



Report
Findings and Recommendations
Feasibility Study for a Transgender Project

Prepared by Dr. Vic Salas for
Rainbow Community Kampuchea
(RoCK)



Supported by:

January 2018



Rainbow Community Kampuchea

REPORT

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I. INTRODUCTION

RoCK wishes to initiate and implement a pilot Transgender Project, which aims to provide basic support services on legal and safe transition and hormone therapy for transgender women (TGW) and transgender men (TGM) in Cambodia. RoCK plans to work with various partners including doctors, counselors, NGOs, and RoCK staff in order to provide direct services, and referral services.

Prior to the project implementation, a feasibility study will be done to assess the situation with regards to existence, availability and access to transgender-specific health services, modes and types of transitions (social, medical, surgical) practiced, and explore various options for improvement of existing transition practices and services, including counseling, hormone use, and referrals for services.

With support from a designated coordinator from RoCK, the feasibility study will be done by a consultant. The feasibility study hopes to:

- Provide a clear road map and strategy of the project to be carried out in logical order, and relevant legal/policy framework through which can be justified that all aspects of this project are legal.
- Identify feasible types of transitioning for TGW & TGM, i.e. medical, social transition, mental and cultural counseling, sex change counseling etc. Based on current recommendations from institutions working actively on transgender health, propose a systematic approach: which ones are to be directly provided and which ones are referral services, which are to be provided by partners and which are to be provided by RoCK.
- Identify feasible number, types, and sources of safe and legal hormones treatment needed for TGW & TGM that are available on the market (locally and from neighboring countries if necessary). Advise on feasible scope and scale of treatment ex: start with 1-2 types of treatments and then scale up, or start with several types of treatments.
- Identify training needs for doctors, counselors and NGOs, and RoCK staff for the project.
- Identify several qualified and reliable doctors (starting from Phnom Penh) to participate in this project. Study the incentive and benefits for the participating doctors. The doctors will receive necessary training to be able to prescribe and provide treatments to TGW & TGM legally and safely.
- Identify a small key number of counselors and NGOs to participate in this project.
- Identify specialists in Southeast Asia who can provide different types of training needed for doctors, counselors, RoCK staff, and NGOs on transition and hormone therapy for TGW & TGM.
- Work with RoCK partners to give inputs into guideline and protocol on Cambodian trans health care

II. METHODS

The following methods were used: review of documents and related literature, (see references at the end of this document), interviews with key informants (RoCK Staff, selected health providers who could potentially be tapped to provide services, NGOs working with transgender

people, observation visits to selected medical facilities, and focus group discussions with transgender men and transgender women in Phnom Penh.

Four FGDs were conducted, involving 11 Trans men and eight trans women, disaggregated by age.

Key informants (14) included the following:

- NGOs – working with trans people (RoCK, RHAC, BC, KHANA. Marie Stopes Cambodia)
- Physicians (5) - Dr. Sem Ratana AKA “Dr. Skin”, Dr. Rahman, Dr. Monywa, Dr. Chan Phanna, Dr. Leng Sophea
- NGO/Private clinic providing mental health services (psychiatrists, counseling, psychologists – TPO (Transcultural Psychosocial Organization)
- Pharmacist/Owner of Pharmacy – 1
- RHAC staff and two visiting consultants from ANOVA (January 2018)

Observation Visits: Pharmacies (4), Clinics (2) of Health Providers from private sector
Some places not yet visited: Marie Stopes, (NGO/Private clinic providing sexual health services and family planning) Chouk Sar clinic – NGO clinic known to many trans people and key populations for HIV counseling and testing , laboratories

The report was presented to RoCK staff in October 2017, and to the New RoCK Coordinator and Board Members in December 2017. Comments were received from several reviewers. Additional information from a visit of two experts on transgender medicine and sexual health (January 2018) has been included in this report.

III. FINDINGS

GENERAL HEALTH SITUATION IN CAMBODIA:

- General health indicators in Cambodia have improved over the past decade, with improved life expectancy, and decreases in maternal and infant mortality rates. Life expectancy at birth from 2000 to 2012 increased by 12 years. (WHO¹). The country is in a demographic and a health transition, with Ischemic Heart Disease (10.1%) and Strokes (8.7%) accounting for almost 16,000 deaths in 2012, for almost one in five deaths. (WHO). TB and Lower Respiratory Infections are still major causes of death and rank among the top five causes of mortality. Cambodia met most of its targets for health under the MDGs in 2015.
- Socio economic indicators have also improved, and GDP growth rates (7.7% average from 1996 to 2015) are among the highest in Asia. Between 1980 and 2013, Cambodia’s Human Development index rose from .251 to .584, indicating consistent upward positive changes in life expectancy, education and income².
- The Ministry of Health has outlined strategic priorities for its sector, in the Strategic Plan 3 (HSP 3) for 2016-2020. This is also linked to the Sustainable Development Goals (SDGs) for 2030, of which Health (Goal No. 3) is a major goal.

