

**Trans*Operational research
of Reaching New Clients
from Trans*Community
through Peer Driven
Intervention
in Tbilisi, Georgia**

Study Report

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This three-year multi-country project is coordinated by the Alliance for Public Health (APH), in a consortium with the 100% Life (All-Ukrainian Network of PLWH), the Central Asian HIV Association and the Eurasian Key Populations Health Network. In Georgia the

project is being implemented by the Georgian Harm Reduction Network (GHRN).

We thank and appreciate the highly professional work of the staff members of non-governmental and community based organization “Equality Movement” actively involved in LGBT activism in Georgia for their valuable input in recruitment and interviewing process.

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ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
ART	Anti-Retroviral Therapy
GAM	Global AIDS Monitoring
GF	The Global Fund
GHRN	Georgia Harm Reduction Network
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
LGBT	Lesbian, Gay, Bisexual, and Transgender
MSM	Men who have sex with Men
NGO	Non-Governmental Organization
PDI	Peer Driven Intervention
PeP	Post-Exposure Prophylaxis
PLHIV	People living with HIV
PreP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
STI	Sexually transmitted infection
TG	Transgender
VCT	Voluntary Counselling and Testing
WHO	World Health Organization

BACKGROUND

According to the World Health Organization (WHO), “transgender people” is an umbrella term for all people whose internal sense of their gender (gender identity) is different from the sex they were assigned at birth¹. Trans*Women, who are biologically male at birth and self-identify as female, are considered at a heightened risk of acquiring HIV and other sexually transmitted infections (STIs) but are strikingly underrepresented in HIV programs and national surveillance systems².

Globally, the prevalence of HIV among Trans*Women is estimated to be 19.1%, which is more than 40 times higher than the prevalence in the general reproductive-age adults³. Trans*People experience multiple, intersecting socio-structural risks that increase their vulnerability to HIV, including stigma and discrimination, gender-based violence, lack of social and legal recognition of their affirmed gender, and exclusion from employment and educational opportunities, subsequent mental health problems, etc².

Transgender people are one of the most marginalized groups in Georgia. There are strong transphobic attitudes in the society, as well as in various institutions and the legislation. This adversely affects the lives of Trans*People and poses physical, psychological, and economic threats to them. In addition, non-governmental organizations (mainly community-based

organizations) remain the only providers of various vital services to the Trans*Community. The health of Trans*Persons, including the distribution of HIV infection in this group, in contrast to the general population data, is less researched in Georgia.

The present operational research using the peer driven intervention method, was aimed at reaching and providing preventive services to new groups of Trans*People in Tbilisi, Georgia, as well as exploring their socio-demographic profile and assessing the behavioral risks associated with HIV transmission (including sexual and injection risks).

The study was carried out in the frames of the three-year multi-country project “Sustainability of Services for Key Populations in Eastern Europe and Central Asia” (SoS Project) funded by The Global Fund and coordinated by the Alliance for Public Health, in a consortium with the 100% Life (All-Ukrainian Network of PLWH), the Central Asian HIV Association and the Eurasian Key Populations Health Network. In Georgia the project is being implemented by the Georgian Harm Reduction Network.

The present operational research was the first study conducted specifically among Trans*People in Georgia and was conducted in Tbilisi (the capital of Georgia) from July 2020 through January 2021.

¹ World Health Organization. Policy Brief: Transgender People and HIV. Geneva: World Health Organization; 2015.

² Yi, S., Sok, S., Chhim, S. et al. Access to community-based HIV services among transgender women in Cambodia: findings from a national survey. *Int J Equity Health* 18, 72 (2019). <https://doi.org/10.1186/s12939-019-0974-6>

³ Baral SD, Poteat T, Strömdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women : a systematic review and meta-analysis. *Lancet*. 2013;13(3):214–22.

STUDY GOAL AND OBJECTIVES

The **primary goal** of the study was to quickly reach new groups of clients and provide them with prevention services, with a focus on early detection and timely link of HIV-positive clients to treatment and care services and evaluate how well does PDI as a method for reaching new clients and engaging them in programs and

linking to services work with this group in this country. An **additional, but not less important goal** was to collect and analyze data: the socio-demographic profile of the population, an assessment of the behavioral risks associated with HIV transmission among Trans*People (including sexual and injection risks).

Specific Objectives

The study had the following specific objectives:

● Objective 1:

To reach a significant number of Trans*Trans*People who potentially are not reached with HIV preventive programs;

● Objective 2:

To identify individual risk factors for HIV transmission that will be associated with HIV infection;

● Objective 3:

To identify HIV knowledge and testing practice among the Trans*Population;

● Objective 4:

To identify the needs of the Trans*Population for preventative services.

Accomplishment of the study objectives required the following activities to be planned and performed:

1. To complete questionnaires among the Trans*Population and conduct HIV, HCV, HBV, Syphilis screening using rapid tests;

2. To study the existing risky practices of the Trans*Population;

3. To determine the prevalence of HIV among the recruited group;

4. To study individual risk factors associated with HIV transmission;

5. To study existing HIV related knowledge among the Trans*Population;

6. To study existing testing practices among the Trans*Population;

7. To identify the needs for preventive and medical services of the Trans*Population;

8. To describe the ways of attracting the Trans*Population to and ensuring they stay in and adhere to prevention projects.

STUDY METHODOLOGY

Study design

The study used a cross-sectional study design. Study participants (97 respondents in total) were recruited through peer-driven intervention (PDI) in Tbilisi. Due to the migration of

Trans*Community members during the summer period, data collection was carried out in Batumi and Kutaisi during the August period.

Inclusion/Exclusion Criteria and Sample Size

Inclusion Criteria

1. Representative of the Trans*Population (after the initial screening)
2. Trans*People from the client's social or risk networks (3 for each participant)
3. Age 18 or older
4. Ability to speak and read in Georgian

Exclusion Criteria

1. Is not a representative of the Trans* - Population
2. Is already a participant of this study.

Sample Size

This was an exploratory study, as the reliable size estimate for Trans*People in Georgia was unknown. Thus the recruitment process

continued until the stop of recruitment chain within the timeframe of the study under the planned number (more than 5) of seeds.

Recruitment of study participants

Recruitment in PDI is carried out by using social / risk networks. In the case of this study — of the representatives of the Trans*Population. This approach is based on the results of previous studies among hard-to-reach groups, proving its effectiveness and the lack of realistic alternatives. This method is based on the use of close social ties among community members, namely on the theory of social networks, in which each participant perceives himself/herself to be a member of a certain network (groups,

communities, associations, etc.); the size of the network and its boundaries depend on the given initial criteria (drug use, sexual contacts, or any social interaction) by which we determine it. So, for example, we can describe a social network based on a subjective assessment of each unique participant in this network (against a given initial criteria). This approach is usually used by researchers and involves the following limitations: only the particular social group (in the case of this study — the Trans*Population)

with whom the client personally interacts in the amount of up to 3 people. Thus, the criteria for the nomination of recruiting units is mutual communication: people should have mutual social contact.

The study team used different searching strategies to attract seeds — primary participants — active clients of preventive programs, informal leaders, those who have authority in the community, or people found through mapping. The primary client had to give invitations only to those who agreed to participate in the study and met the inclusion criteria. Each seed was then provided with three coupons for distribution. They underwent a survey, testing, and, if necessary, received other services offered as part of the prevention program. In addition, for the successful implementation of the methodology, the seeds were trained in inviting a new wave of clients to participate in the study. Overall 6 seeds were attracted by social/outreach workers

Data Collection

The fieldwork was mainly conducted in Tbilisi (in August data collection continued in Batumi and Kutaisi due to migration in Summer period), on the base of the community organization “Equality Movement”, which is a trusted and well-respected organization with extensive experience of working with the study target population. Non-governmental organization “Equality Movement”, established in 2011, is actively involved in LGBT activism in Georgia. Since 2015 the organization is involved in the GF HIV prevention program and delivers low-threshold services to the LGBT community.

Two social/outreach workers from “Equality Movement” were trained in conducting the interview and rapid testing prior to the field implementation.

The data collection period was from July 14, 2020 to January 13, 2021–26 weeks. The prolonged duration of data collection was

involved in the study and the recruitment chain continued within the timeframe of the study implementation.

Multiple participation — duplication of unique clients — was avoided. Visual control over the repeated participation of clients was provided by the interviewers.

The recruitment process involved a dual incentive system — a reward for being interviewed and a reward for recruiting others into the study. Each participant of the study was given an incentive in the form of 25 GEL for participating in the interview. For attracting a recruit to the project and in case the involved participant (recruit) met the inclusion criteria, the recruiter (the one who attracted) was given an incentive in the form of 10 GEL per recruit. Non-monetary incentives for participation included testing and counseling for HIV and other infections (HBV, HCV and Syphilis).

largely caused by the restrictions in the country due to COVID pandemic.

Before including the clients into the study, they underwent the screening procedures using the screening form (Annex 1).

After initial screening, the participants took part in interview and underwent rapid testing. Face-to-face individual interviews were conducted in Georgian by the trained interviewers using interviewer-administered paper-based questionnaires. The venue for conducting the interviews and testing was quiet and isolated (to ensure confidentiality of communication with participants and limit disturbing factors).

Each interview lasted on average 50–60 minutes.

Following the completion of the questionnaires, participants were asked to voluntarily undergo rapid testing for HIV, HCV, HBV and Syphilis.

Testing was carried out at the same sites where the interview was conducted. Testing was provided by the trained social/outreach worker. Test results were provided to all participants at their request and each of them received post-test counseling. Both negative and positive test results were reported directly to study participants during post-test counseling. In case of positive results, clients were referred for confirmatory testing.

Tools and data collection forms

The main tools and data collection forms were as follows:

- **Screening form.** This form was used to determine if the client met the study inclusion criteria (Annex 1);
- **Questionnaire**, consisting of several parts: general information about the respondent; hormone therapy and surgery; risky sexual practices; engagement in commercial sex; discrimination and violence; drug use practice; HIV knowledge; needs for preventive services, etc. It was envisaged to collect data on individual characteristics and

risks of each participant. The questionnaire included 87 questions on the main topics (Annex 2);

- **The consent form for participation** in the study was used to provide informed consent. It contained the terms and conditions of participation (Annex 3);
- **Coupons** for recruiting other participants (Annex 4);
- **Registry of the visits** (with issued coupon numbers);
- **Registry of issued incentives;**
- **Coupon tracking file** (Excel) was a file used to collect data and track the distribution of coupons. This database allowed to track the recruiting process and track how many recruiters were involved in the study by one client and how many valid coupons were still held by individual clients. This file was stored on the password-protected computer at GHRN office and was regularly checked by the study manager.

Steps (study algorithm)

The actions / steps of the study team were as follows:

1. Contacting the client
2. Receiving agreement on participating in the study
3. Screening to determine if the client meets the study inclusion criteria
4. Completing the questionnaire
5. Receiving consent on recruitment
6. Carrying out the recruiters' training
7. Issuing coupons for distribution among contacts of the risk networks
8. Referral to VCT / testing
9. Issuing preventive supplies and services
10. Issuing incentives for the interview
11. Giving farewell to the client
12. Issuing incentives for recruitment

DATA PROCESSING AND ANALYSIS

Data entry and analysis took place with the help of the SPSS software (Version 22.0). Any discrepancies were resolved by examining frequencies and cross-tabs and checking logic of all variables in the datasets. The data was first analyzed to tabulate individual responses to each of the questions in the survey. The respondents

included in each tabulation differed throughout the survey due to certain questions only being asked of a particular set of respondents and/or due to some respondents choosing not to answer a question. Frequency analysis and bivariate analysis to find association between an exposure and outcome was performed.

ETHICAL CONSIDERATIONS

The study underwent IRB review by Health Research Union (a local research institution with NIH/USA certified IRB, NIH Registration: IORG0005619) in Tbilisi, Georgia. No research procedures took place until approval from the ethical review boards had been granted.

Informed consent was required from all research participants. Participants were provided with information about the research aim and study procedures and had the opportunity to ask questions as part of the informed consent process. In addition, the participants were informed that at any time during the interview they had the right to refuse to answer any question or to quit the interview. All respondents were also informed that their participation would be voluntary and that their responses would remain confidential. No individuals were identified during data analysis or reporting. Study results or publications present aggregated data and do not contain any directly or indirectly identifiable information on the study participants.

The mandatory criterion was the compliance with the principles of anonymity and confidentiality during the research implementation. Hard copies of the completed questionnaires were kept at the GHRN office.

in a locked cabinets and no one has access to them except the principal investigator. All research staff had signed confidentiality agreement form (Annex 5).

RESULTS

The data collection for the study was conducted from July 2020 through early January 2021. Overall, 97 participants were attracted to the study during this period. Only two participants who did not meet the inclusion criteria were excluded from the study after initial screening. All remaining 95 participants completed the questionnaire and 84 (88.4%) out of 95 agreed to test for all four infections.

Socio-demographic characteristics

Out of 95 participants who met inclusion criteria and were identified as representatives of the Trans*Population, 81 (85.3%) were 35 years old and younger. 49.5% considered themselves Trans*Women, 7.4% — Trans*Men. Out of the remaining 43.2% majority indicated being Non-

binary. Most of the respondents from the entire sample (77.9% of those surveyed) were young adults between the age of 18 and 30. The same age distribution was observed among groups of Trans*Women and Non-binary individuals.

53.8% of study participants had received higher or incomplete higher education. Significant difference was observed between groups of Trans*Women and Non-binary individuals regarding the level of education. Larger proportion of individuals were observed with high school/professional education among Trans*Women (63.8%) in contrast with Non-binary group, where the majority had university degrees (68.3%). Among Trans*Men 71.4% were with university education, however due to very small sample the results can't be generalized.

Table 1: Main characteristics of the study participants (Age/Gender/Education)

Characteristics	N = 95	%
Age		
≤35	81	85.3
>35	14	14.7
Gender		
Trans*Women	47	49.5
Trans*Men	7	7.4
Other	41	43.2
Gender Other		
Cross dresser	1	1.1
Gender fluid	1	1.1
Lady boy	1	1.1
Non-binary	38	40.0
Education		
High school (incomplete)	3	3.2
High school (complete)	32	33.7
Professional college	9	9.5
University (incomplete)	22	23.2
University (complete)	26	27.4
Post-graduate	3	3.2

Respondents were asked to indicate the sources of personal income for the previous month. Money received through employment, commercial sex work, given by a friend/relative/

partner, and borrowed money were named as main sources and 61% of the respondents have monthly income more than 500 GEL.

Figure 1: Personal income source for the previous month

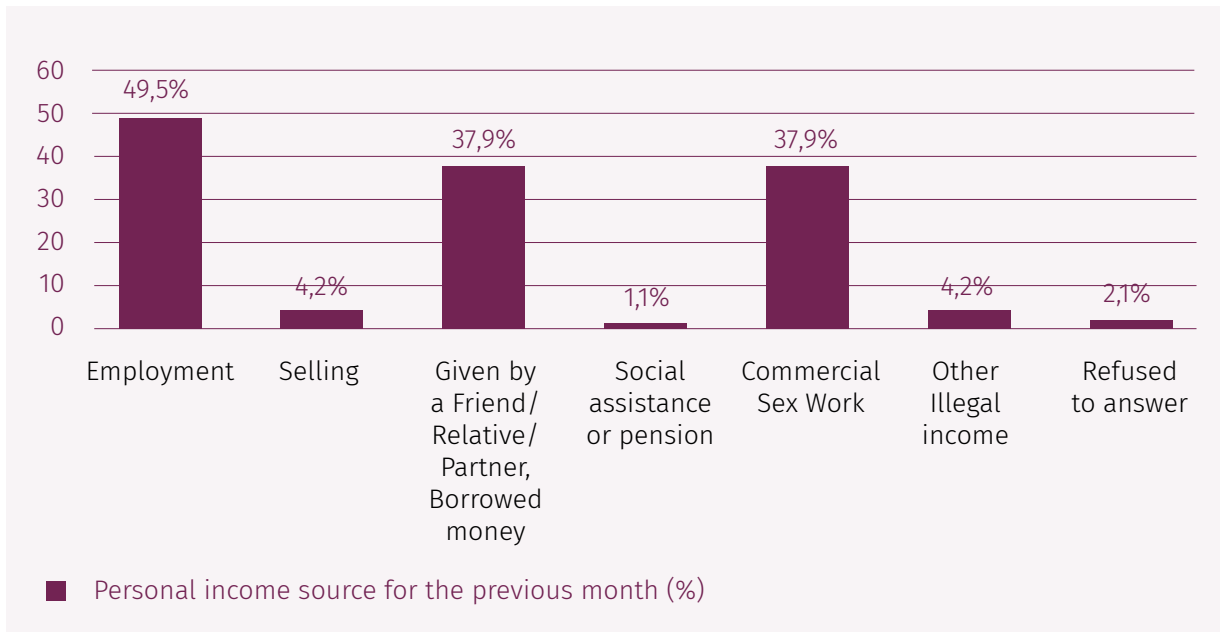
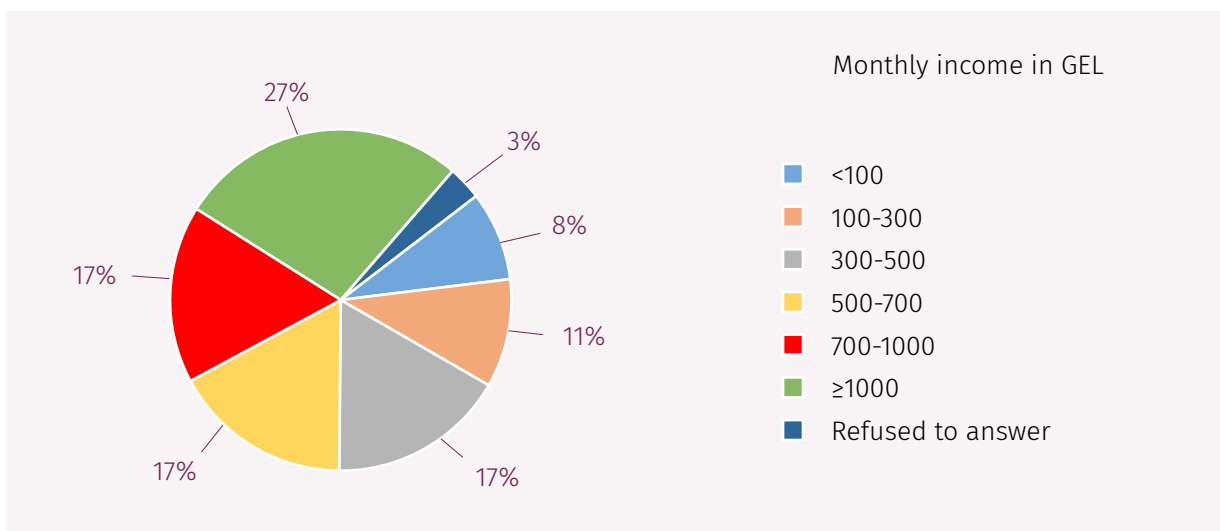


Figure 2: Monthly income in GEL



Employment as a major source of income varied within the gender identity groups and the difference was statistically significant (Trans*Men — 85.7%, Non-binary — 63.4%, Trans*Women — 31.9%; p=0.002). Commercial sex work as a major source was statistically significantly higher for Trans*Women compared

with Non-binary group (66.0% vs 12.2%; p=0.000). Study participants who were not involved in sex work were more likely to report employment as a source of income.

