

STANDING UP FOR TRANS RIGHTS



ASIA PACIFIC
TRANSGENDER
NETWORK

Trans COMP

Community Based Monitoring Tool



STANDING
UP FOR
TRANS
RIGHTS

APTN

- Asia Pacific Transgender Network (APTN) is a trans-led regional organisation that engages with a range of partners across Asia and the Pacific to support, organise, and advocate for fundamental human rights including gender identity; access to justice and legal protections; and comprehensive gender-affirming healthcare and policies, for trans and gender diverse people.
- APTN works with in-country trans-led and trans-inclusive community groups / organisations in Southeast Asia, South Asia, the Pacific, and East Asia.

Welcome to the Trans COMP CBM Tool Module!

APTN has developed this community-administered monitoring tool to measure the intended outcomes to monitor progress of health service provision for transgender communities.

- The tool will measure quality of care, availability and access to testing, results and treatment.
- The tool will capture quality of HIV-related and provide a benchmark to track trans-competent and gender affirming health care in countries in the Asia-Pacific region, including access to and availability of hormones, sexual and reproductive health services and barriers to health care.



Welcome to the Trans COMP CBM Tool Module!

This is an essential tool that communities will be able to use to advocate for better healthcare systems and services and to hold government and healthcare providers accountable

- The Trans COMP CBM Tool is a living document, and it is hoped that future iterations will be developed by communities, that these iterations respond to the adapting needs of transgender people as service provision improves and progresses both at the regional and the global level.



Introduction to the Trans COMP CBM Tools



- Transgender people experience *substantial health disparities* and obstacles to accessing appropriate health care services.
- These disparities can diminish opportunities for achieving the highest possible health status and *can result in poor health outcomes*.
- Transgender people can *play a critical role* in educating healthcare workers in how to provide appropriate, quality healthcare.
- One part of the *capacity building process* is community-based and community-led monitoring.

What are trans-competent services?

- *Trans-competent health services ensure clear and easy pathways for accessing all types of healthcare, including HIV, gender-affirming, mental health, and general healthcare, regardless of one's background.*
- *Trans-competent care refers to healthcare that demonstrates both trans cultural competency and technical, clinical competency.*
- *Trans cultural competency refers to the ability to understand, communicate with, and effectively interact with trans people, in a respectful, non-judgemental, compassionate manner, in settings free of stigma and discrimination.*
- *Trans clinical competency refers to demonstrated competency across the specific gender-affirming healthcare needs of trans people and also about the application of prevention and screening tools for general healthcare to trans people.*



Why community-based monitoring?



- *Community-based monitoring* gives tools and frameworks developed by a specific community that encourage users of a facility to assess and score the service they access.
- Results from community-based monitoring can help facilitate collective agreement and action with the eventual **goal of improving service delivery**.
- It can facilitate **community engagement** with health care providers and positively impact upon service quality, efficiency, and accountability.

Trans COMP CBM Tool

APTN has developed this community-administered monitoring tool to measure the intended outcomes to monitor progress of health service provision for transgender communities.

- The tool will measure quality of care, availability and access to testing, results and treatment.
- The tool will capture quality of HIV-related and provide a benchmark to track trans-competent and gender affirming health care in countries in the Asia-Pacific region, including access to and availability of hormones, sexual and reproductive health services and barriers to health care.



About the Tools

- *This Trans COMP CBM Tool is designed for transgender community members to assess and monitor service provision.*
- *The Trans COMP CBM Tools consist of four separate parts, for two separate audiences:*
 1. Trans COMP CBM Scorecard *(for trans community members)*
 2. Trans COMP CBM Excel Spreadsheet *(for trans community members)*
 3. Trans COMP Provider Checklist *(for Service Providers)*
 4. Trans COMP Provider Action Plan *(for Service Providers)*



About the Trans COMP CBM Tool Pilot Process

- Engaging project coordinator, trans focal points, and CBM data gatherers
- Translation of tools into local language
- CBM tool orientation video
- Country consultations with partners/stakeholders on the implementation
- Health service mapping and developing data gathering plans
- Training for focal points and CBM data gatherers
- Data gathering and encoding
- Data analysis and report writing
- Dissemination meetings