¹ WHO Cambodia Health statistical profile, 2015 (pdf file)

² WHO Cambodia, Country Cooperation Strategy, 2016-2020

- Health services coverage for some services have improved across the country. (WHO CCS). There is a system of health services delivery, from village and commune health centers providing primary care, immunizations, etc. There are also district level secondary to tertiary care hospitals, and the specialized public hospitals that are mainly in Phnom Penh, that are supposed to provide a “minimum Package of Activities” (MPA) and a “Comprehensive Package” (CPA). The quality and standards of medical, nursing, and midwifery education are still generally low, and there has been a recent increase in private medical, nursing and paramedical schools. Private practitioners are the first recourse for a high % of Cambodians (43%, 2012) and only 16% say they go first to the public sector. Private sector and informal sector provides 61% and 26% of all health services in 2015. (WHO CCS). There is still limited oversight and regulation, need to improve quality, and reduce inequities, both geographically and among socio-economic classes. There is limited access to quality health care services, which are very expensive. Most people pay out of pocket for health services, and if they can afford, will travel to Vietnam, Thailand, Singapore or other countries
- There are also issues with many of the pharmaceuticals and drugs available on the market, with regards to their quality assurance and meeting standards. Irrational prescribing is also common, according to WHO.
- The emergent middle class as well as improved incomes overall, and the spread of internet and social media marketing has also increased the visibility and focus of services for aesthetic reasons (beauty and skin clinics, skin whitening, surgery to improve facial and body features, etc.). However, there are also many problems with the beauty industry. (See Globe feature)
- Less than 5% of all Cambodians have some form of private health insurance, these are mostly in the urban areas and the middle to upper class, and working with the private sector; there are a number of subsidies in place for the poor – for example, health equity funds, ID-Poor, voucher schemes, etc.³. The government plans to extend social health insurance (through coverage of the National Social Security Fund) to garment factory workers, though this may be only for work-related injuries and health problems.

TRANSGENDER HEALTH AND TRANS-SPECIFIC SERVICES:

Transgender health in Cambodia is not a priority and no trans-specific health services exist in the country.

- Trans men and Trans women have very specific needs at different stages of life cycles, and the transition period may take many years. Transitioning into the preferred and affirmed gender, where this is desired, can take years and decades. Transitioning can be understood to include *social transitions* (daily life, in family, community settings; relationships with others, education, work and employment, and general expression, appearance and behavior), *medical and surgical transitions* (hormone use, cessation of menses, feminization and masculinization effects, upper and lower surgery) and *legal gender recognition* (i.e., changing sex and/or gender in identity cards, passports, and other legal documents).
- Not all trans people wish to undergo all types, or degrees of transitions above. Others may prefer not to be “boxed in” into the gender binary.
- In Cambodia, current care for trans people is quite limited, and where it exists, is framed within the HIV/AIDS context. Until fairly recently Trans women were lumped in

³ Kiry, LO Veasna. Cambodia Health Sector Forum, November 2016 (PowerPoint)

together with “MSM”. With regards to trans men (and for LGBTI people in general) there are virtually no specific services existing, all are expected to be included under the “general population”

- There are unconfirmed reports that medical practitioners from a neighboring country come to Cambodia (Siem Reap) on a regular basis, where there are many regular clients who are working for a company that has many transgender female performers
- Trans-specific health services encompass a broad range, from advice on transition into the affirmed gender(s) – changing activities, appearances, behavior, ways of speech, relationships, etc.; mental health, counseling services, avoidance of risky behavior practices, prevention of violence and abuse, legal recognition, health screening and follow up, hormones, and gender affirmation surgery.
- Beautification services, aesthetic procedures also cater to those who wish to improve their appearance or make it more consistent with affirmed gender, though critical aspects of Gender Affirmation Surgery (upper/lower) are not available in country
- However, similar medical and surgical procedures which are performed for different indications can be done; this includes, for example, mastectomies, hysterectomy, hair removal, testosterone supplementation, etc.
- Many trans people, especially trans females, take hormones for feminization without medical supervision, or without knowledge of the proper types and dosages of hormones. They often rely on peers for information; many cases of illness, side effects, complications have been documented.
- Medical labeling/information on hormones for transitioning is in English (or in some cases, French and Vietnamese) and technical, it is doubtful if practitioners and clients read and understand this information. Hormones may interact with other medicines being used, such as ARVs
- Health Care workers, counselors, and other practitioners have no training or information on trans health; the usual approach is to refuse to prescribe, or to focus on side effects; information provided is not balanced and there is nobody to refer to, except to say, “go to another country”
- Some countries in the region are known for having medical services for transition – such as Thailand, Singapore and Hong Kong though the requirements for provision are not so clear
- Not all trans people will want or require hormones. Many trans people already are living their lives as their affirmed gender, without the use of hormones, and appear to have “transitioned” satisfactorily over time. The % of people who may require hormones is not known, though various studies in Cambodia put between 40-60% of trans females (normally reached through NGOs) as using hormones on a regular basis⁴. Population estimates of the number of trans females in 13 of 24 Cambodian provinces to be approximately 2871⁵ (though criteria were different as this is for a behavioral surveillance study and this is an underestimate). This does not include any transgender men, for example, those below 18, those who are not sexually active in the past 12 months, or those who are not in contact with NGOs in HIV work. In the same IBBS study, the number of trans women fitting IBBS criteria was 1474.