It was not statistically significant, although more Trans*Women reported their income level to

be over 1,000 GEL. This could be attributed to their involvement in sex work. This finding was confirmed after analyzing the data in the context of involvement of participants in sex work. Those who were engaged in commercial sex more than twice reported their income over 1,000 GEL compared to those not engaged (37.2% vs 17.6%; $p=0.028$).

41.1% of respondents were born in Tbilisi, while 55.8% in other cities of Georgia. Only two participants indicated that they were born in another country. 76.8% indicated that currently they live in Tbilisi on a permanent basis. The majority of study respondents (76.8%) currently live in the Capital city, regardless the place of birth.

Table 2: Main characteristics of the study participants (Place of birth and permanent place of living)

Characteristics	N = 95	%
Place of birth		
Tbilisi	39	41.1
Other city/region	53	55.8
Village	1	1.1
Other Country	2	2.1
Where do you currently live on a permanent basis?		
Tbilisi	73	76.8
Other city	22	23.2
Where do you currently live on a permanent basis? Other city		
Batumi	12	12.6
Kutaisi	8	8.4
Tskaltubo	1	1.1
Zugdidi	1	1.1

Comparison between gender identity groups showed that Trans*Women and Trans* Men were mainly from the regions (Trans* Women — 70.2%, Trans* Men — 71.4%), while non-binary individuals mainly were born in the capital (61.0%). Among the participants who indicated being involved in sex work, two times more respondents were born in regions than those born in the capital, although this difference was not statistically significant. Respondents involved in sex work mostly live alone in rented apartments in the capital compared to those not involved (74.4% vs 37.3%; $p=0.000$). Those, not engaged in sex work tend to live in houses of

relatives or friends not paying a rent.

83.2% of the participants were never married and 34.7% currently live alone. 10.5% indicated having biological children but in most cases they don't live with them. Over 50% of the respondents stated that the permanent place of residence over the past 3 months was a rented apartment.

Figure 3: Marital Status

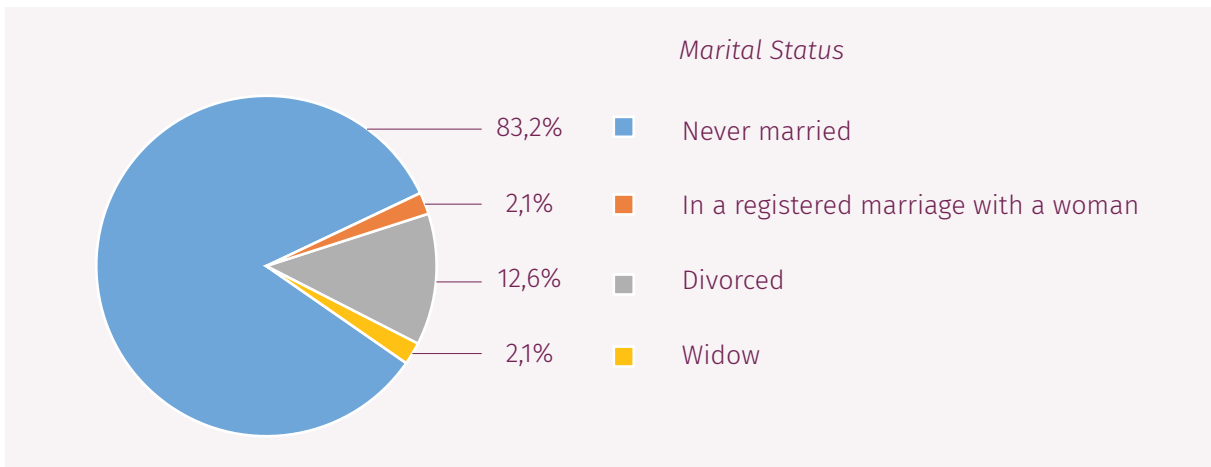


Figure 4: Households

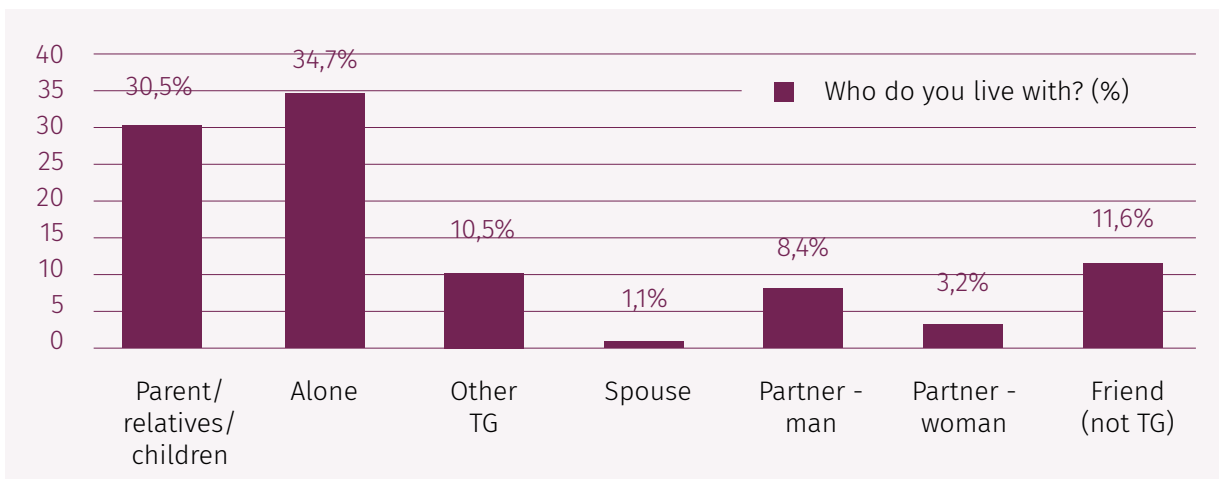
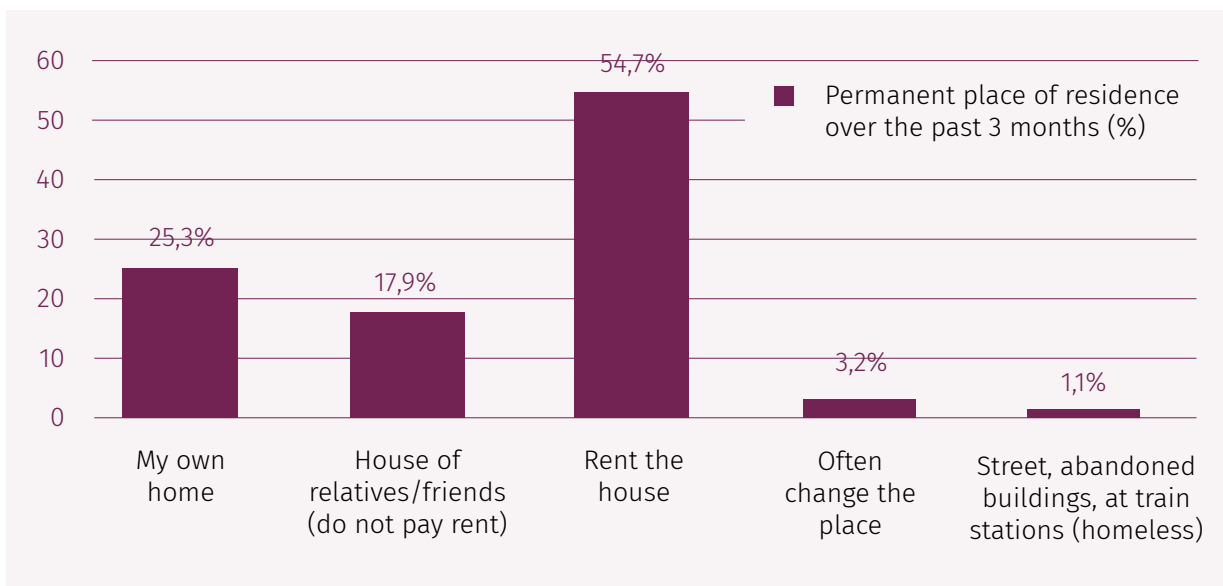


Figure 5: Permanent place of residence over the past 3 months



Hormonotherapy and Surgical Intervention/Correction

89.5% of participants in the entire sample indicated that they don't take any type of hormonal drugs. Among the 10 participants who use hormonal drugs, half of them indicated using injectable ones. Respondents were asked whether they intend to initiate hormonotherapy in the future and only 26.3% answered yes to this question. Those who do not intend to

initiate hormonotherapy were asked to state reasons and the most common answers were that they do not want or have not decided to initiate it yet (38.7%). 25.8% of them think that they do not need hormonotherapy (mostly these were participants who identified themselves as non-binary).

Table 3: Practice and plans regarding hormonotherapy

Characteristics	N = 95	%
Do you take hormonal drugs?		
Yes, pills	4	4.2
Yes, patch or gel	1	1.1
Yes, Injection	5	5.3
No, I don't take any	85	89.5
Refused to answer	2	2.1
Do you intend to initiate hormone therapy?		
Yes	25	26.3
No	62	65.3

Since Non-binary individuals are still without any specific gender identity, it is logical that the vast majority of them are neither going to start hormone therapy (90.2%) nor undergo a trans surgery (78.0%). The situation is a bit different in the group of Trans*Women. The opinions are almost evenly distributed between proponents (44.7%) and opponents (46.8%) of hormone therapy. 41.9% of participants involved in sex work indicated that they intend to initiate hormone therapy while only 11.8% of those not involved reported about this intention ($p=0.004$).

Participants were also asked about their future plans in regard to undergoing a trans-masculine / trans-feminine transition (surgery) and only 18.9% of them indicated that they

have such plans. Over 60% of participants get information about the transgender transitions from the Internet. Another considerable source of information for the Trans*Population are community members.

Figure 6: Plans regarding trans-surgery

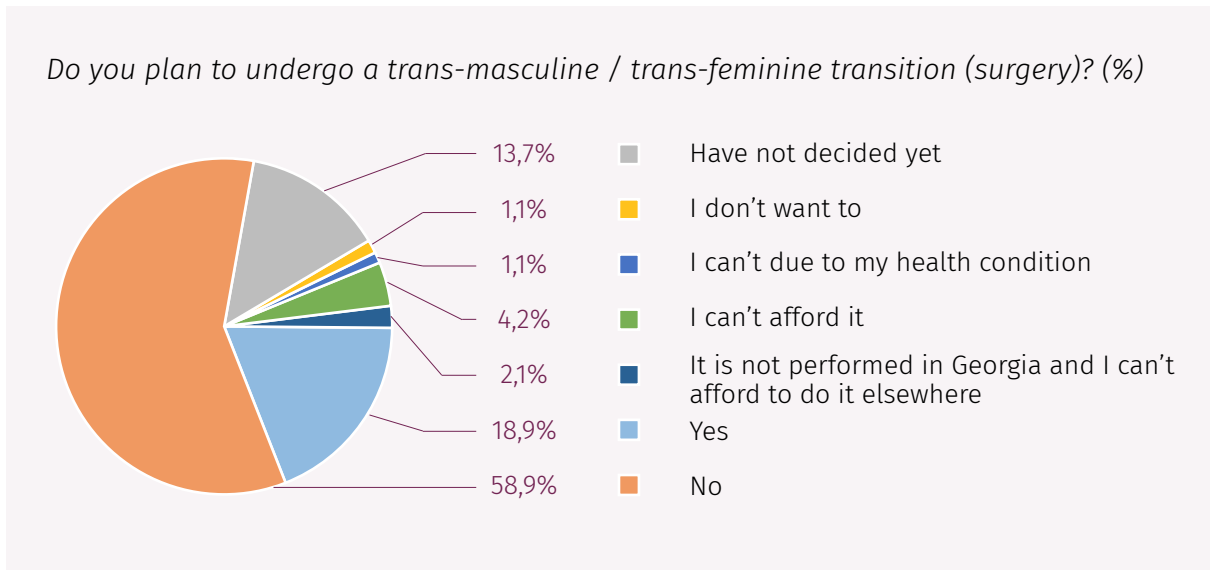
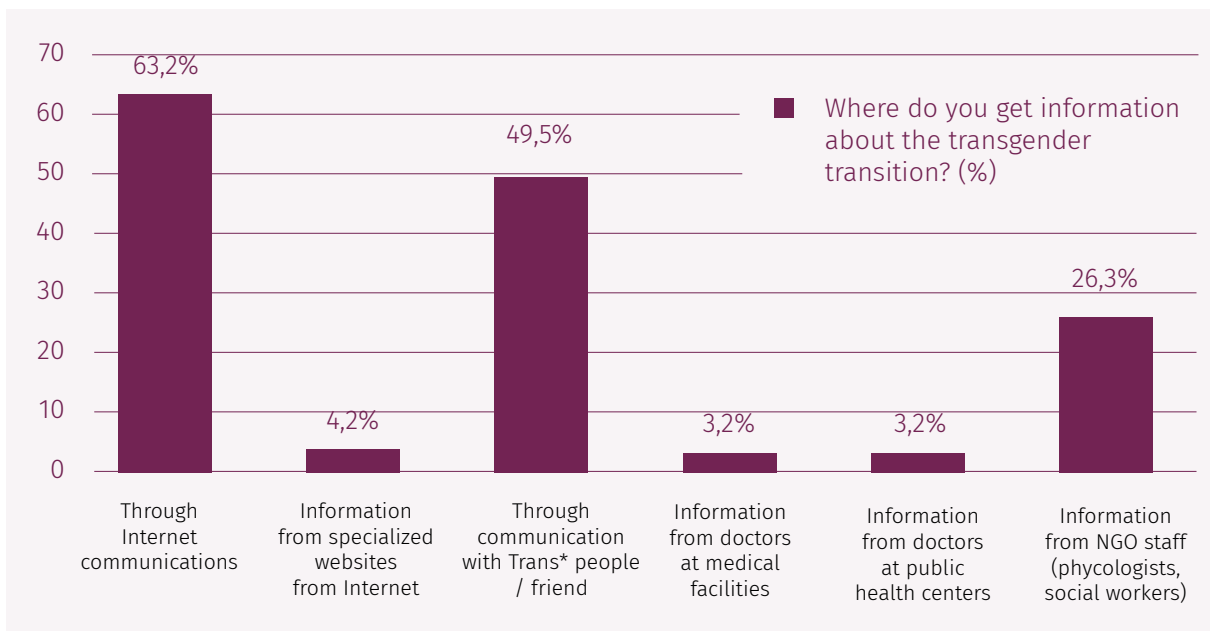


Figure 7: Information source on transgender transition



Participants were also asked what information they lack on transgender medical transition. 35.8% indicated having comprehensive information. Among those who noted the need for getting additional information, the list of issues was as follows: availability and price

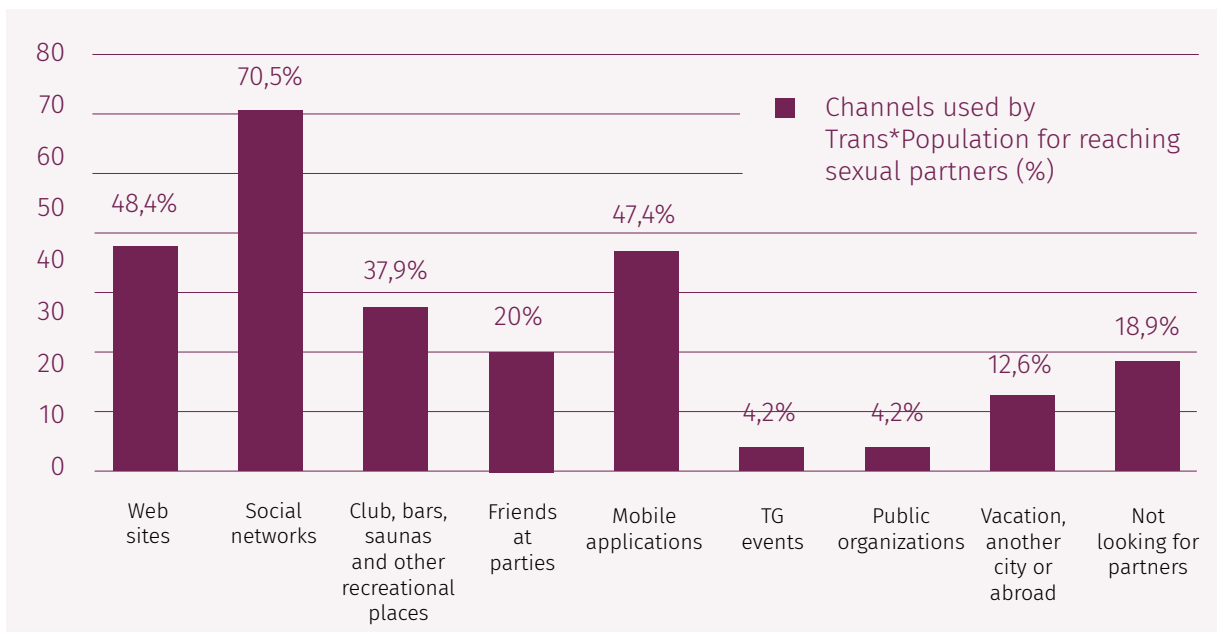
of the surgery in Georgia, the risk associated with and complications of surgery, the length of the rehabilitation process and whether a person can get sexual pleasure after the surgery.