Service Provider Mapping Tool

Health Care Facility	HIV Counselling and Testing	HIV Treatment, Care & Support	STI Testing	STI Treatment	Male Condoms	Female Condoms	Lubricant	PrEP	PEP	Counselling	Hormone Therapy	Gender Affirming Care	Top Surgery	Bottom Surgery	Cancer Screening	IEC	Mental Health Support	Harm Reduction Programs	Vaccine (Non COVID19)	COVID19 Services	Other Health Services Referrals	Other non-Health Services Referrals
Mahosot Hospital	Free	Free	\$	\$	\$	N	\$	N	N	\$	N	N	N	N	\$	\$	N	\$	\$	Free	\$	\$
Sethathirath Hospital	Free	Free	\$	\$	\$	N	\$	N	N	\$	N	N	N	N	\$	\$	N	\$	\$	Free	\$	\$
Mittapharb Hospital	Free	Free	\$	\$	\$	N	\$	N	N	\$	N	N	N	N	\$	\$	N	\$	\$	Free	\$	\$
Sisattanak Hospital	Free	Free	\$	\$	\$	N	\$	N	N	\$	N	N	N	N	\$	\$	N	\$	\$	Free	\$	\$
Sikhottabong Hospital	Free	Free	\$	\$	\$	N	\$	N	N	\$	N	N	N	N	N	\$	N	\$	\$	Free	\$	\$
Saysetha Hospital	Free	Free	\$	\$	\$	N	\$			\$	N	N	N	N	N	\$	N	\$	\$	Free	\$	\$
Hadxaifong Hospital	Free	Free	\$	\$	\$	N	\$			\$	N	N	N	N	N	\$	N	\$	\$	Free	\$	\$
Vientiane Women and Youth Centre for Health & Development, Laos (WVYC)	Free	Free	\$	\$	Free	N	Free			Free	N	N	N	N	N	Free	N	N	N	N	N	N
103 Hospital																						
???																						

What is Observer Bias?

- Observer bias (also called experimenter bias or research bias) is the tendency to see what we expect to see, or what we want to see.
- When a researcher studies a certain group, they usually come to an experiment with prior knowledge and subjective feelings about the group being studied.
- In other words, they come to the table with conscious or unconscious prejudices.



Mitigating Observer Bias

Observer bias can be reduced or eliminated by:

- Ensuring that observers are well trained.
- Screening observers for potential biases.
- Having clear rules and procedures in place for the experiment.
- Making sure behaviors are clearly defined.
- Setting a time frame for: collecting data.



1. Trans COMP CBM Scorecard

- *The Trans COMP CBM Scorecard allows transgender community members to assess the services they access.*
- *There are 6 **broad themes** to be monitored: Clinic Experience, Provider Experience, Health Services (+ HIV Prevention, Testing and Treatment, +STI Diagnostics, Testing and Treatment, Gender Affirming Care, Mental Health and Harm Reduction), and Post-Service Reflection*
- *The Scorecard can be used in a number of ways:*
 - A) To monitor experience accessing a Comprehensive Package (HIV services, STI services and Gender Affirming Care)
 - B) To monitor a singular experience accessing an Individual Package (e.g. HIV services, or STI services)
 - C) To monitor a Combination Package (e.g. HIV services + STI services).

Trans COMP CBM Scorecard Step 1

- *Before commencing assessment of the service(s) accessed, participants are required to complete some information regarding the facility they are monitoring:*

Date:

Facility Type: Public/Government Private Community-based Organisation (CBO) Led
 Others, please specify

Name of Facility:

Name of Primary Healthcare Provider:

Address:

City/ Country:

Your Name:

Gender Identity:

Age:

What services are you seeking? HIV/STI Services Gender Affirming Services General Healthcare
 Mental Healthcare

Trans COMP CBM Scorecard Step 2

- *After completing the initial section, monitors move onto to the list of indicators, completing the sheet that connects with the service they accessed.*
- *Community members Score their experience by selecting an emoticon that reflects their opinion of the service they accessed:*