⁴ Transgender Health Rapid Assessment, Siem Reap and Phnom Penh, 2014 (RHAC) and IBBS 2016 (NCHADS and HIV Flagship Project).

⁵ NCHADS, and HIV Flagship Project, 2016. IBBS for Transgender females. Eligible participants were individuals who were biologically male at birth but self-identified as a woman, Khmer-speaking, aged at least 18 years at the time of screening, and able and willing to provide written informed consent. They must also be reported ever having sex with at least one man in the past 12 months

- Recognition of “Gender Dysphoria” and Gender Incongruence (DSM V) or “Gender Identity Disorder” (DSM IV) is in its infancy in Cambodia, practitioners are not aware of the classification, it may be missed or not suspected. In western countries that follow standards of care, a thorough examination prior to making this classification – by a psychiatrist or a primary health care provider --is essential before starting hormones.

KEY FINDINGS FROM INTERVIEWS, FGDs AND FIELD OBSERVATIONS

Trans women	<p>Majority have used hormones or continuing to do so, a few have lived openly in their preferred gender for years. Multiple ways of transitioning – social and medical as well as surgical – are identified and practiced. Hormone supply and information comes from friends and peers. No medical supervision or advice. Several experience side effects. Some substances may not be hormones; dosage of pills and hormones is largely unknown; pill popping is very common. Common hormones taken are those for oral contraception (which are no longer advised for use for feminization). Some preferred “hormones” have very small doses of a testosterone blocker. There are larger doses of such a drug available, specifically for feminization but nobody appears to be using this from the interviews. Surgery to improve appearance, use of implants, injections is well known and many of these are done by peers or unlicensed practitioners. Willing to pay for transition services, prefer medical practitioners and LGBT doctors or counselors if available.</p> <p>Limited population size estimates of transgender women are available, but these estimates are within the HIV/AIDS context and the practice of risk behaviors, and do not include most provinces of Cambodia.</p>
Trans men	<p>Nobody is on hormones but most expressed interest to try it, and several have discussed symptoms that could be gender dysphoria. Do not know where or how to get hormones, except through the internet or possibly after visiting Thailand, or watching on You Tube and on Facebook. Most are unaware of the type of hormones, schedule of treatment, side effects. Some pills may be called “hormones” but are actually protein or dietary supplements. Most expressed desire to have social transitions, voice changes, gender recognition, and body changes desired. Almost all practice binding, using tight clothing, and one had a hysterectomy for a uterine problem, and was pleased with an unplanned result – cessation of menses. A few expressed to have lower and upper surgery if they had the resources. Also prefer to have LGBT health providers if there are any available.</p>

	<p>Some younger trans men are aware of “T” (testosterone), or know people outside of Cambodia who are on it. Recently a Facebook post from one popular trans male blogger proudly announced “first day on T”, in a posting said to be from Thailand.</p> <p>There are no reliable population size estimates for transgender men.</p>
Pharmacies	Many hormones (except injectable estrogens) are easily available and a doctor’s prescription is not necessary. Most drug information is in English except for some hormonal OCPs. Some of Vietnamese origin (Masculinizing hormones)
Laboratories	Need to check further the types of tests being done in selected laboratories and costs of the tests
Health Providers: RHAC, Marie Stopes, Chouk Sar, Private MDs (DR. Skin, Santhepeap clinic)	<p>Little background and no training on SOGIE, LGBTI and trans health care issues and concerns. Several had experience in working with trans people but in the context of HIV prevention, care and support</p> <p>Private practitioners and dermatologist interviewed are keen to participate. One gay medical practitioner has experience with many trans clients for skin conditions, and for aesthetic procedures.</p> <p>Health insurance is still in infancy in Cambodia, (see section on General health system findings). I doubt there is malpractice insurance for private practitioners. There have been some legal cases though, of medical providers/injectors being jailed for willfully spreading HIV.</p> <p>One NGO (RHAC) is thinking about expanding an HIV project involving trans people, and has employed trans facilitators and counselors in two provinces. A visit from two experts in sexual medicine/transgender health care (ANOVA, Karolinska Institute) in Sweden was organized, and they met with the RoCK team in January 2018.</p>
Clinic Facilities	<p>Can easily provide outpatient care, registered clinics and cabinets, with proper authorities; the latter with MOH, former with local authorities. Some clinics also have facilities for laboratory examinations recommended during hormone transition therapy, such as lipids, Liver and Kidney Function Tests, hematocrit, potassium, etc.</p> <p>Specific tests for hormone levels (testosterone, estrogen) is probably available only at a few specialized tertiary hospitals.</p>
Psychosocial& Counseling Services (TPO)	Some capacity with specific psychologists at TPO, but most clinical staff (psychiatrists, counselors, social workers) have not received specific training on SOGIE and Trans issues and