Social Networks

Participants were asked to name the channels they use for reaching their sexual partners. Social networks (70.5%), mobile applications (47.4%) and websites (48.4%) are commonly used by Trans*Population to

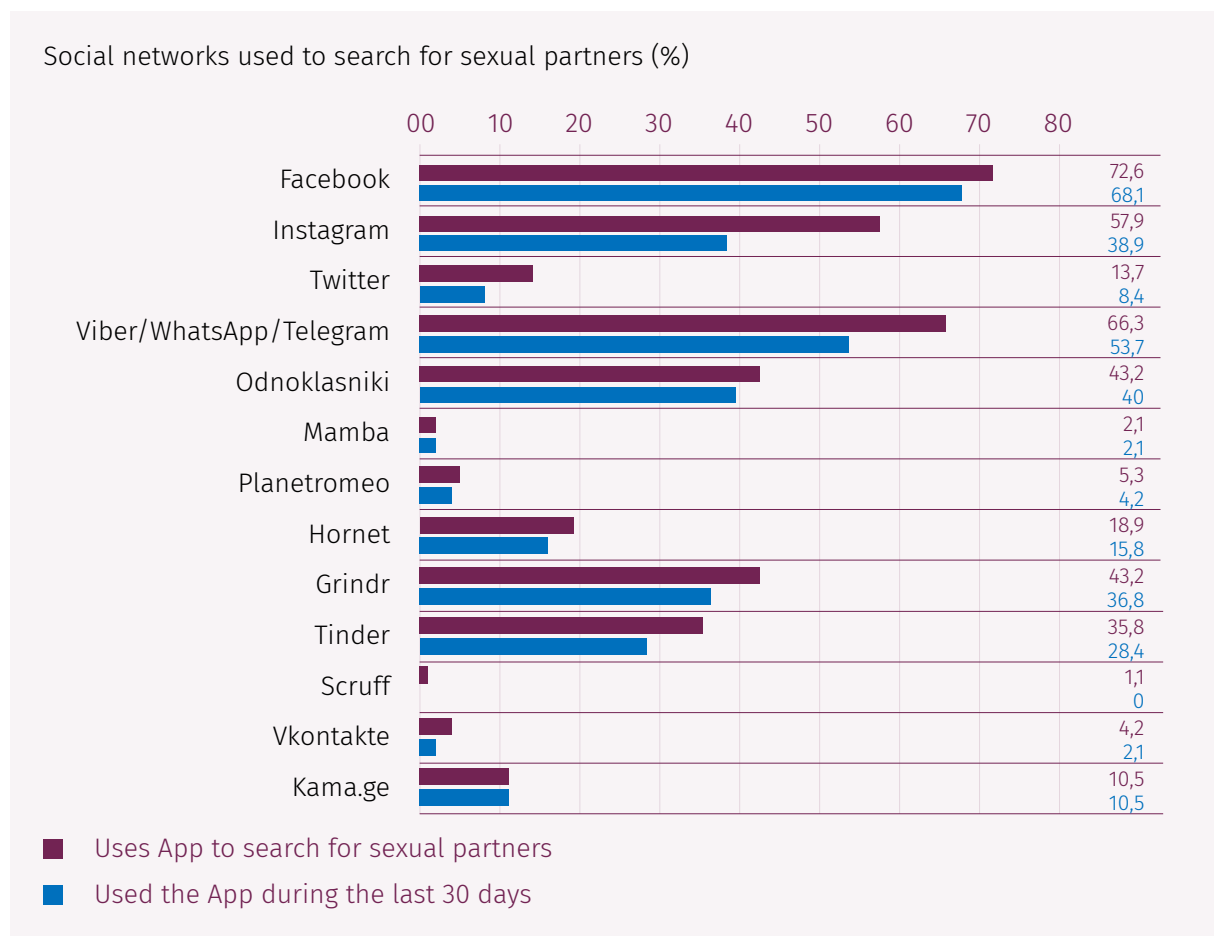
reach their partners. Recreational places and events including clubs, bars, saunas, parties, Trans*Population events and vacations are also frequently used for these purposes.

Figure 8: Channels used by Trans*Population for reaching sexual partners



Most frequently used networks/apps to search for sexual partners include Facebook, Instagram, Viber, WhatsApp and Telegram. Vast majority of participants indicated that they have one profile per network and have used the network during the last 30 days. Having more than 1 profile per network was indicated for Facebook (24.3%), Instagram (11.6%), Viber/WhatsApp/Telegram (1.1%), Odnoklassniki (6.5%), Grindr (2.1%) and Vkontakte (1.1%).

Figure 9: Social networks used by Trans*Population to search for sexual partners



While looking into the groups by gender identity, Trans*Women use websites for reaching partners twice as much as Non-binary individuals (66.0% vs 36.6%; $p=0.001$). Among Trans*Men, no one uses the websites for this purpose. Non-binary people are more likely to seek partners at clubs than Trans*Women

(51.2% vs 31.9%; $p=0.018$). Social networks are used almost equally by Trans*Women and Non-binary individuals, while the vast majority of Trans*Men don't use these channels (76.6% vs 70.7% vs 14.3%; $p=0.004$). The use of mobile applications was also more frequently reported by Non-binary individuals than Trans*Women (56.1% vs 46.8%; $p=0.023$), while none of the Trans*Men indicated using mobile applications for reaching sexual partners.

The differences were also observed within the groups by involvement in sex work. It is logical that the respondents involved in commercial sex more often use websites (74.4% vs 25.5%; $p=0.000$) and social media channels (81.4% vs 58.8%; $p=0.025$) for reaching partners than those not engaged. Looking at the different social networks to search for sexual partners, Instagram is used mostly by those not engaged in commercial sex compared to those engaged (90.9% vs 58.5%; $p=0.003$). The same difference was observed for Tinder (60.6% vs 34.1%; $p=0.035$). In contrast, Odnoklasniki is used mostly by those involved in commercial sex work rather than those not involved (70.7% vs 33.3%; $p=0.002$). The use of Kama.ge was only reported by respondents engaged in commercial sex work.

Sexual Behaviors

91 out of 95 participants (95.8%) indicated that they had sexual intercourse during the last 12 months. Respondents were asked about their sexual practices during the last 12 months, specifically about the identity and number of sex partners in this period. 83.5% of participants reported having sex with cisgender men during the last 12 months and the median number of such partners was 3.2. 19.8% of respondents reported having sex with cisgender women and the median number of partners was 1.

In very small number of cases participants also indicated having sex with Trans*People, including Trans*Men (1.1%), Trans*Women (2.2%) and other Trans*People (2.2%). The Figure 10 and Figure 11 below provides information on respondents' sexual partners during the last 12 month by partners' type and condom use with each type of partners. Consistent condom use (defined as "always") in the last 12 months was most frequently (97.6%) indicated with commercial sex partners.

Figure 10: Type of sexual partner during the last 12 months

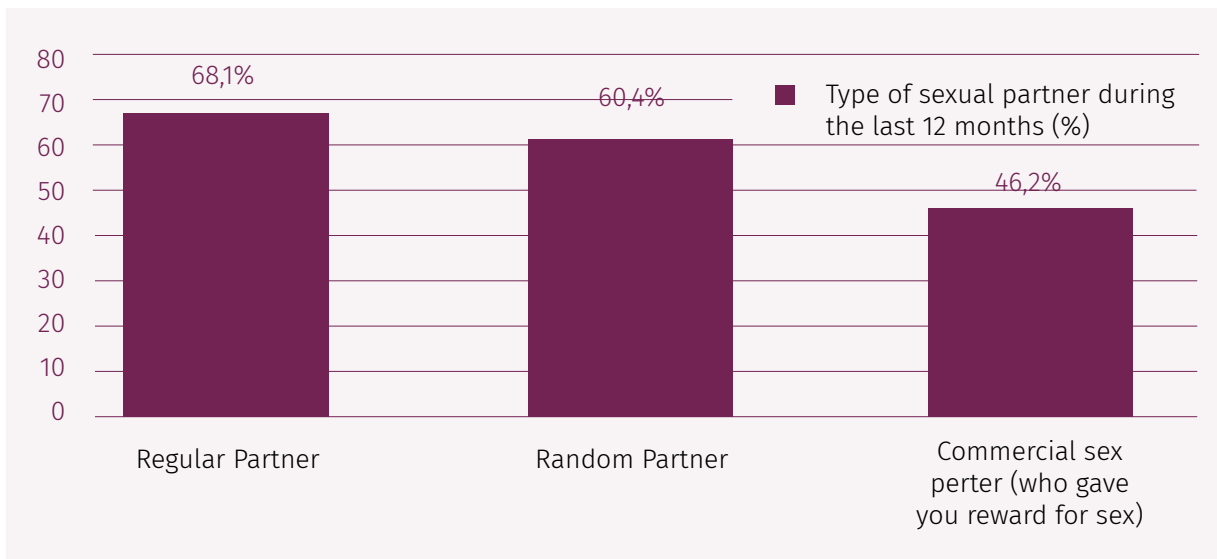
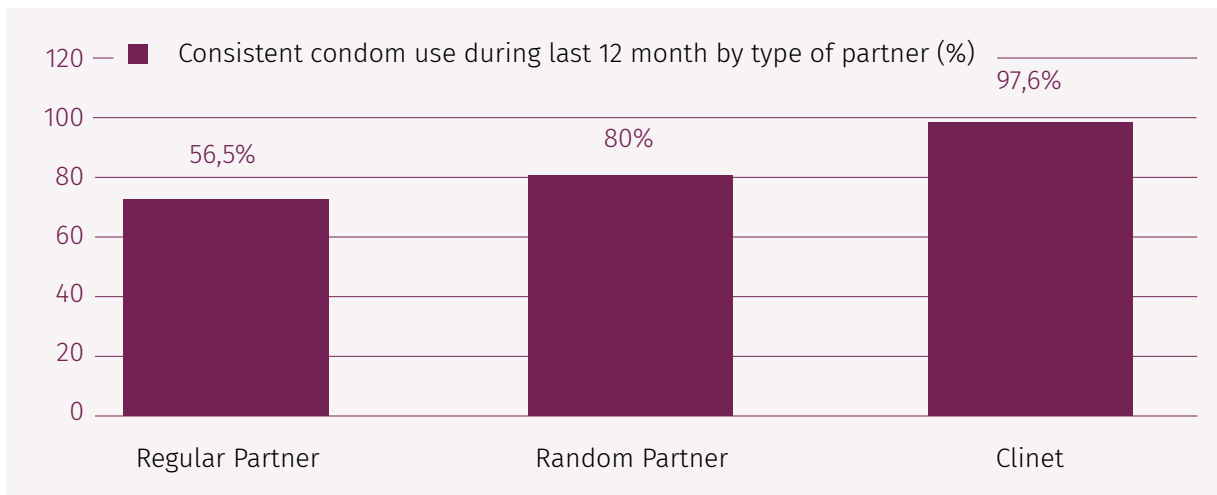


Figure 11: Consistent condom use during last 12 month



Participants were asked whether there have been cases when they did not use condom during sexual intercourse with HIV infected partners: 6.5% responded yes to this question.

67.7% of respondents reported having used lubricants during anal and 12.9% — during vaginal sex.

All 95 participants were asked to provide information about their last sexual intercourse. Two participants who indicated never having sex were excluded from the analysis. In more than half of the cases they had sexual intercourse

with regular partners and in 80.6% of cases the partner was a cisgender man. 71 (76.3%) out of 93 respondents stated that they used condoms during the last sexual intercourse. In vast majority of cases respondents indicated having oral or anal sex during the last intercourse.

In addition, participants who indicated not using the condom during the last sexual intercourse where asked to state the reason. Their vast majority considers themselves healthy and at no risk, thus do not consider it necessary to use a condom.

Table 4: Practice during the last sexual intercourse

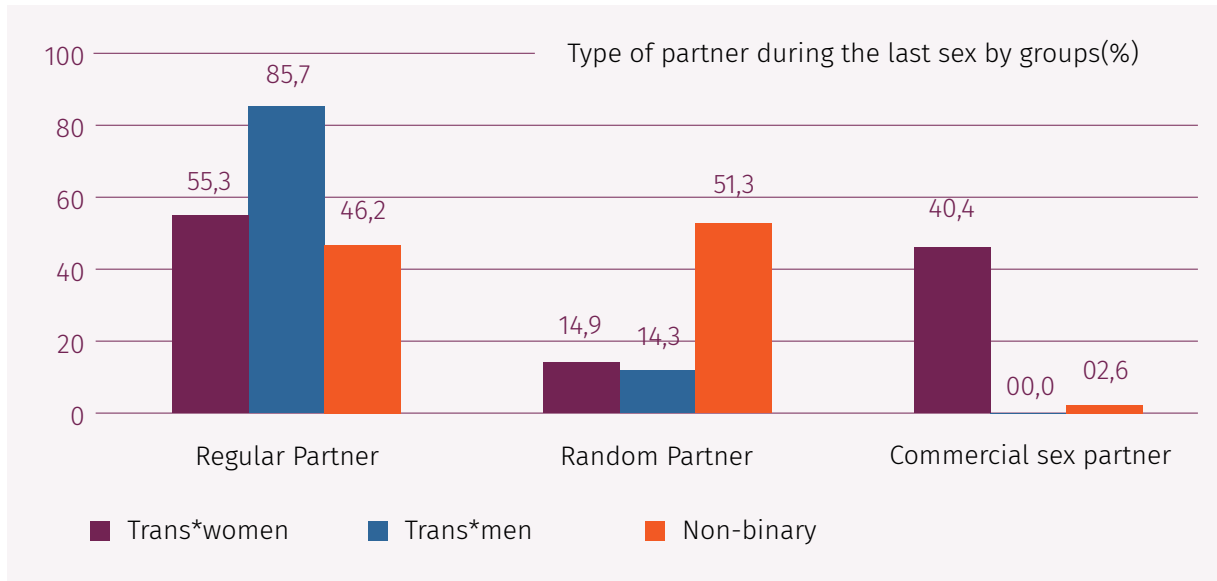
	N = 93	%
Have you or your partner used a condom during your last sexual intercourse?		
Yes	71	76.3
No	20	21.5
No answer	2	2.2
What was your last sexual intercourse?		
Vaginal	19	20.4
Anal	66	71.0
Oral	79	84.9
Other	2	2.2
Which partner did you last have sex with? By partner type		
Regular partner	50	53.8
Random partner	25	26.9
With commercial sex partner (who gave you reward for sex)	18	19.3
Which partner did you last have sex with? By partner identity		
Cisgender man	75	80.6
Cisgender woman	14	15.1
Trans*Woman	1	1.1
Other (B-gender)	1	1.1
No answer	2	2.1
Where did you get the condom you used during your last sexual intercourse?		
Bought in the pharmacy	7	7.5
Bought in the store	2	2.1

Received from a social worker	70	75.3
Received from my sexual partner	2	2.1
Received from a friend	4	4.3
Didn't receive	3	3.2
Didn't receive as not at risk group	1	1.1
Don't use	2	2.1
Don't use, as don't need	1	1.1
Ordered from the webs site: selflest.ge	1	1.1
Why did not you use a condom during your last sexual intercourse?		
No condom at hand	1	5.0
Reduces sensitivity	2	10.0
Partner insisted not to use	2	10.0
Both me and my partner are heathy	13	65.0
Considers himself/herself at no risk	7	35.0

The section below presents the results of the bivariate analysis on sexual behaviors among groups by gender identity and involvement in sex work. 95.7% of Trans*Women and 75.6% of Non-binary people indicated having sexual intercourse with a cisgender man during the last 12 months; among Trans*Men no one reported such relationship and this difference was statistically significant ($p=0.000$). In terms of the number of partners, Trans*Women were two times more likely to report contact with more than 10 cisgender men compared to Non-binary people (73.3% vs 45.2%; $p=0.017$), which can be explained by the fact that Trans*Women more often reported to be involved in commercial sex work. 100% of Trans*Men reported having sex with cisgender women while only 24.4% of Non-binary individuals and 2.1% Trans*Women indicated having such behavior ($p=0.000$).

According to the study results, more than a half of Trans*Women indicated having sex with regular partners during the last sex, a bit less cases were reported by Non-binary people in contrast with the majority of Trans*Men (55.3% vs 46.2% vs 85.7%; $p=0.147$). However, this difference was not statistically significant. Having the random partner during the last sex was reported by 14.9% Trans*Women, 14.3% of Trans*Men and 51.3%; of Non-binary individuals ($p=0.001$). 40.4% of Trans*Women, minority of Non-binary and none of Trans*Men reported having sex with commercial sex partners during the last sex (40.4% vs 2.6% vs 0.0%; $p=0.000$). This statistically significant difference is a logical consequence of the fact that Trans*Women are mostly involved in commercial sex work.

Figure 12: Type of partners during the last sexual intercourse by gender identity groups



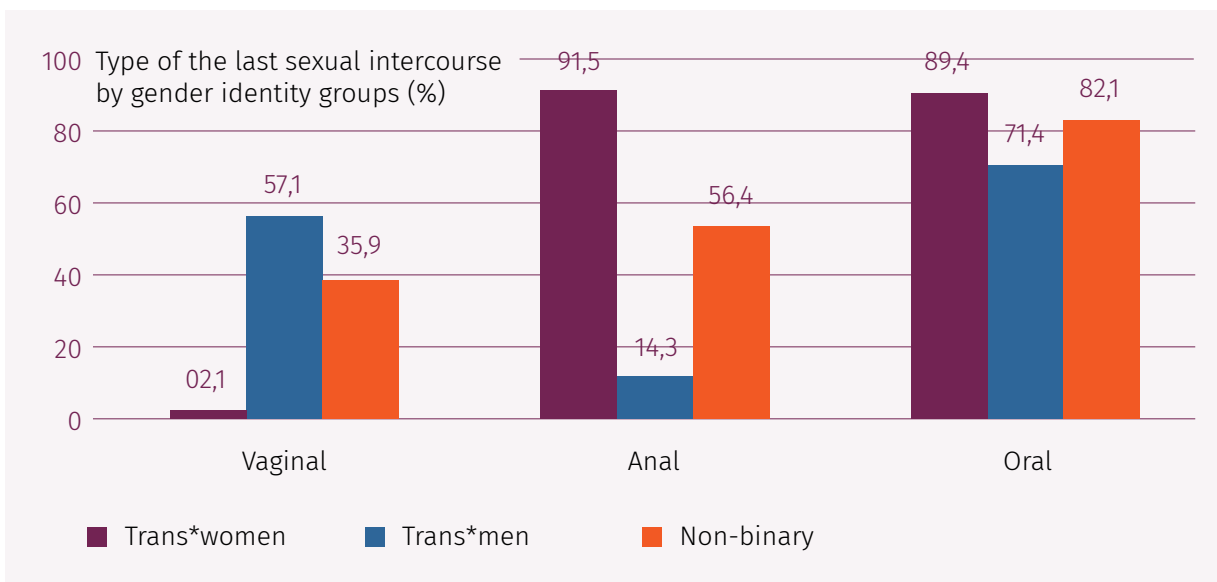
Trans*Women and Non-binary people use condoms almost equally, though Non-binary individuals — slightly less; whereas, among Trans*Men only one respondent indicated about using condom during the last sexual intercourse (87.2% vs 70.7% vs 14.3%; p=0.000).

(57.1% vs 35.9% vs 2.1%; p=0.000).

As expected, the prevalence of anal sex practices was very high among Trans*Women in comparison with Non-binary individuals and Trans*Men engaging in such behavior (91.5% vs 56.4% vs 14.3%; p=0.000). It should be noted that having oral sex was common among all groups by gender identity.

Vaginal sex during the last sexual intercourse was mostly practiced by Trans*Men followed by Non-binary; additionally, one Trans*Woman

Figure 13: Type of the last sexual intercourse by gender identity groups



Trans*People mostly receive condoms from social workers, however when looking into gender identity groups Trans*Women and Trans*Men mainly receive condoms from social workers, while Non-binary people get condoms from different sources as well: buying in the pharmacy or store, or from their sexual partners or friends.