Not
Applicable



Strongly
Disagree



Disagree



Undecided



Agree



Strongly
Agree

Trans COMP CBM Scorecard



Not
Applicable



Strongly
Disagree



Disagree



Undecided



Agree



Strongly
Agree

No.	Section A: Clinic Experience						
A1	I found the clinic location with no problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A2	It was easy to find out about these services and make an appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A3	The clinic signage and materials are welcoming, accessible, informative and inclusive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A4	The operating hours of the clinic meet my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A5	The staff including the receptionist asked and called me my preferred name and pronouns/salutations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A6	I was able to put my preferred name and pronouns/salutations and gender identity on the clinic's check-in form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A7	I was provided with the option to use a unique identity code (UIC), in order to ensure my confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A8	I have been informed of my rights as a patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A9	I am asked to complete an informed consent form when I visit the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A10	I felt safe in the public area of the health facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A11	The facilities at the clinic were clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A12	I was able to use the toilet that I was comfortable going to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A13	The wait time at the health facility is reasonable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trans COMP CBM Scorecard



Not
Applicable



Strongly
Disagree



Disagree



Undecided



Agree



Strongly
Agree

No.	Section B: Provider Experience						
B1	The nurse/doctor asked and called me my preferred name and pronouns/salutations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B2	The healthcare provider explained that my confidentiality will be guaranteed regardless of my gender identity and health status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B3	My doctor asked me questions about my personal life that made me feel supported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B4	I felt the nurses and doctors asked specific questions related to my symptoms or needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B5	I understand that the provider does not have to force me to do anything that I don't want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B6	I have the right to question or ask for further clarification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B7	The language used by the service provider is easy to understand and delivered in a respectful manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B8	I feel that the doctor listens to and can understand my concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B9	The doctor was patient in explaining to me the symptoms/ processes that I came to consult on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B10	The doctor sought my consent before proceeding to do any examinations/ screenings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B11	I didn't feel uncomfortable/unsafe or in pain when my private/ breast/ chest/ genital area was examined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trans COMP CBM Scorecard



Not
Applicable



Strongly
Disagree



Disagree



Undecided



Agree



Strongly
Agree

No.	Section C: Health Services						
C-1: HIV Prevention, Testing and Treatment Services							
1.1	Female condoms and lubricants are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Male condoms and lubricants are always available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.3	The pre-test HIV counselling was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.4	The post-test HIV counselling was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	I was offered couples HIV counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	My counsellor has suggested I invite my intimate partner for an HIV test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	The doctor has explained the risks of sharing needles and blood borne viruses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	I was provided information and offered PrEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	I was provided information about PEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	PrEP/ PeP is available at the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10	The doctor explained to me my ART regime, including interaction of ART medications with hormones, and I understand how to start treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	I was informed about the interaction between hormones, PrEP, PeP and ART as well as other medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	The doctor was able to advise me on monitoring my health status and tests needed while on ART and provided guidance for a follow up visit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trans COMP CBM Scorecard

C-2: STI Diagnosis, Testing and Treatment Services							
2.1	The pre-test STI counselling was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	The post-test STI counselling was helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	My counsellor has suggested I invite my intimate partner for an STI test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	I was given a prescription when I have tested positive for an STI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	I feel confident in making an informed decision about safer sex and reducing my risk now	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-3: Gender Affirming Care							
3.1	The doctor explained the necessary steps I had to take before starting gender affirming hormone therapy (GAHT) (medical history examinations, liver function test, hormone count)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	The doctor explained the safe dosage and correct way to administer hormones based on my medical history and records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	My doctor explained the health implications of taking hormones on my fertility and suggested options based on my needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	Every time I need a refill of hormones I am able to get it at this clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	My doctor explained to me the potential health risks of tucking/ binding for extended periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.6	I have been informed of the importance of screening for cancer (i.e. breast, prostate, anal or vaginal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trans COMP CBM Scorecard

C.4 Mental Health and Harm Reduction							
4.1	My counsellor asked me questions in a respectful and sensitive way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2	If I am depressed or feeling anxious, I feel I can tell my healthcare provider (doctor or counsellor)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3	I know about the referral services available including peer support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4	I really appreciate having access to a peer counsellor or peer support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5	If I am worried about my substance use, I can discuss this with the healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6	The doctor/counsellor was able to refer me to other harm reduction programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.7	If I have experienced some form of sexual or gender-based violence, my counsellor can provide support or refer to other services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.8	I can ask my counsellor for introduction to legal aid services if I need it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Trans COMP CBM Scorecard



