future when developing policies and instructions in other force majeure situations.*


ECOM