Almost everyone who was involved in commercial sex work had sex with cisgender men during the last 12 months as well as during the last sexual intercourse compared to those not involved (Last 12 months: 97.7% vs 64.7%; $p=0.000$; Last sex: 95.3% vs 67.3%; $p=0.001$). In contrast, sexual relationships with cisgender women were mostly reported by respondents not engaged in commercial sex (Last 12 months: 29.4% vs 7.0%; $p=0.022$; Last sex: 28.6% vs 0.0%; $p=0.000$). Having sexual intercourse with more than 10 cisgender men during the last 12 months, was mostly reported by those involved in commercial sex work compared to those not involved (88.1% vs 27.3%; $p=0.000$). The tendency of practicing sex with random partners was also more present among respondents not involved in commercial sex compared to those involved (40.8% vs 18.6%; $p=0.025$).

Condom use during the last sexual intercourse was mostly reported by the study respondents engaged in commercial sex work compared to those not involved (90.7% vs 60.8%; $p=0.007$). Additionally, every time condom use with random partners was the most common among respondents engaged in commercial sex during the last 12 months compared to those not involved (89.3% vs 62.1%; $p=0.000$).

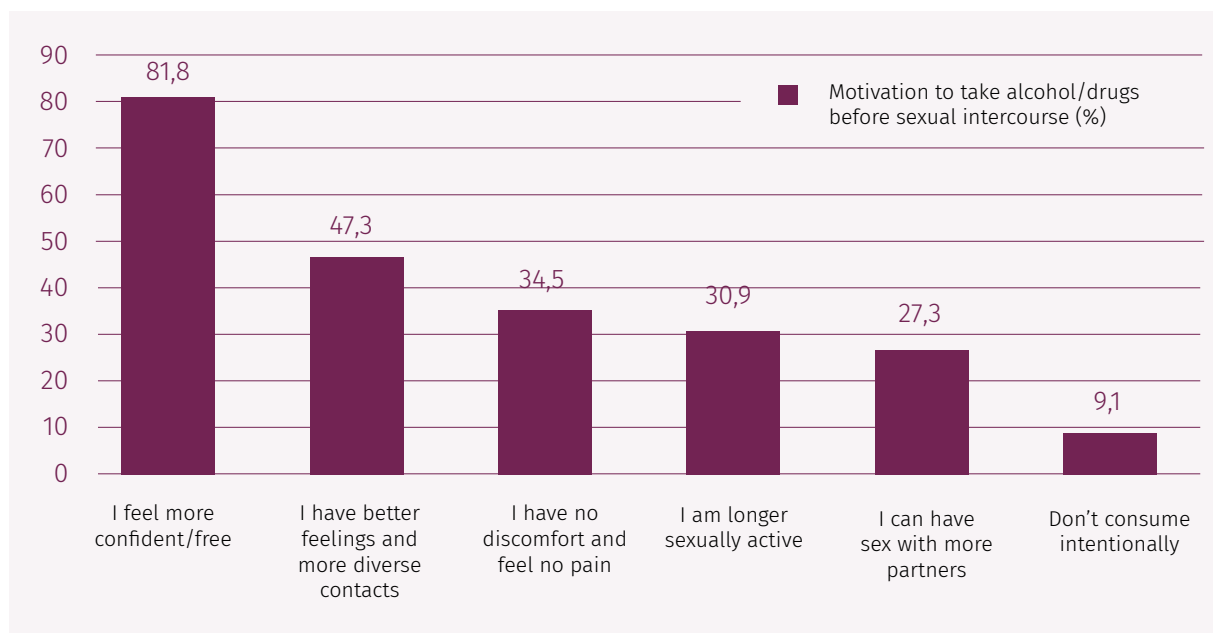
In terms of sex type during the last sexual intercourse, anal sex was mostly reported by those engaged in commercial sex compared to those not involved (95.3% vs 49.0%; $p=0.000$). In contrast those not involved in commercial sex mostly reported having vaginal sex compared to those involved (32.7% vs 7.0%; $p=0.004$).

Sex under the influence of alcohol and/or drugs

55 (59.1%) respondents out of 93 who indicated ever having sexual intercourse, reported having sexual intercourse under the influence of alcohol and/or drugs during the last 6 months. Although the difference between gender identity groups was not statistically significant, it should be noted that Non-binary persons (66.7%) and Trans*Women (59.6%) are more likely to have sex under the influence of alcohol, there was only one case of Trans*Men reporting such behavior.

These participants were asked to state reasons for taking alcohol/drugs before sexual intercourse and Figure 14 below summarizes these results. Consistent condom usage during sexual intercourse while under the influence of alcohol/drugs was reported by 36 (65.5%) out of 55 respondents.

Figure 14: Motivation to take alcohol/drugs before sexual intercourse



Group sex

47.4% of participants in our sample reported ever having group sex with participation of both men and women, however Trans*Women tend to be more involved in group sex than Non-binary people, while no one from the group of Trans*Men reported such behavior and this difference was statistically significant (89.7%vs 70.4%; p=0.031). It should be noted, that this type of sexual activity is most common among those involved in commercial sex work compared to those not involved (90.3% vs 64.0%; p=0.023). Consistent (response “always”) condom use during group sex was reported much more frequently by the respondents engaged in commercial sex during the last 6 months compared to those not engaged (60.7% vs 18.8%; p=0.037).

Out of those who reported ever having group sex, 44.4% were involved in group sex during last year. In vast majority of cases, the respondents reported always changing the condom while changing the partners during group sex. The median number of participants of group sex is 3. Participants were asked whether they knew the HIV status of their last group sex partners — 60% indicated that they did not know. Among those who told they knew their group sex partners’ HIV status, vast majority indicated that it was negative. Only 3 respondents (16.7%) indicated about HIV positive status of at least one sex partner participating in the last group sex with them.

Table 5: Group Sex Practice

Characteristics	N = 95	%
Have you ever had group sex?		
Yes	45	47.4
No	12	12.6

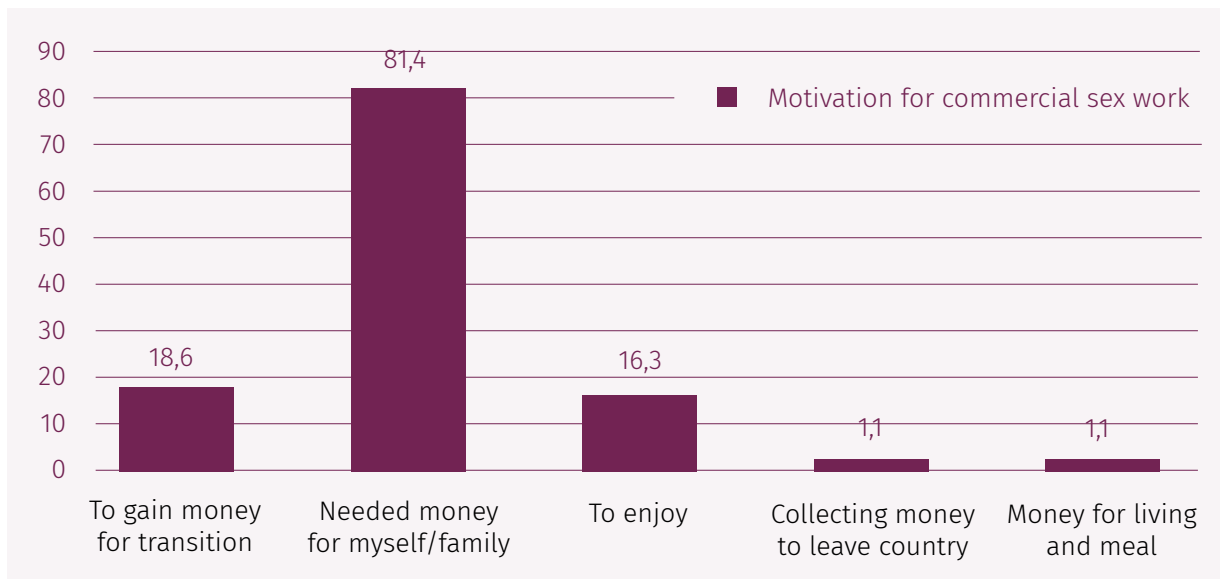
	= 45	%
Could you, please, recall when the last time was you had a Group Sex?		
Last 7 days	3	6.7
Last 30 days, except last 7 days	11	24.4
Last 3 months, except last 30 days	12	26.7
Last 6 months, except last 3 months	11	24.4
Last 12 months, except last 6 months	15	33.3
More than a year ago	25	55.6
With whom did you have group sex during the last 6 months?		
With men	15	33.3
With both	10	22.2
Did you use a new condom every time you change your partner?		
Yes	42	93.3
No	3	6.7
If use a new condom every time you change your partner, how often?		
Always (100%)	39	92.9
Rarely (less than 10%)	1	2.4
Difficult to answer	2	4.8
Do you know the HIV status of your sex partners who participated in the last group sex with you?		
I know the HIV status of all	11	24.4
I know the HIV status of some	7	15.6
I don't know their HIV status	27	60.0
If you know the HIV status of your partner who participated in the last group sex, specify:		
It's negative	15	83.3
At least one of them is positive	3	16.7
Don't use, as don't need	1	1.1
Ordered from the webs site: selflest.ge	1	1.1
Why did not you use a condom during your last sexual intercourse?		
No condom at hand	1	5.0
Reduces sensitivity	2	10.0
Partner insisted not to use	2	10.0
Both me and my partner are heathy	13	65.0
Considers himself/herself at no risk	7	35.0

Engagement in Commercial Sex

Involvement in commercial sex work was reported by 43 (45.3%) out of 95 respondents. Among the respondents engaged in this type

of sexual activity, the majority stated the desire to gain money for themselves and/or family members (81.4%) as the main motivation.

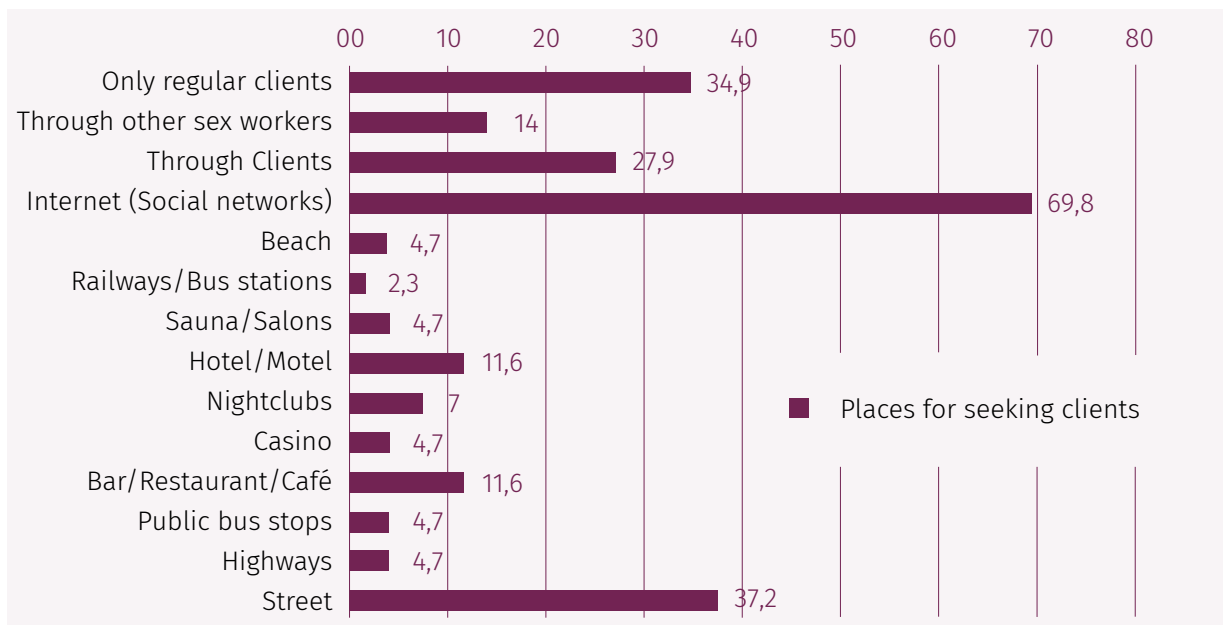
Figure 15: Motivation for commercial sex work



Social media as the major source, have been used for seeking sex partners (69.8%). Along with the online platforms, one third of respondents mentioned about street (37.2%)

and other outside locations for meeting with clients. However, there was a considerable amount of cases of having relations with only one commercial sex partner (34.9%).

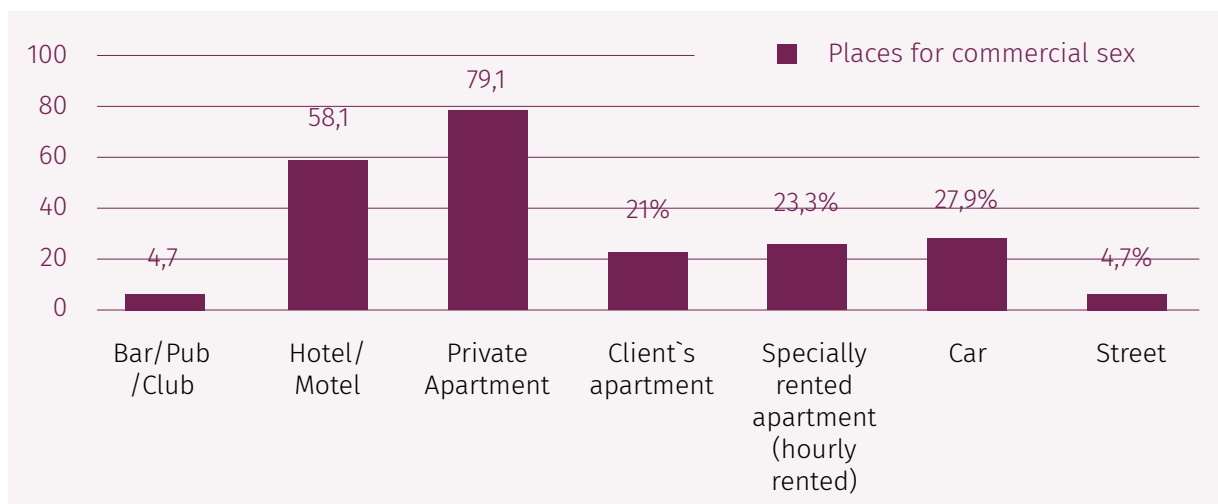
Figure 16: Places for seeking clients



The majority of respondents reporting involvement in commercial sex work indicated their “Private apartments” as the main place

for sexual intercourses (79.1%) in addition to “Hotels” reported in 58.1% cases.

Figure 17: Places for commercial sex



Quite a big portion of respondents (81.4%) confirmed that they had cases when clients refused to use a condom. Out of them, 82.9% were offered more money for this purpose. There were also a few cases (16.3%) when the

study respondents refused to use a condom for other reasons, such as; trust-based relationships with the partner and etc. however these factors can't be considered as an evidence due to a very small sample size.

Table 6: Condom use with commercial sex partners

Characteristics	N	%
Were there cases when clients refused to use a condom? (N=43)		
Yes	35	81.4
No	7	16.3
Refused to answer	1	2.3
In your experience, what do clients most often do to avoid using a condom during sex? (N=35)		
They simple refuse to have sex	12	34.3
Offer more money	29	82.9
Clients try to assure not to use condom	3	8.5

Were there cases when you did not insist or refused to use a condom? (N=43)		
Yes	7	16.3
No	35	81.4
Refused to answer	1	2.3
What are the reasons that you did not insist / refuse to use condom with the client? (N=7)		
I can earn more money without condom	2	28.6
Sex without condom is shorter	1	14.3
Know the person for many years and trust him	1	14.3
Knows partner's HIV status	1	14.3
Don't know	2	28.6

While comparing groups by gender identity, it turned out that the vast majority of those engaged in commercial sex work were

Trans*Women compared to Non-binary individuals (76.6% vs 17.1%; $p = 0.000$). None of Trans*Men have reported such practice.

Discrimination and Violence

Study respondents were asked about discrimination and gender-based violence. Cases related to gender based discrimination at work-places were not too high. The number of cases did not exceed 20 percent for each

event. These cases were the most common with Trans*Women and Trans*Men than with Non-binary people, although this difference was not statistically significant.

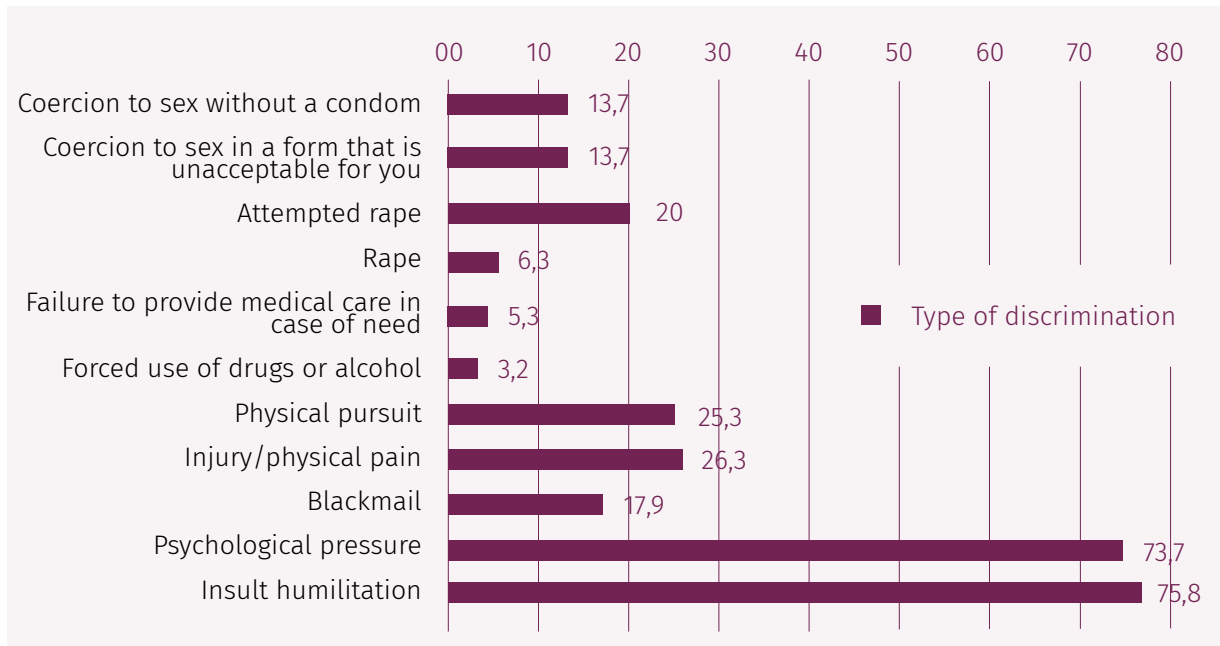
Table 7: Work-place discrimination characteristics

Characteristics	N = 95	%
Discrimination at work over the past 12 months		
Denied a job due to gender identity	19	20.0
Denied career advancement due to gender identity	18	18.9
Denied career advancement due to inconsistency with passport data	12	12.6

The respondents shared information and their feelings about the various relations they have experienced over the past 12 months. The study participants underlined insults, humiliation and

psychological pressure as the most common ways of discrimination. 72 out of 95 (75.8%) participants reported having been a victim of some type of discrimination.