Not
Applicable



Strongly
Disagree



Disagree



Undecided



Agree



Strongly
Agree

No.	Section D: Post-Service Reflection						
1	I will definitely come back to this facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	After the clinic consultation, I feel reassured and more confident in making informed health decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I wasn't judged because of my gender identity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	I wasn't judged because of my ability, religion, ethnicity, occupation, HIV status, or socio-economic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I was able to share everything with my healthcare provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	All my questions were answered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	My mental health improves after a visit to the clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Trans COMP CBM Tool Spreadsheet


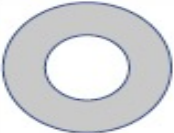
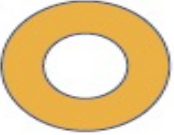
- *The Trans **COMP CBM Tool Spreadsheet** can be used as replacement for the Scorecard to make the survey virtual, as opposed to paper-based.*
- *Alternatively, data collected in the paper-based Scorecard can be in-put into the Spreadsheet to help calculate score.*
- *The indicators within the Spreadsheet are identical to that within the Scorecard.*

2. Trans COMP CBM Tool Spreadsheet

Trans COMP (Connection, Ownership, Meaningful Participation) Scorecard							
Package: Comprehensive							
Result: 5.1948052 Bronze							
No	Indicators	Not Applicable	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree
Section A: Clinic Experience							
A1	I found the clinic location with no problem					YES	
A2	It was easy to find out about these services and make an appointment						YES
A3	The clinic signage and materials are welcoming, accessible, informative and inclusive					YES	
A4	The operating hours of the clinic meet my needs			YES			
A5	The staff including the receptionist asked and called me my preferred name and pronouns/salutations					YES	
A6	I was able to put my preferred name and pronouns/salutations and gender identity on the clinic's check-in form		YES				

Trans COMP CBM Tools Classifications

- *Below is an example of how to classify a Trans COMP Comprehensive Package, and what could be defined as **Bronze, Silver or Gold** standard, for illustration.*
- *The classifications serve as guidelines providing insight into service gaps, limitations and opportunities for improvement.*
- *If a client accesses all service packages, the total indicators will equate to 100 points.*

Classification	Criteria
 <p data-bbox="459 248 556 268">BRONZE</p>	<p data-bbox="649 197 1064 217">Trans COMP Bronze Class 0-60 points</p> <ul data-bbox="691 224 1717 408" style="list-style-type: none"> <li data-bbox="691 224 1717 270">• Clinic is clean, accessible, affordable and offers timely services suitable to community needs <li data-bbox="691 277 1078 297">• All primary care needs are met <li data-bbox="691 303 1717 349">• Clinic provided the basic SRH services and commodities required including condoms and lubricant <li data-bbox="691 355 1108 375">• Staff were friendly and courteous <li data-bbox="691 382 1219 401">• There was information about SRH available
 <p data-bbox="465 517 548 537">SILVER</p>	<p data-bbox="649 467 1060 487">Trans COMP Silver Class 61-75 points</p> <ul data-bbox="691 494 1624 736" style="list-style-type: none"> <li data-bbox="691 494 1051 514">• All points above are covered <li data-bbox="691 520 954 540">• PEP, PreP is offered <li data-bbox="691 547 1624 592">• STI and HIV testing and treatment are free and information tailored to the trans community <li data-bbox="691 599 1445 619">• The staff asked me my preferred pronoun and called me by this <li data-bbox="691 625 1083 645">• There were trans staff available <li data-bbox="691 651 1373 671">• Comprehensive referral to appropriate services is offered <li data-bbox="691 678 1193 697">• Confidentiality in this facility is protected <li data-bbox="691 704 1402 723">• Informed consent is required and clients are provided a UIC
 <p data-bbox="479 871 548 891">GOLD</p>	<p data-bbox="649 794 1066 814">Trans COMP Gold Class 75-100 points</p> <ul data-bbox="691 822 1698 954" style="list-style-type: none"> <li data-bbox="691 822 1051 841">• All points above are covered <li data-bbox="691 848 1238 868">• Clinic met all my gender affirming care needs <li data-bbox="691 874 1537 894">• Broader health concerns were discussed and my information needs met <li data-bbox="691 900 1698 920">• Referral to legal aid, harm reduction and cancer check services is offered as requested <li data-bbox="691 927 1543 946">• Information on safe binding, tucking, silicone use is offered as requested