Figure 18: Type of discrimination



Participants were asked to indicate types of discrimination they've been subject to by type of perpetrator. Being subject to insult humiliation from strangers (90.2) was reported in almost

all cases. According to study participants they faced psychological pressure mostly from friends (48.5%) and relatives (38.5%) (See table below).

Table 8: Types of discrimination by various groups

Characteristics	N/n	%
Insult humiliation	72	75.8
From whom did you feel Insult humiliation (N=72)		
Stranger	65	90.2
Co-workers	9	12.5
Relatives	16	22.2
Friends	8	11.1
Sex partners	11	15.2
Police	10	13.8
Medical staff	5	6.9

Other civilian servants	5	6.9
Psychological pressure	70	73.7
From whom did you feel Psychological pressure (N=70)		
Stranger	22	31.4
Co-workers	14	20
Relatives	27	38.5
Friends	34	48.5
Sex partners	3	4.2
Police	5	7.1
Medical staff	4	5.7
Other civilian servants	3	4.2
Blackmail	17	17.9
From whom did you feel Blackmail (N=17)		
Stranger	4	23.5
Co-workers	2	11.8
Relatives	4	23.5
Friends	3	17.6
Sex partners	3	17.6
Other civilian servants	1	5.9
Injury/physical pain	25	26.3
From whom did you feel Injury/physical pain (N=25)		
Stranger	3	12
Relatives	3	12
Friends	2	8
Sex partners	5	20
Physical pursuit	24	25.3
From whom did you feel Physical pursuit (N=24)		
Stranger	2	8.3
Police	1	4.2
Relatives	13	54.2
Friends	1	4.2
Sex partners	6	25

Other civilian servants	1	4.2
Forced use of drugs or alcohol	3	3.2
From whom did you feel Forced use of drugs or alcohol (N=3)		
Friends	2	66.7
Sex partners	1	33.3
Failure to provide medical care in case of need	5	5.3
From whom did you feel Failure to provide medical care in case of need (N=5)		
Friends	1	20
Medical staff	4	80
Rape	6	6.3
From whom did you feel Rape (N=6)		
Friends	1	16.7
Strangers	2	33.3
Sex partners	3	50
Attempted rape	19	20
From whom did you feel Attempted rape (N=19)		
Relatives	1	5.3
Friends	2	10.5
Strangers	4	21.1
Sex partners	12	63.2
Coercion to sex in a form that is unacceptable for you	13	13.7
From whom did you feel Coercion to sex (N=13)		
Co-workers	1	7.7
Friends	1	7.7
Strangers	4	30.7
Sex partners	11	84.6
Coercion to sex without a condom	13	13.7
From whom did you feel Coercion to sex without a condom (N=13)		
Sex partners	13	100

While looking into the groups by gender identity and engagement in commercial sex work, the following differences were observed. There were the cases of injury/ physical pain occurred as a result of violation reported twice more by Trans*Women in contrast with Non-binary persons (38.3% vs 17.1%; p=0.020). A similar proportion was found when disaggregating respondents by involvement in commercial sex work, with notable predominance of those engaged in such activity (37.2% vs 17.6%; p=0.038). Cases of rape as well as attempted rape

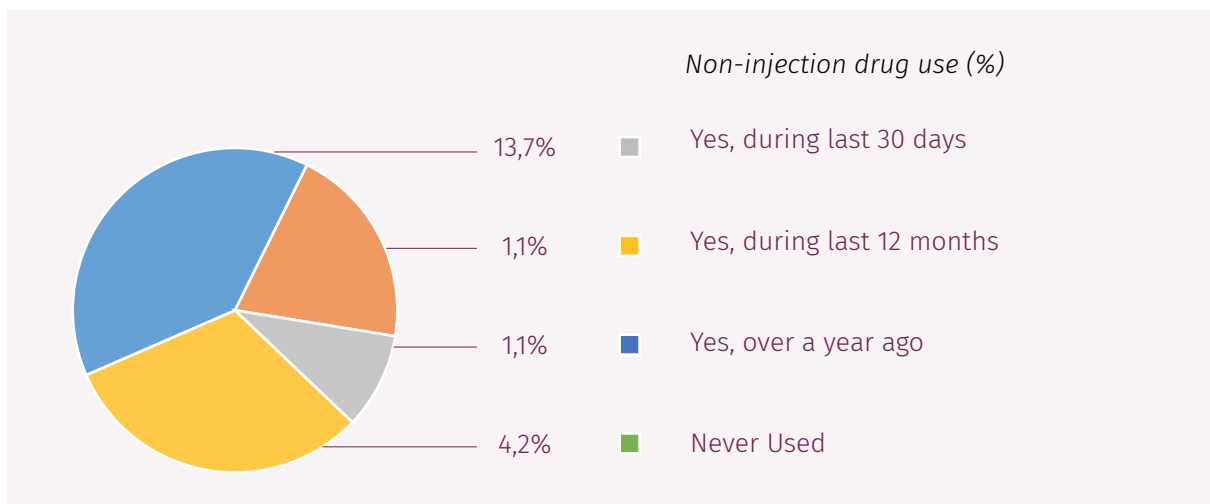
were more frequently reported by study participants engaged in commercial sex. With statistically significant difference cases of attempted rape were much higher among those involved in commercial sex work in contrast with those who were not (30.2% vs 11.8%; p=0.038). For both events of violence, up to 80% of respondents were assaulted by their sex partners. In case of Injuries, those involved in commercial sex work have been mostly experienced violence from strangers (68.8%).

Drug Use Practice

One third (31.6%) of the study participants never used any drugs. Percentage of those who used non-injected drugs during the last 30 days was 38.9%. 20% of the remaining respondents have used non-injected drugs during the last 12 months and 9.5% used them over period of time of a year. Examining

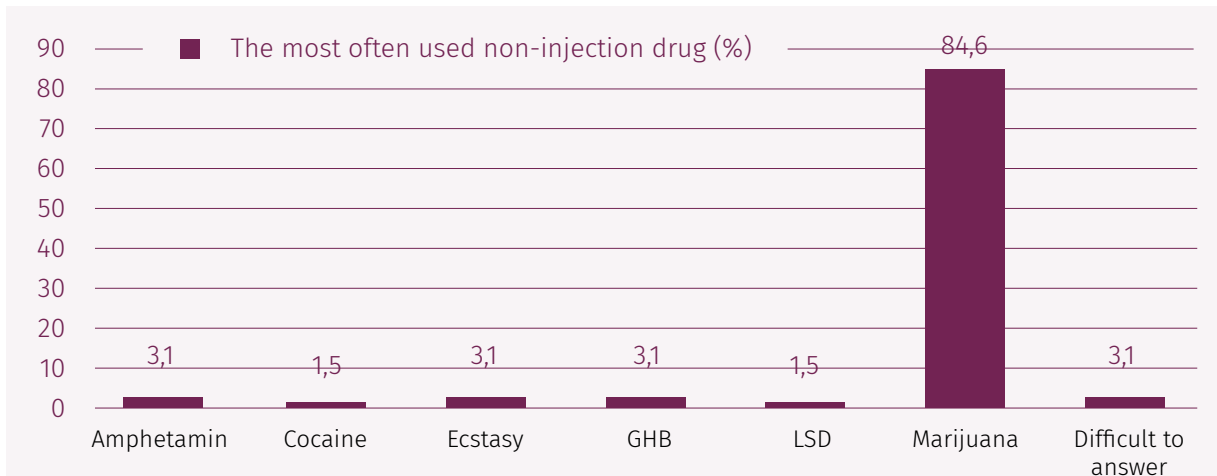
this data by gender identity groups, it was identified that during the last 30 days, less Trans*Women were using non-injected drugs than Non-binary individuals (31.9% vs 53.7%; p= 0.001). This difference was statistically significant.

Figure 19: Non-injection drug use



Among those, who have ever consumed non-injection drugs, the most frequently used non-injected drug was Marijuana (84.6%).

Figure 20: Types of non-injection drugs used



As for injecting drugs, the vast majority (90 out of 95 respondents, 94.7%) never used them. Only 5 respondents reported having used them

during the last 30 days and over a year period. Heroin (n=3), Amphetamine (n=1) and Vint (n=1) were listed as drugs that had been injected.

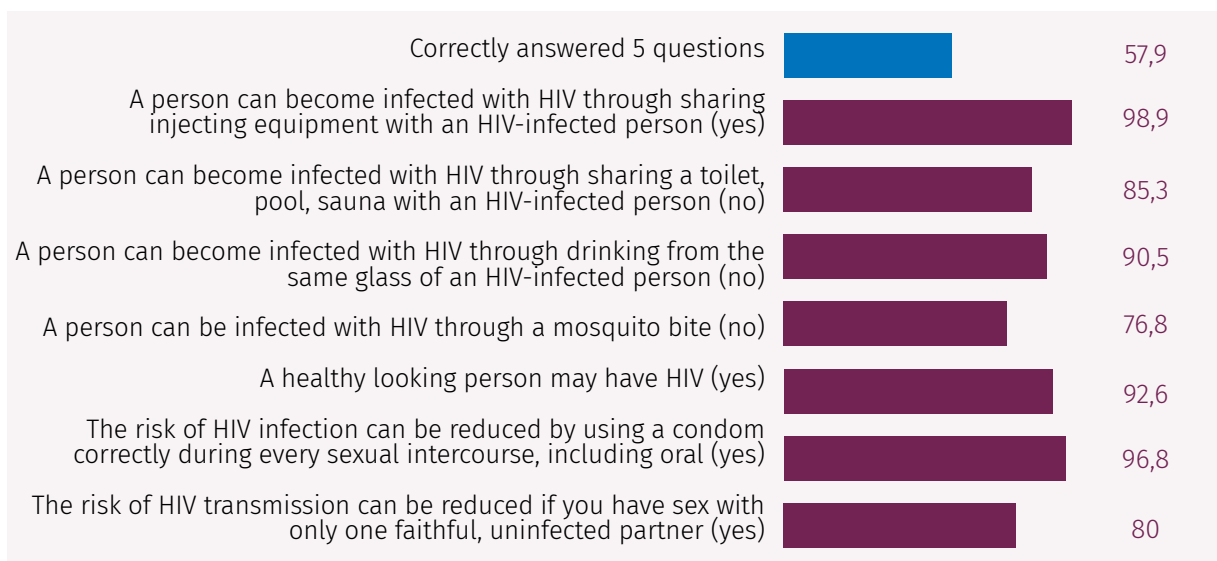
HIV Knowledge

57.9% of participants in our sample correctly answered all 5 questions according to the Global AIDS Monitoring (GAM) indicator on knowledge of HIV prevention⁴. Although majority correctly cited ways of HIV transmission and preventive measures, misconceptions about

HIV transmission through mosquito bite still existed among the study participants.

The Figure 21 below shows the proportion of Trans*People who responded correctly to each of the knowledge questions:

Figure 21: Knowledge on HIV/AIDS prevention



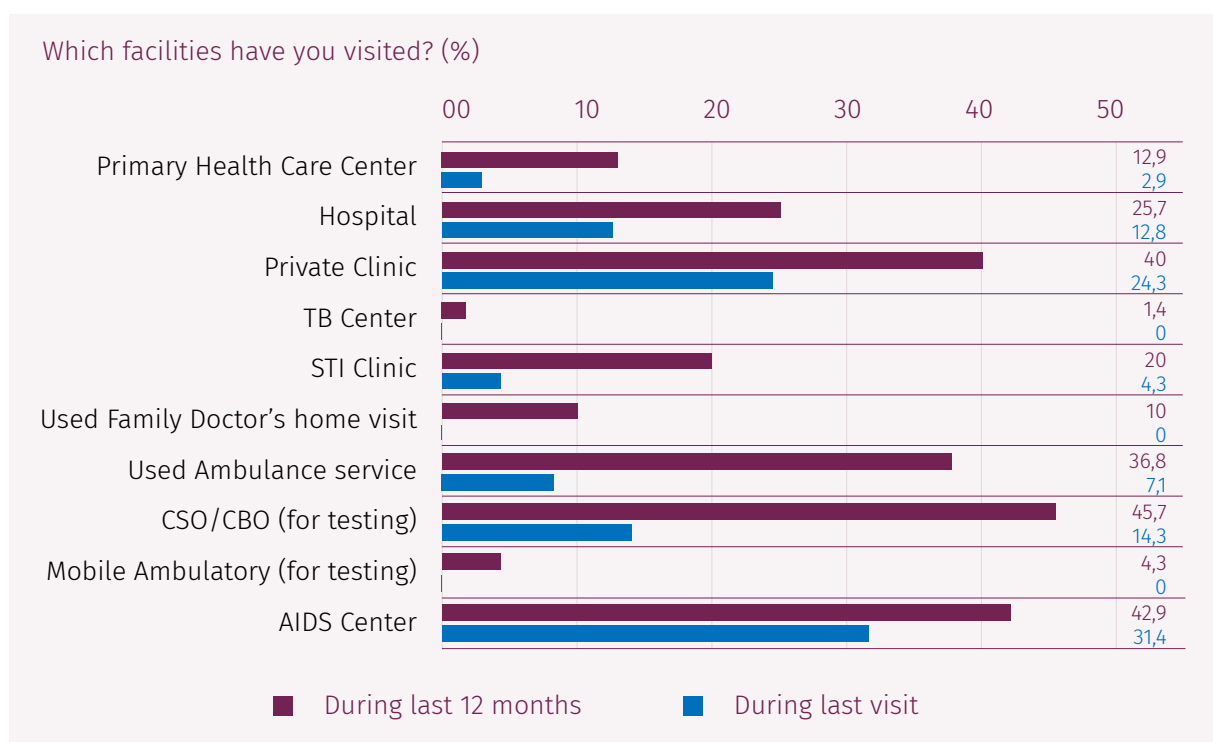
⁴ The risk of HIV transmission can be reduced if you have sex with only one faithful, uninfected partner (yes); The risk of HIV infection can be reduced by using a condom correctly during every sexual intercourse, including oral (yes); Healthy - looking person can have HIV (yes); A person can be infected with HIV through a mosquito bite (no); A person can become infected with HIV through drinking from the same glass of an HIV-infected person (no).

Needs for Medical and Preventive Services

Study participants were asked whether they have sought medical care during the last 12 months and 70 (73.7%) out of 95 participants indicated having done that. They were also asked to indicate which facilities they visited

during the last 12 months and during the last visit. Mostly visited medical/preventive facilities by Trans*People include civil society/community based organization, AIDS center and private clinics.

Figure 22: Medical facilities visited by Trans*Population during the last 12 month and during the last visit



By gender identity groups, Trans*Women were more likely to visit AIDS centers than Trans*Men and Non-binary people both during the last 12 months (65.7% vs 14.3% vs 21.4%; p=0.001), and at the last visit (54.3% vs 0.0% vs 10.7%; p=0.000) and this was a statistically significant difference. Much more respondents involved in commercial sex work, visited AIDS centers during the last 12 months compared to those not involved (62.9% vs 23.5%; p=0.001). The same trend was observed for the last visit at the AIDS center (54.3% vs 8.8%; p=0.000).

Using the scale from 1 to 10, participants were asked to rate the attitude of the medical

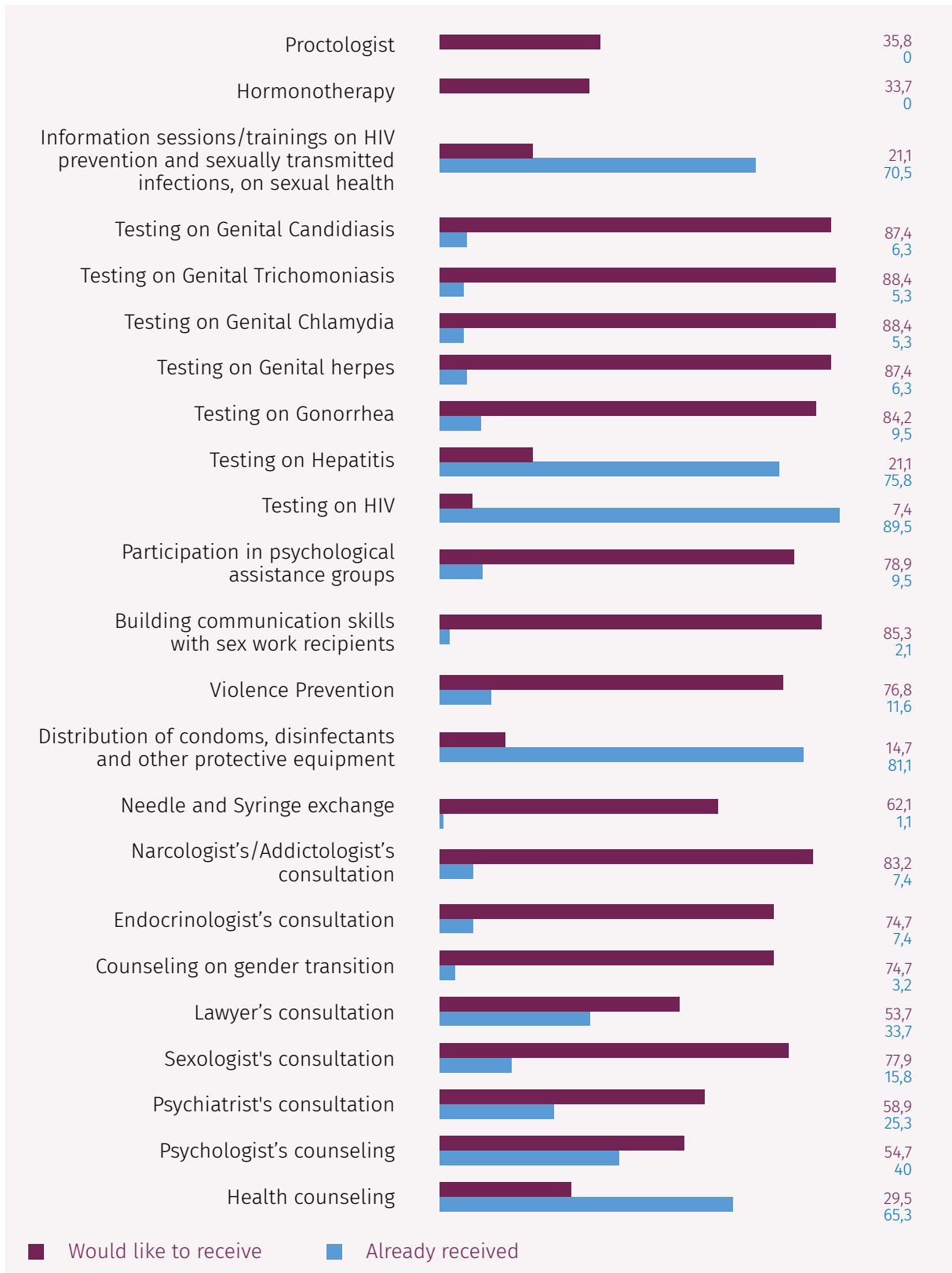
personnel and quality of the service received at their most recent visit to a medical facility. 54.3% rated with 10 points the attitude of the medical personnel and 47.1% rated with 10 points the quality of the service received.

85.3% of study participants indicated that they have received condoms for free during the last 12 months. Looking from the point of engagement in commercial sex work, all respondents involved in sex business received condoms for free during the last 12 months compared to those not involved (100.0% vs 74.5%; p=0.002)

Participants were asked about the services they currently receive and would like to receive at HIV prevention organizations. The

Figure 23 below presents the data on services Trans*Population already receive and would like to receive at HIV prevention organizations.

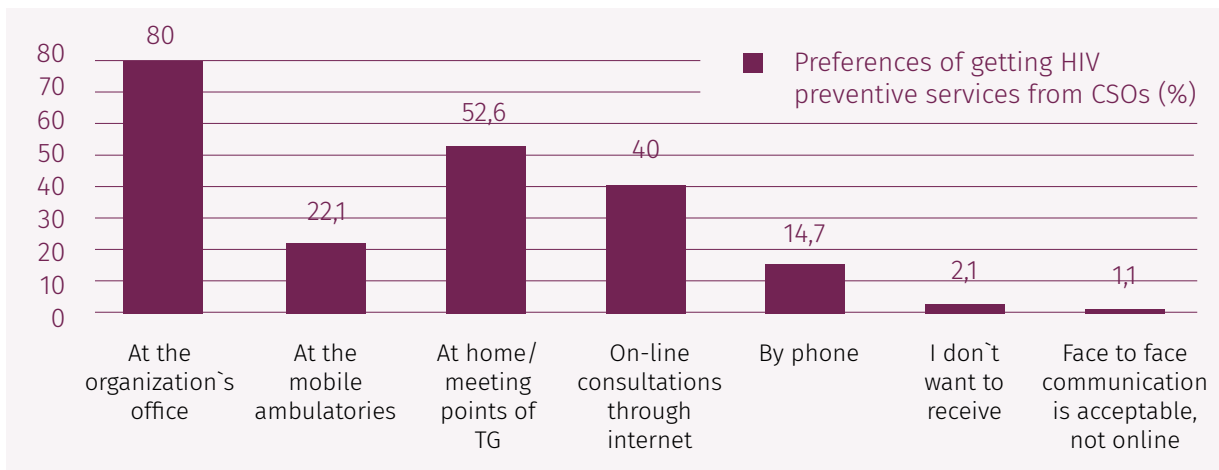
Figure 23: Services Trans*Population already received and would like to receive at HIV prevention organizations



78.9% of the participants indicated that they would like to use the services of community organization of Trans*People in their cities. Study participants were also asked how they would like to receive services from HIV prevention civil society organizations. In vast majority of cases (80%), the respondent

indicated that the organization’s office would be the best place for receiving services, along with their homes and Trans*Population meeting points (52.6%). On-line consultations through internet (40%) were also named as one of the preferable ways of getting HIV preventive services.

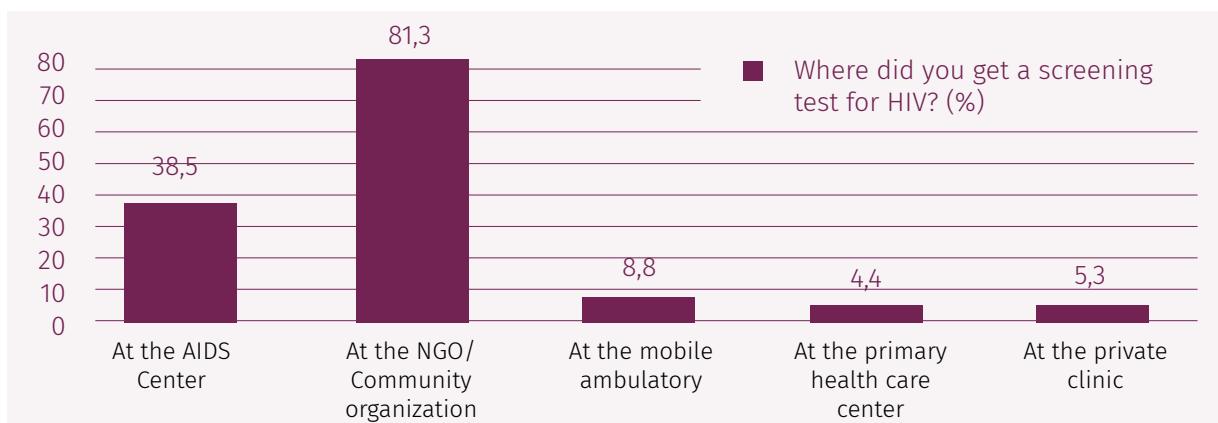
Figure 24: Preferences of getting HIV preventive services from CSOs



It was notable, that the study participants not engaged in commercial sex work preferred to receive services within organizations much more than those involved in commercial sex (90.2% vs 69.8%; p=0.017). In contrast to this, respondents involved in commercial sex business preferred meeting points or their homes as a place to receive services twice as much compared to those not involved (67.4% vs 39.2%; p=0.008).

A big majority of the interviewed Trans*People (94.7%) knew where to get HIV counseling. It should be noted that all respondents engaged in commercial sex work knew where to go for HIV counselling and have tested for HIV before. 91 out of 95 (95.8%) participants indicated having been tested for HIV before. They were also asked to name the place where they got test and majority (81.3%) indicated “NGO/Community Organization” where they’ve been screened for HIV.

Figure 25: Testing facilities



High proportion of the interviewed (78 out of 91, 85.7% who have undergone testing before) was tested during the last 12 months and the remaining amount of people were tested prior to that. 89 out of 91 (97.8%) who have undergone testing before, indicated that they got their HIV test results and all except two were willing to share this information. 19.7% (18 out of 91 ever tested) of Trans*People knew they were HIV positive. A considerable difference was found between gender identity groups in this regard: 15 Trans*Women and 3 Non-binary persons ever tested knew they were HIV positive (32.6% vs 8.6%; $p=0.013$). High HIV positivity rate remained among respondents involved in commercial sex work compared to those not involved (35.9% vs 8.5%; $p=0.003$).

Almost all (17 out of 18) who knew they were HIV positive reported taking antiretroviral therapy (ART).

There were 4.2% of the respondents who have never been tested for HIV at all. Four participants who indicated to have never been tested for HIV were asked to report the reason. Two of them think their sexual behavior is safe, one stated not knowing where to go and get tested and another is sure she's negative.

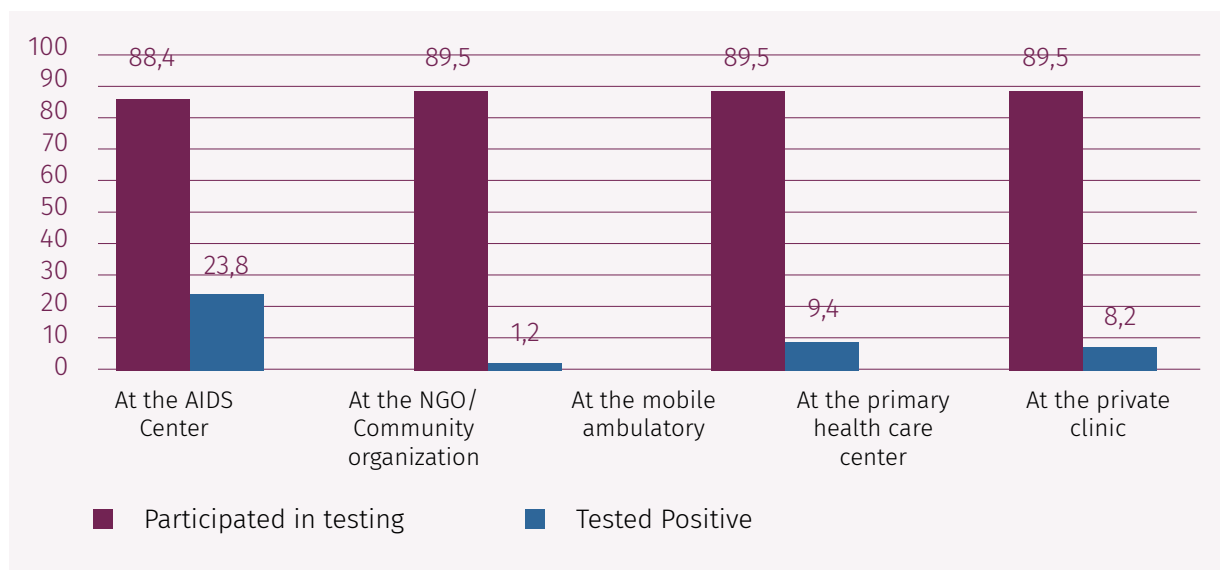
81.1% of the entire sample have heard about Pre-Exposure Prophylaxis (PrEP) and among those who've heard 28.5% (22 out of 77) have taken PrEP during the last 12 months. 42.1% have heard about Post-Exposure Prophylaxis (PeP) and nobody indicated its use during the last 6 months.

Testing Results

Following the interview process, all participants were offered a screening test for HIV, HCV, HBV and Syphilis using the rapid tests. 84

(88.4%) out 95 participants tested for all four infections. Figure 26 presents participation in testing and testing results for all four infections.

Figure 26: Participation in testing and test result



Statistically significant difference was found between gender identity groups related to HIV screening results. The proportion of HIV-positive persons was significantly higher among Trans*Women compared to Non-binary people, while no one from the group of Trans*Men was tested positive on HIV (39.5% vs 8.6% vs 0.0%; $p=0.008$). Four times more HIV positive cases were identified in the group of respondents engaged in commercial sex work in comparison to those not involved in sex business (41.7% vs 10.9%; $p=0.002$).

Despite the small sample size, none of the

four infections have been detected among Trans*Men. Positive cases of Hepatitis B and Syphilis were only identified among Trans*Women, there were also more Trans*Women among those who tested positive on Hepatitis C in comparison with Non-binary individuals (14.0% vs 5.7%) however this difference was not statistically significant.

In addition, those who tested positive were asked to indicate whether they knew their status and if they did, whether they receive/received treatment for that particular infection. The results are summarized in the table below.

Table 9: Knowing positive test results and treatment status

		%
If HIV positive did you know your status? (N=20)		
Yes	18	90.0
No	2	10.0
If knew your HIV status are you on ART? (N=18)		
Yes	16	88.9
No	2	11.1
If Hepatitis B positive did you know your status? (N=1)		
Yes	1	100.0
If Hepatitis C positive did you know your status? (N=8)		
Yes	6	75.0
No	2	25.0
If knew your HCV status are you on treatment? (N=6)		
Yes	2	33.3
No	1	16.7
Already treated	3	50.0
If Syphilis positive did you know your status? (N=7)		
Yes	3	42.9
No	4	57.1
If knew your Syphilis status are you on treatment? (N=3)		
Yes	3	100.0

INFORMATION ON SAMPLE SIZE

As part of the survey, all study participants were asked to define the number of persons they know by name who consider themselves as Trans*People. The vast majority (95.8%)

of respondents stated that they know other Trans*People, know how to find them and know where they live. 4.2% of study participants didn't answer this question.

Table 10: Existence of a social network

Acquaintance with other Trans*People	N	%
Yes	91	95.8
No response	4	4.2
Total	95	100.0

The vast majority of respondents stated, that they know and interact with other Trans*People, while the number of Trans*People they know ranged from 1 to 130, with a median of 20. More

than half of the respondents (58.2%) reported having a social network with the size of 1–20 people, 26.4% reported a network size of 21–40.

Table 11: Social network sizes

The size of social network	N	%
1-20	53	58.2
21-40	24	26.4
41-60	9	9.9
61-80	1	1.1
81-100	3	3.3
101-130	1	1.1
Total	91	100.0

STUDY LIMITATIONS

The findings of the survey should be interpreted in the light of certain limitations:

- Sampling bias. More than a half of recruited Trans*People mainly had medium or small monthly income. The worsened overall economic situation in the country related to the COVID pandemic should also be considered; therefore the study incentives were attractive to them.
- Reporting bias. As in any interview-based survey, it is possible that respondents may not have accurately answered some

of the sensitive questions, or may have had difficulties in recalling information. Due to social stigma, some behaviors, e.g. group sex, engagement in commercial sex may be under-reported, while condom use may be over-reported by the respondents. Since all interviews were conducted in private places, the survey was anonymous and personal identification details were not collected, it is expected that this might minimize reporting bias.

SUMMARY, CONCLUSIONS AND DISCUSSIONS

This was the first attempt to conduct a similar scale study among Trans*Population in Georgia. It should be noted that the fieldwork was conducted under conditions of harsh restrictions due to the COVID pandemic, which in turn significantly prolong the data collection process. Nevertheless, the study managed to reach 95 participants and collect essential information on HIV-related factors and needs for prevention services for Trans*Population. Overall 47 Trans*Women, 41 Non-binary individuals and 7 Trans*Men participated in this study. Due to very small sample of Trans*Men the results have to be interpreted carefully.

The socio-demographic portrait of a representative of the Trans*Population in Georgia

According to our study results the socio-demographic structure of the interviewed Trans*Population is the following: the median

age is 24; majority are from younger age group of under 35 years and this is true for all gender identity groups (Trans*Women, Trans*Men, Non-binary). Vast majority has received secondary education, followed by higher education. It is noteworthy that more than half of Trans*Population had received higher or incomplete higher education. Non-binary individuals more tend to have postsecondary education than Trans*Women. The main source of income is through employment, commercial sex and money borrowed or given by others. Employment as a major source of income was more prevalent among Trans*Men and Non-binary, while commercial sex was the main source of income for Trans*Women. About one fifth of the participants have monthly income lower than minimum subsistence level in the country. Those engaged in commercial sex tend to have higher income than other groups. Over 70% of Trans*Women and Men participating in our study were born in different regions

of Georgia. Regardless of the birth place, the vast majority of Trans*People currently live in Tbilisi (the capital of Georgia). Vast majority of Trans*Population have never been married, but they live either with partner, friend or family member. In more than half of the cases Trans*Population live in rented apartments. Respondents involved in sex work mostly live alone in rented apartments in the capital compared to those not involved.

Gender transitioning

Only few participants in our sample reported using hormone therapy. More than a quarter of participants indicated that they intend to initiate hormone therapy in the future. This result was consistent with responses provided by Trans*Population on desire to receive services related to hormone therapy at prevention sites. While survey results indicated that majority of Trans*Population would like to receive counseling on gender transition, only few respondents indicated about having plans regarding undergoing transition surgery. Trans*Population rarely seek professional information on gender transition issues, they mostly use social media/internet and peers as sources of information.

Risky behavior

In vast majority of cases Trans*Population have sexual contact with cisgender men and women and very rarely their partners are Trans*representatives. Almost all Trans*Women and over 75% of Non-binary individuals reported having sex with cisgender man during the last 12 months. Trans*Women were two times more likely to report contact with more than 10 partners compared to other groups, which can be explained by the fact that Trans*Women are mostly involved in commercial sex work. Having a random partner during the last sex was more common among Non-binary individuals compared to other groups. It should also be noted that in 30% of cases they indicated not using a condom during the last sexual intercourse. Trans*Population

mainly experience oral and anal sex. Not surprisingly the prevalence of anal sex practices was higher among Trans*Women in comparison with Non-binary individuals and Trans*Men. Condom use at the last sexual intercourse and consistent condom use with different types of partners are not low. Consistent condom use during last 12 month depended on partner type and was the highest with commercial sex partners. It should also be noted that majority of respondents used condoms during their last sexual intercourse mostly with regular partners. Particularly high risk behavior such as engagement in group sex activities was reported by about a half of the study participants. Trans*Women tend more to be involved in group sex than Non-binary people, while no one from the group of Trans*Men reported such behavior. It should also be noted that those involved in commercial sex reported such behavior more compared to those not involved. In 2/3 of the cases the Trans*Population did not know about the HIV status of their group sex partners. Although, it should be noted that almost all respondents reported about always using a new condom every time they changed their partner during the group sex.

Almost half of study participants reported having been engaged in commercial sex, mainly motivated by the need of money for themselves and/or family. Social media is the main source for reaching out to clients and in most cases they chose private apartments for having sex with their clients. Although in many cases clients refuse to use a condom and propose more money if the person agrees to this, the vast majority of Trans*People deny this offer. Injecting drug use is considered to be risky behavior connected with HIV transmission. However, current study, did not find high percentages of injecting drug use among the Trans*Population. Although the survey did not reveal any problematic use of injecting drugs, the majority of respondents indicated Narcologist's/Addictologist's counselling as a desirable service to be received at HIV prevention organization. This inconsistency may be related to the underreporting, which

in turn is related to the strict drug policy in the country, as well as the stigma associated with drug use in general society. According to our study results non-injecting drug use was more common among Non-binary individuals compared to other groups. Analysis of Global AIDS Monitoring indicator on HIV knowledge showed that 2/3 of respondent have accurate information on the risks of HIV transmission.

Stigma and discrimination

The study results demonstrate that transgender people continue to face discrimination in various areas. The findings indicate that respondents faced high levels of insult humiliation and psychological pressure in the past year. Being a Trans*Woman and engagement in commercial sex were associated with the experience of injury/physical pain including rape and attempted rape. In vast majority of cases for almost all types of violations perpetrators are strangers, indicating the high level of stigma towards Trans*People among general population.

Medical and preventive services

While examining the preferred services for Trans*Population, it became evident that they lack services tailored to them. Almost all services listed in the questionnaire were desirable for the majority of respondents. Trans*Population prefer to receive services at HIV prevention organization's office, at home, Trans*People meeting points or get on-line consultations. It should be noted that those not engaged in commercial sex prefer to receive services at HIV prevention organization's office, while those involved prefer Trans*People meeting points or their homes as a place to receive services. It should be highlighted big majority of study participants including all respondents engaged in commercial sex knew where to get HIV counseling, indicating on effective operation of existing HIV preventive services.

Awareness of PrEP compared to PeP was much higher among study participants. Over 30% of

respondents reported use of PrEP during the last 12 months while nobody indicated about using Pe P.

Prevalence of blood born infections

According to the study results the positivity rate was the highest for HIV (23.8%), followed by HCV (9.4%) and Syphilis (8.2%). Prevalence of HBV was very low (1.2%) among study participants. The proportion of HIV-positive persons was significantly high among Trans*Women compared to Non-binary people. Four times more HIV positive cases were identified in the group of respondents engaged in commercial sex work in comparison to those not involved in sex business. It should be noted that none of the four infections have been detected among Trans*Men.

Effectiveness of peer-led intervention method

In order to quickly recruit new members of Trans*Community, provide them with prevention services and subsequently link HIV-positive cases to treatment and care programs, study team decided to use and test the Peer driven intervention (PDI) method and evaluate its effectiveness concerning Trans*Population in Georgia.

Study results showed that PDI methodology was not so effective in regards of reaching new clients (majority of attracted participants were already clients of preventive programs) and possible reasons to explain the latter could be the small size of Trans*Community in Georgia or the highly stigmatized and hidden, otherwise hard-to-reach population. In addition, study team had limited time and had to work under the strict conditions of COVID-19 regulations and restrictions. But attracting new clients was not the only purpose of the study. The study has the very important goal to collect and analyze data and describe the socio-demographic profile of Trans*population in Georgia and assess the behavioral risks associated with HIV transmission among Trans*People.