3. Trans COMP Provider Checklist

- *The Trans COMP Provider Checklist tool is designed for use by Service Providers.*
- *The objectives of this tool are to **assess and take stock of the enabling factors and progress of the clinic/organization towards becoming trans-competent.***
- *This activity can be conducted **quarterly**, or as needed, and be updated with additional checklist items when required.*
- *The Tool is divided into two parts:*
 - Part A - Improving Clinic Experience
 - Part B - Improving Provision of Health Services

3. Trans COMP Provider Checklist

Part A: Improving Clinic Experience

No.	Indicator	Yes	No
1	Our clinic/organization conducts an annual needs assessment to ensure we are meeting the needs of the trans community		
2	Our clinic has easily available information both online and offline for patients to learn about our clinic and make appointments with ease		
3	Our clinic has trans-inclusive health materials available at the clinic including signage, brochures, and pamphlets		
4	Our staff including the receptionist, doctors, and nurses ask each patient their preferred name/pronouns and use this name when addressing the patient		
5	Our clinic uses a unique identity code (UIC) to ensure confidentiality		

3. Trans COMP Provider Checklist

Part B- Improving Provision of Health Services

No.	Indicator	Yes	No
1	Our clinic/organization is working on the development of medical protocols/standards/guidelines/policy of trans health interventions		
2	I have been trained on these		
3	Our clinic/organization provides training on Trans-Specific Healthcare including Gender Affirming Care and Mental Health Care		
4	Our clinic/organization provides training on Trans-Specific STI/HIV Care		
5	Our clinic/organization provides refresher and updated training on Trans Specific Healthcare		

4. Trans COMP Provider Action Plan

- *Service providers should **map out solutions** wherever possible to mitigate issues raised or identified in the Trans COMP CBM Tool.*
- *This is a critical step as **feedback MUST be actioned and responded to.***
- *According to the urgency of the issue, this can be identified as **Immediate** (must be addressed directly/at the soonest), **Intermediate** (to be included in organization/clinic 3-6 month plan) or **Long Term** (6 months +)*

4. Trans COMP Provider Action Plan

- *The Provider Action Plan is a simple table consisting of 5 Steps.*
- *Below is an example of how to complete the form:*

N	Priority Problem/Indicator on Scorecard	Solution	Person in Charge	Timeline	Resources Needed
1	Client reported negatively on indicator no. 10 in section A <i>Staff called me by my preferred pronoun in the clinic</i>	Staff meeting Refresher sensitization of all staff (not just the identified staff member)	Line manager	Immediate	Sensitization materials (can refer to APTN for support)
2					
3					

Data Gathering Process

- *Over a period of 3 months, the Trans COMP CBM Data Gatherers in each country implemented their data gathering plans for the Trans COMP CBM Tool Pilot.*
- *During the data gathering process, they were supervised and coordinated by the country trans Focal Points.*
- *Each of trans CBM Data Gatherers went to a healthcare facility/provider and accessed/experienced an actual health service, pay for it (if there was a related cost), and then accomplished the Trans COMP CBM Scorecard.*
- *Each Data Gatherer had a target of between 25-30 Scorecards*
- *For each Scorecard correctly completed they were given a fee and any costs incurred reimbursed.*
- *APTN worked constantly to ensure the Data Gatherers were safe throughout this process*



Trans COMP CBM Tool Key Learnings

Community Ownership

Peer Support

Ongoing Capacity Building

Adaptability

Community Strengthening

Collaboration



Trans COMP CBM Tool Key Findings

Serious paucity of gender affirming care facilities

COVID19 severely impacted service provision and accessibility

Lack of access to appropriate washroom facilities for transpeople

Clients did not feel supported, or respected in general- stigma and discrimination still a concern

Not all questions put forward to the service provider were answered and counselling was rushed

Medication available was not affordable

Confidentiality issues

General healthcare services were available but there lacks comprehensive gender affirming care

There is no integration of gender affirming care into general healthcare settings, nor specific facilities established for the community



Recommendations

Capacity Building of Service Providers using the Towards Transformative Healthcare: Asia Pacific Trans Health and Rights Module

Imbedding of the Trans COMP CBM Tool into existing national level monitoring mechanisms

Further implementation of the Trans COMP CBM Tool at other geographic sites after Tools refining

Ongoing collaboration and meaningful engagement of trans people in health strategic plan development with implicated stakeholders and policy makers, including investment into gender affirming care service provision (for both trans feminine and trans masculine people)





STANDING
UP FOR
TRANS
RIGHTS

Thank you.

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