RECOMMENDATIONS

The following recommendations are proposed to address the weaknesses and gaps revealed by the Trans*Population study:

Increase the coverage and quality of preventive, care and antidiscriminative services for Trans*Population in Georgia.

The survey identified a substantial need to:

- Considered Trans*Population as separate risk group within HIV programs, developed standards of care and services tailored specifically for Trans*Community;
- Implement information/communication interventions to increase HIV prevention, treatment and care engagement of Trans*Population and seeking needed support;
- Increase the coverage and frequency of HIV prevention services (HIV prevention, condom use and risky behavior prevention) through increasing level of awareness among Trans*Population and expanding outreach activities. In preventive messages emphasize the risks associated with risky behavior (commercial sex work, condom use, group sex practices);
- Reduce stigma and discrimination against Trans*Population, including Trans*People living with HIV through promotion of laws and policies that affect access to healthcare;
- Provide prevention services for Trans*Population at community organizations offices, at their meeting points or establish on-line consultations;
- Increase the coverage and improve the quality of services through delivering comprehensive and standardized interventions focused on Trans*Population needs:
 - Testing on HIV
 - Distribution of condoms, disinfectants and other protective equipment
 - Testing on Hepatitis
 - Information sessions/trainings on HIV prevention and sexually transmitted infections and sexual health and Health counseling
 - Testing for STIs (Chlamydia, Trichomoniasis, Genital herpes, Candidiasis, Gonorrhea)
- Work to develop an effective drug policy taking into consideration stigma and discrimination and medical factors of Trans*Population;
- Improve availability and affordability of the most desirable services for Trans*Population. Work to integrate the following services into prevention packages for Trans*Population:
 - Testing on HIV,
 - Building communication skills with sex work recipients,
 - Endocrinologist's consultations,

- Participation in psychological assistance groups,
 - Sexologist's consultations,
 - Violence Prevention,
 - Counseling on gender transition,
 - Narcologist's / Addictologist's consultations,
 - Needle and Syringe exchange programs,
 - Psychologist's / Psychiatrist's consultations,
 - Lawyer's consultations.
- Use online communication opportunities for reaching and engaging Trans*Community members into prevention/care programs, especially in COVID-19 pandemic situation;
 - Increase coverage of Trans*Population not involved in commercial sex work with Information on existing HIV preventive services;
 - Increased awareness of Trans*Population on post-exposure prophylaxis (PEP);
 - Increase efforts to adhere more Trans*Community members to pre-exposure prophylaxis (PrEP) to reduced HIV infection and increase protection.

ANNEX 1: SCREENING FORM

City	
Date	
Name of the re-searcher	

Please complete all rows:

#	Question	Answer
1	How old are you? If the respondent is less than 18, stop the interview	# years _____
2	In which city do you live or spend most of the time?	1. _____ 2. Don't know 3. Refused to answer
3	How many years have you lived in _____ [put the answer given in question 2]	# years _____ (indicate 0, if less than a year) 2. Don't know 3. Refused to answer
4	Your gender registered at birth	1. Male 2. Female
5	Who do you feel you are?	1. Man 2. Woman 3. Nor man, nether woman
	<i>Interviewer! We remind you of the obligatory visual control of the respondents to minimize cases of repeated participation! Ask the following 2 questions:</i>	
6	Have you participated in this study between {insert study start date} and today?	1. Yes – stop the interview 2. No
7	Do you consider yourself a transgender person?	1. Yes 2. No 3. Non-binary person

Was determined as the potential participant:

1. Meets the inclusion criteria
2. Does not meet the inclusion criteria

Any amount received by the selling or renting	2
Any amount given by a friend, a relative, a partner, borrowed money	3
Social assistance or pension	4
Commercial Sex Work	5
Other Illegal income	6
Refused to answer (Don't read out)	7

A5. What is your monthly income? *Interviewer! Do not read the whole list, if necessary, specify (One answer)*

Less than 100 GEL	1
100-300 GEL	2
300-500 GEL	3
500-700 GEL	4
700-1000 GEL	5
1000 GEL and more	6
Refused to answer	7

A6. Where do you come from and where do you currently live on a permanent basis?

A6.1. You were born	A6.2. You live on a permanent basis
1. Tbilisi (the capital)	1. Tbilisi (the capital)
2. Other city (please	2. Other city (please specify) _____
3. Village	3. Village
4. Other country	4. Other (please specify) _____

A7. Please indicate your main occupation

Interviewer! Read all of the answer options. Respondent can choose several answers.

Employed	1
----------	---

Self-employed 2

I have irregular part-time jobs 3

Temporarily unemployed, looking for work 4

Currently unemployed due to a health condition 5

Unemployed due to disability 6

Unemployed 7

Student 8

I do housework 9

I provide paid sex services 10

Engaged in drug sales 11

Other due to a mismatch of documents 12

Other (please, specify _____) 13

A8. Please describe your marital status:

A8.1. Legal:		A8.2. Who do you live with?	
Never married	1	Parent / Relatives / Children	1
I am in a registered marriage with a woman	2	Alone	2
I am in a registered marriage with a man	3	Other Trans*People	3
		Spouse	4
Divorced	4	Partner – man	5
Widow	5	Partner – woman	6
		Friend (not Trans*People)	7

A9. Do you have biological children?

Yes, they live with me 1

Yes, but they don't live with me 2

No 3 → Go to the question A11

Don't know/cannot answer (do not read) 4 → Go to the question A11

A10. How many biological children do you have? _____ Number of children

Refrain from answering 2

A11. What was your permanent place of residence over the past 3 months (90 days)? Interviewer, read all of the answer options. Respondent may choose several answers.

My own home 1

The house/apartment of relatives/friends (I do not pay rent) 2

I rent the house/apartment (alone or with someone) 3

Where can arrange (I often change the place of residence) 4

On the street, in abandoned buildings, at train stations (homeless) 5

Cannot answer (do not read) 6

SECTION B. HORMONOTHERAPY AND SURGICAL INTERVENTIONS / CORRECTION

B1. Do you take hormonal drugs? Interviewer, read all of the answer options. Respondent can choose an unlimited number of answers.

Yes, pills 1 what are they called? _____

Yes, patch or gel 2 what is it called? _____

Yes, injecting 3 what is the substance called? _____

No, I don't take any 4 → Go to the question B6

Refused to answer (do not read) 5 → Go to the question B6

B2. How did you find out which drugs to take? Interviewer, read all of the answer options. Respondent can choose an unlimited number of answers.

Through Internet communications 1

Information from Internet (indicate the websites _____) 2

Information from Trans*People 3

Information from doctors at medical facilities 4

Information from doctors at public health centers 5

Pharmacist advised at the pharmacy 6

Other (please, specify _____) 7

Difficult to answer 8

B3. Do you take hormones under medical supervision? Interviewer, read all of the answer options. Respondent can choose only one answer.

Yes (under medical supervision) 1 → Go to the question B5

No (take without medical supervision) 2

B4. Why are you taking hormones not under the supervision of a doctor? Interviewer, read all of the answer options. Respondent may choose several answers.

There are no qualified doctors 1

I don't trust doctors 2

I cannot afford to go to the doctor 3

Doctors refused to prescribe me hormonotherapy, but I need it 4

Doctors treat people like me badly 5

I do not want others to know that I take hormones 6

Other (please, specify _____) 7

B5. Have you received the following services from a medical professional? (Give answer for each line)

	Yes	No	Don't know (do not read)	Refused to answer (do not read)
1. Offered tests before taking hormonal drugs	1	2	3	4
2. Defined the schemes for taking hormonal drugs	1	2	3	4

3. Tracking hormonal levels	1	2	3	4
4. Consultation on side effects of hormonal drugs	1	2	3	4

B6. Do you intend to initiate hormone therapy?

Yes 1

No 2 please, specify the reason _____

B7. Do you plan to undergo a trans-masculine / trans-feminine transition (surgery)? Interviewer, read all of the answer options. Respondent can choose only one answer.

Yes 1

No 2 → go to the question B10

Have not decided yet 3

I have already undergone correction 4

I don't want to 5

I can't undergo correction due to my health condition 6

I can't undergo correction, I can't afford it 7

I can't undergo correction, it is not performed in Georgia and I can't afford to do it elsewhere 8

B8. Are you planning to get a conclusion from the Commission on changing the gender and body correction?

Yes 1 → go to the question B10

No 2

Have not decided yet 3 → go to the question B10

Currently I am in the process of getting the conclusion 4 → go to the question B10

I have already got the conclusion 5 → go to the question B10

B9. Why aren't you planning to get a conclusion from the Commission on changing the gender?

Interviewer, write down the response of the respondent

B10. Where do you get information about the transgender transition?

Interviewer, read all of the answer options. Respondent can choose an unlimited number of answers.

- Through Internet communications 1
- Information from specialized websites on Internet (indicate the websites _____) 2
- Through communication with Trans*People / friend 3
- Information from doctors at medical facilities 4
- Information from doctors at public health centers 5
- Information from NGO staff (phycologists, social workers) 6
- Information from the Commission on changing the gender 7
- Other (please, specify, _____) 8
- Difficult to answer (do not read) 9

B11. What information on transgender medical transition do you lack? *Interviewer, write down the response of the respondent*

SECTION C. SOCIAL NETWORKS

C1. What channels do you use for reaching partners? (There might be several answers)

Web sites (forums, dating websites) 1

Social Networks (FB, twitter, Odnoklassniki)	2
Clubs, bars, saunas and other recreational places	3
Through friends at parties	4
Mobile applications for smartphones and tablets	5
Special social events for Trans*People	6
I meet them in public organizations	7
On vacation, in another city or abroad	8
Your version	9
I'm not looking for partners	10
<i>Refused to answer (do not read)</i>	11

In case of choosing answers 1 or 2 or 5 go to the next questions

In other cases go to section D

C2.1. Which online dating sites / mobile apps do you use to search for sexual partners?

C2.2. Please, tell me how many profiles do you have on the indicated dating sites / mobile applications?

C2.3. Have you used these resources during the last 30 days?

DtA - Difficult to Answer

Name of the dating site / mobile app	C2.1 dating site / mobile app	C2.2 Number of profiles	C2.3 used these resources during the last 30 days		
Facebook	1		1. Yes	2.No	3. DtA
Instagram	2		1. Yes	2.No	3. DtA
Twitter	3		1. Yes	2.No	3. DtA
Viber / WhatsApp / Telegram /	4		1. Yes	2.No	3. DtA
Odnoklassniki	5		1. Yes	2.No	3. DtA
Website Mamba	6		1. Yes	2.No	3. DtA
Website qguys	7		1. Yes	2.No	3. DtA

Website bluesystem	8		1. Yes	2.No	3. DtA
Website planetromeo.com	9		1. Yes	2.No	3. DtA
Mobile app Hornet	10		1. Yes	2.No	3. DtA
Mobile app Grindr	11		1. Yes	2.No	3. DtA
Mobile app Tinder	12		1. Yes	2.No	3. DtA
Mobile app Scruff	13		1. Yes	2.No	3. DtA
Vkontakte	14		1. Yes	2.No	3. DtA
Other (please, specify _____)	15		1. Yes	2.No	3. DtA

SECTION D. RISKY SEXUAL PRACTICES

D1. Did you have sexual intercourses during the last 12 months?

<i>Give the response for each line</i>	No	Yes	D1.1. If yes, indicate the number:
1. With a cisgender man	2	1→	_____number
2. With a cisgender woman	2	1→	_____number
3. With a Trans*Woman	2	1→	_____number
4. With a Trans*Man	2	1→	_____number
5. With another Trans*Person	2	1→	_____number
6. Did not have sexual intercourses	2	1	_____number

D2. Did you have sexual intercourses during the last 6 months?

- Yes 1
- No 2
- No answer (do not read) 3

D3. Have you or your partner used a condom during your last sexual intercourse?

- Yes 1
- No 2
- Never had sex 3 → go to the Section E
- No answer (do not read) 4

D4. What was your last sexual intercourse? Interviewer, read all of the answer options. Respondent may choose several answers.

- Vaginal 1
- Anal 2
- Oral 3
- Other (please, specify) 4
- Refused to answer (do not read) 5

Interviewer! Before asking the respondent the following questions, please explain to him / her that...

- ▶ ***By regular sexual partners we mean partners with whom the respondent has regular sexual contacts.***
- ▶ ***By random sexual partners we mean less known partners with whom the respondent had unintentional sexual contact, but did not pay / did not receive material rewards.***
- ▶ ***By commercial sex partner we mean whom the respondent had given rewards or received reward from for sexual contact. By rewards we mean: money, food, goods, alcohol, drugs, protection, etc.***
- ▶ ***By sexual contacts we mean oral, vaginal and anal sex.***

D5. Which partner did you last have sex with? Respondent may choose several answers

D5.1. By partner type	D5.2. By gender identity
1. With a regular partner	1. With a cisgender man
2. With a random partner	2. With a cisgender woman
3. With a commercial sex partner (to whom you have given reward for sex)	3. With a Trans*Woman
4. With commercial sex partner (who gave you reward for sex)	4. With a Trans*Man
5. Other, please specify:	5. Other, please specify:

D6. Which partner/s have you had sex with in the last 12 months?

Answer each row in each column	D6.1. Presence of partners:		D6.2. Number of partners:	
	No	Yes	Number:	<i>Don't remember</i>
1. With a regular partner	2	1		3
2. With a random partner	2	1		3
3. With commercial sex partner (to whom you have given reward for sex)	2	1		3
4. With commercial sex partner (who gave you reward for sex)	2	1		3
5. Had no sexual partners during the last 12 months	4 → go to the question D8			

D7. Did you use a condom during sexual intercourse?

Answer each row in each column	Did not have such partner	1. During the last intercourse:		2. Every time during the last 12 months:	
		Yes	No	Yes, used every time	No, there was a case when I did not use
D7.1. With a regular partner	3	1	2	1	2
D7.2. With a random partner	3	1	2	1	2
D7.3. With a commercial sex partner (to whom you have given reward for sex)	3	1	2	1	2
D7.4. With a commercial sex partner (who gave you reward for sex)	3	1	2	1	2

D8. Where did you get the condom you used during your last sexual intercourse? (One answer)

Bought in the pharmacy.....	1
Bought in the store.....	2
Received at the pharmacy.....	3
Received from a social worker.....	4

Received in a medical facility.....	5
Received from a client (sexual partner who gave me reward for sex).....	6
Received from my sexual partner.....	7
Received from the pimp.....	8
Received from a friend.....	9
Your version.....	10

The following question is only asked to respondents who answered "No" to questions D3 and D7.

D9. Why did not you use a condom during your last sexual intercourse? (Multiple answers possible!)

There was no condom at hand.....	1
It reduces sensitivity.....	2
It is too expensive.....	3
Partner insisted on not using it.....	4
I am sure that both, I and my partner are healthy.....	5
Was under the influence of alcohol.....	6
Was under the influence of drugs.....	7
I had an active role, but did not see a risk for myself.....	8
Your version:.....	9
<i>Difficult to answer (do not read)</i>	10

D10. Have there been cases when you did not use condom during sexual intercourse with HIV infected partners?

Yes.....	1
No.....	2
<i>Don't know (do not read)</i>	3
<i>Refused to answer (do not read)</i>	4

D11. Do you use lubricant?

<i>Answer for each line</i>	Yes	No
D11.1 During anal sex	1	2
D11.2 During vaginal sex	1	2

D12. Did you have sexual intercourse under the influence of alcohol and/or drugs during the last 6 months?

- Yes 1
- No 2 → go to the Section E
- Don't know (do not read)* 3 → go to the Section E
- Refused to answer (do not read)* 4 → go to the Section E

D13. What is your motivation to take alcohol/drugs before sexual intercourse? *(Several answers possible)*

- I feel more confident/free 1
- I have better feelings and more diverse contacts 2
- I have no discomfort and feel no pain 3
- I am longer sexually active 4
- I can have sex with more partners 5
- Other (please specify) 6

D14. How often, during the last 6 months, have you used a condom during sexual intercourse while under the influence of alcohol/drugs?

- Always (100%) 1
- In most cases (75%) 2
- In half of the cases (50%) 3
- Sometimes (25%) 4
- Rarely (less than 10%) 5
- Never 6
- Difficult to answer (do not read)* 7

Interviewer! Before asking the respondent the following questions, please explain to him / her that...

► **By Group Sex we mean sexual contact with two or more partners at once, during one intercourse.**

D15. Have you ever had group sex?

Yes 1

No 2 → go to the Section E

Don't know (do not read) 3 → go to the Section E

Refused to answer (do not read) 4 → go to the Section E

D16. Could you, please, recall when was the last time you had group sex? (Give answer for each line)

	Had group sex during this period	Did not have group sex during this period
1. During the last 7 days	1	2
2. During the last 30 days, except for the last 7 days	1	2
3. During the last 3 months, except for the last 30 days	1	2
4. During the last 6 month, except for the last 3 months	1	2
5. During the last 12 month, except for the last 6 months	1	2
6. More than a year ago	1	2

D17. With whom did you have group sex during the last 6 months?

With men (there were no women) 1

With women (there were no men) 2

With both (men and women at the same time) 3

Refused to answer (do not read) 4

D18. How many partners did you have during your last group sex?

_____ number of partners

Refused to answer (do not read) 1

D19. How often, during the last 6 months, have you used a condom during group sex?

Always (100%) 1

In most cases (75%) 2

In half of the cases (50%) 3

Sometimes (25%) 4

Rarely (less than 10%) 5

Never 6

Difficult to answer (do not read) 7

D20. Did you use a new condom every time you change your partner?

Yes 1

If yes, how often?

Always (100%) 1

In most cases (75%) 2

In half of the cases (50%) 3

Sometimes (25%) 4

Rarely (less than 10%) 5

Never 6

Never 6

Difficult to answer (do not read) 7

No 2

D21. Do you know the HIV status of your sex partners who participated in the last group sex with you?

I know the HIV status of all: 1

..... It's negative 1.1

..... At least one of them is positive 1.2

I know the HIV status of some:	2
It's negative	2.1
At least one of them is positive	2.2
I don't know their HIV status	3
<i>No answer (do not read)</i>	4

SECTION E. ENGAGEMENT IN COMERCIAL SEX

E1. Are you involved in commercial sex?

Yes	1
No	2 → go to the section F
<i>Refused to answer (do not read)</i>	3 → go to the section F

E2. What motivated you to engage in commercial sex? (Respondent may chose several answers)

I needed money for a transgender transition	1
I needed money for myself and/or family	2
My partner made me	3
I enjoy it	4
Friends / family members also do this	5
I needed money to buy drugs / alcohol	6
I was under the influence of drugs / alcohol at the first time	7
Your version _____	8
<i>I do not remember (do not read)</i>	9
<i>Refused to answer (do not read)</i>	10

E3. Where do you usually meet or find your clients? (Respondent may chose several answers)

On the street (open area, park, square, etc.)	1
---	---

On the highways	2
At public bus stops	3
At the bar / restaurant / cafe, etc.	4
At the casino	5
At a disco / nightclub / art club / strip club	6
At the hotel / motel	7
At the sauna / massage salon / spa salon / beauty salon	8
At the educational institution where I study	9
At the markets	10
On railways and bus stations	11
On the beach	12
At the fitness center	13
At the model agency	14
By phone (the phone numbers can be found in newspapers, magazines, business cards, etc.)	15
Through the Internet (using social networks (Facebook, etc.))	16
Through TV advertisements (at night)	17
At public events (concerts, exhibitions, etc.)	18
Through my clients	19
Through other sex workers (friends, etc.)	20
Through intermediaries (pimp, etc.)	21
I have only regular clients	22
Your version _____	23
<i>Refused to answer (do not read)</i>	24

E4. Where do you usually have sex with your clients? *(Several answers are possible)*

At the bar / pub / club	1
Hotel / motel	2
Brothel / massage salon	3
My private apartment	4
Client's apartment	5

Specially rented apartment (hourly rented)	6
Your version	7
<i>Don't know (do not read)</i>	8
<i>Refused to answer (do not read)</i>	9

E5. Were there cases when clients refused to use a condom?

Yes	1
No	2 → go to the question E7
<i>Refused to answer (do not read)</i>	3 → go to the question E7

E6. In your experience, what do clients most often do to avoid using a condom during sex? (Several answers possible)

They simply refuse to have sex with it	1
Offer more money	2
Threaten	3
Beat	4
Your version	5
<i>Refused to answer (do not read)</i>	6

E7. Were there cases when you did not insist or refused to use a condom?

Yes	1
No	2 → go to the Section F
<i>Refused to answer (do not read)</i>	3 → go to the Section F

E8. What are the reasons that you did not insist / refuse to use condom with the client? (Several answers possible)

I don't care	1
I can earn more money without a condom	2

Sex without a condom is shorter 3

I don't insist, when I am afraid of the partner 4

Your version 5

Don't know (do not read) 6

Refused to answer (do not read) 7

SECTION F. DISCRIMINATION AND VIOLENCE

F1. Has there been such an event in your life over the past 12 months?

Answer each line.	Yes	No
F1.1 You were denied a job due to your gender identity	1	2
F1.2 You were denied career advancement due to your gender identity	1	2
F1.3 You were denied career advancement due to inconsistency with passport data	1	2

F2. Have you ever felt any of the listed in relation to yourself over the last 12 months?

There might be several possible answers per line	Yes	No	If yes, from whom did you feel this attitude?									
			Co-workers	Other civil servant	Relatives	Friends	Strangers	Sex Partners	Social Workers	Police	Medical staff	Have not felt
F2.1. Insult, humiliation (including swearing, criticism, insulting nicknames)	1	2	1	2	3	4	5	6	7	8	9	10
F2.2. Psychological pressure (intrigue, gossip)	1	2	1	2	3	4	5	6	7	8	9	10
F2.3. Blackmail (including your child, extortion, outing), threats, intimidation	1	2	1	2	3	4	5	6	7	8	9	10
F2.4. Injury / physical pain (bruising, strangulation, kicks and other injuries)	1	2	1	2	3	4	5	6	7	8	9	10
F2.5. Physical pursuit (spying, control)	1	2	1	2	3	4	5	6	7	8	9	10
F2.6. Forced use of drugs or alcohol	1	2	1	2	3	4	5	6	7	8	9	10

F2.7. Failure to provide you with medical care in case of need or when you try to seek medical help	1	2	1	2	3	4	5	6	7	8	9	10
F2.8. Rape	1	2	1	2	3	4	5	6	7	8	9	10
F2.9. Attempted rape	1	2	1	2	3	4	5	6	7	8	9	10
F2.10. Coercion to sex in a form that is unacceptable for you / you do not like (including in perverted forms, with the use of physical violence, group sex)	1	2	1	2	3	4	5	6	7	8	9	10
F2.11. Coercion to sex without a condom	1	2	1	2	3	4	5	6	7	8	9	10
F2.12. Forced marriage	1	2	1	2	3	4	5	6	7	8	9	10

SECTION G. PRACTICE OF DRUG USE

G1. Some people try different drugs. Have you used any non-injection drugs?

- Yes, have used during the last 30 days 1
- Yes, have used during the last 12 months (but not during the last 30 days) 2
- Yes, have used over a year (12 months) ago 3
- Have never used or even tried 4 → **go to the question G3**
- Difficult to answer (do not read)* 5

G2. Which non-injection drug do you use most often?

- (One drug) write down
- Difficult to answer (do not read)* 1

G3. Some people try drugs that are injected with a syringe. Have you used any drugs using a syringe?

- Yes, have used during the last 30 days 1
- Yes, have used during the last 12 months (but not during the last 30 days) 2

Yes, have used over a year (12 months) ago 3

Have never used or even tried 4 → go to the Section H

Difficult to answer (do not read) 5

G4. Which injection drug do you use most often?

(One drug) _____ write down

Difficult to answer (do not read) 1

G5. Why did you start using drugs?

I was forced to start consuming drugs 1

I was advised to start consuming drugs 2

Because of depression (I thought it would help me overcome problems) 3

I had an interest 4

Consumed by family members 5

I had access to it 6

Other (Specify) _____ 7

G6. How often have you injected drugs during the last 30 days?

Write down _____ number of times in the last day (24 hours) 1

Write down _____ number of days in the last week 2

Write down _____ number of times in the last month 3

G7. While using drugs have you had any of the following: (DtA – Difficult to Answer)

One answer for each row and column	2. During the last 30 days				2. During the last 12 months		
	Yes	No	DtA	Have not used drugs during the last 30 days	Yes	No	DtA

G7.1. You used a syringe, a needle that was injected by another person	1	2	3	4	1	2	3
G7.2. You used drugs made in a shared pot	1	2	3	4	1	2	3
G7.3. You bought the drug already in the syringe, and you did not know who filled it and how	1	2	3	4	1	2	3
G7.4. Did you give your previously used syringe / needle to another person for use?	1	2	3	4	1	2	3

SECTION H. HIV KNOWLEDGE

H1. How much do you agree with these statements regarding HIV infection? (Give answer for each row)

	Yes	No	Don't know (do not read)
1. The risk of HIV transmission can be reduced if you have sex with only one faithful, uninfected partner	1	2	3
2. The risk of HIV infection can be reduced by using a condom correctly during every sexual intercourse, including oral	1	2	3
3. A healthy looking person may have HIV	1	2	3
4. A person can be infected with HIV through a mosquito bite	1	2	3
5. A person can become infected with HIV through drinking from the same glass of an HIV-infected person	1	2	3
6. A person can become infected with HIV through sharing a toilet, pool, sauna with an HIV-infected person	1	2	3
7. A person can become infected with HIV through sharing injecting equipment with an HIV-infected person	1	2	3

SECTION I. NEEDS FOR MEDICAL AND PREVENTIVE SERVICES

11. Have you sought medical care during the last 12 months?

Yes 1

No 2 → go to the question 14

12. Which facilities have you visited? (Several answers possible)

	I2.1 during last 12 months	I2.2. during last visit
Primary Health Care Center	1	1
Hospital	2	2
Private Clinic	3	3
Private Hospital	4	4
TB Center	5	5
Drug Addiction Facility	6	6
STI Clinic	7	7
Used Family Doctor’s home visit	8	8
Used Ambulance service	9	9
CSO/CBO (for testing)	10	10
Mobile Ambulatory (for testing)	11	11
AIDS Center	12	12
Other, please specify _____	13	13

13. Using a scale of 1 to 10, please rate the following criteria that apply to your most recent medical service received? (Where “1” is the lowest rating and “10” is the highest) Give answer for each line

1. Attitude of the medical personnel	1	2	3	4	5	6	7	8	9	10
2. Quality of the medical service received	1	2	3	4	5	6	7	8	9	10

14. Have you received condoms for free during the last 12 months (for example, through awareness-raising programs or projects, syringe exchange sites, counseling centers, social services centers for families, children and youth, during events, through pharmacies, etc.)?

Yes 1

No 2

Do not remember 3

15. What services would you like to receive at HIV prevention organizations?

<i>Interviewer, read it. Respondent may choose several answer options</i>	15.1 Already receive	15.2 Would like to receive
Health counseling	1	1
Psychologist's counseling	2	2
Psychiatrist's consultation	3	3
Sexologist's consultation	4	4
Lawyer's consultation	5	5
Counseling on gender transition	6	6
Endocrinologist's consultation	7	7
Narcologist's/Addictologist's consultation	8	8
Needle and Syringe exchange	9	9
Distribution of condoms, disinfectants and other protective equipment	10	10
Violence Prevention	11	11
Building communication skills with sex work recipients	12	12
Participation in psychological assistance groups	13	13
Testing on HIV	14	14
Testing on Hepatitis	15	15
Testing for other STIs:	16	16
Gonorrhea	16.1	16.1
Genital herpes	16.2	16.2
Chlamydia	16.3	16.3
Trichomoniasis	16.4	16.4
Candidiasis	16.5	16.5
Information sessions/trainings on HIV prevention and sexually transmitted infections, on sexual health	17	17
Other (please, specify)_____	18	18
Other (please, specify)_____	19	19
There are no such needs	20	20

16. How would you like to receive services from HIV prevention civil society organization? Interviewer, read it. Respondent may choose several answer options

Receive services and counseling at the organization's office.....	1
Receive services at mobile ambulatories.....	2
Receive services at home or at the meeting points of Trans*People.....	3

Receive on-line consultations through the Internet 4

Receive consultations by phone 5

I don't want to receive services/consultations 6

Other (*please, specify*) 7

17. Would you like to use the services of community organization of Trans*People in your city?

Yes 1

No 2

Already use such services 3

Don't know/Difficult to answer (do not read) 4

18. Do you know where you can get HIV counseling? One answer

Yes 1

No 2

Did not answer 3

19. Have you ever had an HIV test?

Yes 1

No 2 → **go to the question I17**

Did not answer 3 → **go to the question I17**

I10. Please tell me where exactly did you get tested for HIV? (Several answers possible)

	I10.1. Screening test on HIV (first)	I10.2. Repeated test on HIV (confirmatory)
At the AIDS Center	1	1
At an NGO/Community organization	2	2
At a mobile ambulatory	3	3
At the primary health care center	4	4
At a private clinic	5	5
At a private LAB	6	6
Other	7	7

I11. How much time has passed since your last HIV test?

_____ months _____ years

0. Less than a month

I12. Did you get the result of your HIV test?

Yes 1

No 2 → go to the question I18

Did not answer 3 → go to the question I18

I13. Can you report the result of your last HIV test?

1. Yes -----→ I13.1 If yes: 1. HIV positive

2. HIV Negative ↓

2. No

3. Refused to answer → go to the question I18

I14. Have you registered at the AIDS center?

Yes 1

No 2

Did not answer 3

I15. Are you taking antiretroviral therapy (ART)?

Yes 1

Was taking before, but not now 2

No, but I have already been prescribed it 3 → go to the question I18

No 4 → go to the question I18

I16. What is the number of days / months or years that have passed since your last taking ART drugs?

_____ days _____ months _____ years

Don't remember 1

I17. Why have not you been tested for HIV? *(Several answers possible)*

I don't know where to go and get tested	1
There is no such institution / center / site in our city where you can get an HIV test	2
I do not know where the institution / center / site for testing is located	3
The working schedule of the testing institution / center / site does not suit me	4
I am not happy with the attitude of the staff	5
I have never had a desire to take an HIV test	6
My sexual behavior was safe	7
I have always had a safe injecting practice	8
I am afraid to know my HIV status	9
I am afraid that my HIV status will become known to someone else	10
I'm afraid that someone will find out that I am a transgender person	11
I think I have to pay for the testing	12
I have no free time to go and get tested	13
Inconvenient location of places where you can get the test	14
Your version _____	15
<i>Refused to answer (do not read)</i>	16

I18. Have you ever heard about Pre-Exposure Prophylaxis (PrEP)?

(This is a type of preventive intervention for people who have an increased risk of HIV infection. As part of this intervention, people take pills every day that help them protect against HIV, but it's important to maintain other preventive measures, for example, the constant use of condoms)

Yes	1
No	2 → go to the question I20

I19. Have you taken PrEP during the last 12 months?

- Yes 1
- No 2
- Don't remember (do not read)* 3

I20. Have you ever heard about Post-Exposure Prophylaxis (PEP)? *(This is a medicine that HIV-negative people take for a month after exposure to HIV so as not to get infected)*

- Yes 1
- No 2 → go to the Section J

I21. Have you taken PEP during the last 6 months?

- Yes 1
- No 2
- Don't remember (do not read)* 3

SECTION J. SIZE ESTIMATION

J1. How many people who consider themselves Trans*People do you know by name or nickname? These may be your friends or other people you know by name; you know how to find this person (by phone or in any other way) and he / she lives in your neighborhood.

Number of people |__|__| («99» = No answer)

J2. Of those people whom you know by name and who consider themselves to be Trans*People, how many you can attribute to each of the following groups:

J2.1	Not older than 18 years	__ __ («99» = No answer)
J2.2.	Trans Sex Workers	__ __ («99» = No answer)
J2.3	Injecting Drug Users	__ __ («99» = No answer)
J2.4	HIV positives	__ __ («99» = No answer)
J2.4	Living in Tbilisi	__ __ («99» = No answer)
J2.5	Living in Regions	__ __ (region _____) __ __ (region _____) __ __ (region _____)

Thank you for the interview!

ANNEX 3: INFORMED CONSENT FORM FOR STUDY PARTICIPANTS

Informed consent form for a participant of an operational study – Peer Driven Intervention (PDI) among transgender people in Tbilisi, Georgia

Dear Participant,

You are selected to participate in the study -"Peer Driven Intervention (PDI) among transgender people in Tbilisi, Georgia", which is conducted by the non-governmental organization Georgian Harm Reduction Network in frames of the SoS project funded by the Global Fund and coordinated by the Alliance for Public Health, in a consortium with the 100% Life, the Central Asian HIV' Association and the Eurasian Key Populations Health Network.

The goal of the study is to quickly reach new groups of clients and provide them with prevention services, with a focus on early detection and timely link of HIV-positive clients to treatment and care services. An additional goal is to collect and analyze data: the socio-demographic profile of the population, an assessment of the behavioral risks associated with HIV transmission among transgender people (including sexual and injection risks), and size estimation of the Trans*Population in Tbilisi, Georgia.

In case of your approval, you will be invited for an interview and will be offered rapid testing for HIV, HCV, HBV and Syphilis. You will be paid 25 GEL for your participation. The researcher will ask you questions about:

- Your socio-demographic characteristics;
- Hormonotherapy and surgical interventions;
- Sexual health behaviors;
- Discrimination and violence
- Drug use practice;
- Needs for preventive services.

You will be given 3 coupons to invite 3 other Trans*People for participation in the study. For each attracted participant that will meet the study participation criteria you will receive additional 10 GEL.

The information provided by you will be confidential and will not be disclosed to anyone. It will only be used for research purposes. You will be assigned a unique code, which will be used when

collecting, analyzing and storing data. The code cannot be linked with your name and surname. All data (including questionnaires and laboratory information) will be stored in accordance with all principles of confidentiality. Your personal identification data will not be recorded on the questionnaire or the test result form. Questionnaires and forms with test results will be stored in a safe place at the GHRN office. Only the unique codes will be used for follow-up data and data analysis.

This protocol has been reviewed and approved by the Health Research Union IRB which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find out more about the IRB, contact [name, address, and telephone number].

There may be some physical/psychological risks to the study population participating in the survey associated with the positive results received from HIV testing. In addition, there may be minimal psychological risks associated with completing the survey questionnaires. Due to the sensitive nature of some questions (like risky behaviors) in the survey questionnaire, some participants may experience minor emotional discomfort.

Your participation will be voluntary and you can withdraw from the study after having agreed to participate. You will be free to refuse to answer any question that will be asked in the questionnaire. If you have any questions about this study you may contact Georgian Harm Reduction Network (24 Shartava st, Tbilisi Georgia. Tel: 595 092 950; 599 94 94 04).

Signing this consent indicates that you understand what will be expected of you to participate in this study.

I have been invited to take part in the study "Peer Driven Intervention (PDI) among transgender people in Tbilisi, Georgia".

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have asked have been answered to my satisfaction. I consent voluntarily to be a participant in this study and understand that I have the right to withdraw from the interview at any time without in any way affecting my future life and seeking of medical care.

Participant: _____

Researcher: _____

Date: ___ / ___ / _____

ANNEX 4: COUPON FORM

Front side

«PDI». Name of the organization

Call and sign up for a consultation!

Tel:

Working hours:

Back side

Services provided by the organization

Address Contact

ANNEX 5: STUDY STAFF AGREEMENT OF CONFIDENTIALITY

Ensuring the confidentiality of all reports, records, and completed questionnaires are of critical importance to the Georgian Harm Reduction Network (GHRN) study “Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia”

I, _____, an employee of GHRN, agree to provide data collection services for the benefit of GHRN in connection with conducting a “Reaching New Clients from Trans*Community through Peer Driven Intervention in Tbilisi, Georgia” study.

Further, I (please, place your initials in the space below if you agree to adhere to the following guidelines)

_____ hereby accept all duties and responsibilities of performing specified data collection tasks and will do so personally in accordance with the training and guidelines set out in the field manual provided to me. At no time will I engage the services of another person for the purpose of performing the data collection or other field tasks for me without prior approval from GHRN and the Principal Investigator (PI);

_____ promise to perform only the data collection tasks specified to me by the GHRN PI and will not conduct any auxiliary data collection without the approval of GHRN PI;

_____ agree to treat as confidential and proprietary to GHRN any and all survey instruments, materials, and documentation provided or accessed during the course of my service on this project;

_____ am aware that the survey instruments form the basis from which all the analysis will be drawn and therefore, agree to ensure that all work I do on the project will be of high quality and performed in compliance with all of the project specifications;

_____ agree to treat as confidential all information acquired during data collection or obtained in any project-related way during the period I am providing services to GHRN;

_____ agree to keep all completed questionnaires as well as any project-related documentation in accordance with the principles set forth by the PI;

_____ agree to conduct myself in a manner that will obtain the respect and confidence of all individuals from whom data will be collected and that I will not betray the confidence by divulging any information obtained to anyone other than authorized representatives of GHRN;

_____ agree to never discuss sensitive office issues or records outside of the office setting, nor confirm or deny any specific person’s participation in the study;

_____ agree to report any known or suspected breaches of confidentiality to the PI;

_____ understand that confidentiality is only assured to study participants to the extent allowed by Georgian laws and that there are exceptions under these laws and I agree to abide by all procedures outlined for breaking confidentiality for this study and under the supervision of the PI; and

_____ understand that any breach of this agreement may result in the termination of any assignment with GHRN and/or my employment with GHRN, monetary fines, and/or civil suit.

Signature

Date