	<p>concerns. GID, Gender dysphoria/Incongruence may not be recognized, and may be an underlying cause of common symptoms such as depression, anxiety, psychosomatic problems, and others. There is very little experience with a few LGBT clients, no known LGBT staff and personnel in TPO.</p>
<p>NGOs working with trans people</p>	<p>One registered LGBT organization in the country. One registered MSM and transgender network. Several NGOs working with trans people, mainly on HIV and AIDS prevention, care and support. None of these have provided trans-specific medical transition services though some have supported awareness raising and peer education, peer counseling, but there is no systematic training or guideline on different transitions.</p>
<p>Policies and Operating Environment</p>	<p>Cambodia is a “neutral” country in terms of legal recognition. There are no repressive laws and being LGBT is not criminalized. But neither is there legal recognition. “Legal support” is often understood to mean providing lawyers and legal advice in combatting discriminatory practices in arbitrary arrests and detention, general human rights violations but not to legal gender recognition.</p> <p>Some older trans have managed to change identity documents to their affirmed gender, owing to having “all records lost during Pol Pot time”, and according to the willingness of local authorities to issue required documents. Same-gender marriages have happened and are not illegal, but are not recognized legally.</p> <p>There are no specific regulations, guidelines or procedures on medical transitions or hormone use for feminization and masculinization.</p> <p>Medical practice and procedures poorly regulated, drugs available easily without prescription, a system of classifying clinics and services exists (cabinet, clinic, polyclinic, hospital) dependent on size, services provided; all recognized facilities and registered staff can provide any medicines or injections. Health providers either untrained or, only provide advice to “not take hormones”, focusing on side effects, not on the positive effects.</p>

CORE PROJECT COMPONENTS AND FEASIBILITY

Principles: Provision of correct and updated information on hormones and on transition; providing access to correct types and dosages of hormones for transition. Informed client participation and safety, ethical care provision.

It may be argued that since hormone use is already being practiced for transition, but unsupervised and potentially a danger, it would be preferable to have medical persons provide adequate and correct information about hormone use, doses, duration of treatment, after a thorough patient assessment and with the practitioners having received training on hormone use, and providing informed consent.

There are several core component activities that can be implemented, given current circumstances. Needless to say, the situation can also improve, especially with rising awareness about trans health. The basic core of services includes: General Health and Wellness, Transitioning Advice (Social, General), Medical Transitions (Hormone use, associated services) and other transition-supportive activities. These activities may be classified as “VERY FEASIBLE”, “FEASIBLE” and “NOT FEASIBLE”

Core Components	Requirements or Considerations
<p>Transition Advice and General Health Advice, Wellness Promotion</p>	<p>Comprehensive view of transition – social, legal, medical. Recognizes that transitions take time, are personal journeys, throughout one’s life cycle, and encompass various stages and changes in one’s outlook, relationships, ways of acting, dressing, speech, behavior, choices of work and recreation.</p> <p>Medical advice on transitioning will be supplemented by physicians and qualified health care workers, as well as psychologists and professional counselors if necessary. First line of advice is always from a peer or a trained counselor or staff of RoCK. Both counselors and health providers to receive training in SOGIESC, general transgender health, while training of doctors will focus on the medical aspects of hormone use.</p> <p>Much good information from a series of APTN produced booklets –including Medical Transition, Keeping Safe, etc. These could be translated. For legal advice (documentation, ID papers, etc.), it is possible to link with some NGOs.</p> <p>The general concept of “transgender health project” will need to be introduced, as this includes not just transitions, wide range of concerns from physical, emotional, mental health, substance use, HIV, improper use of injections and implants, being critical about marketing information, nutrition and diet, exercise, prevention of violence, self-acceptance, stress reduction, etc. This can begin with focused information-gathering and discussion sessions and a review of past documents and studies to “focus” and clarify this area. In addition, more key informants, information providers will be interviewed, visited, as needed, with RoCK staff. Some of the information here may be very Cambodia-culture specific (for example, some religious, spiritual and socio-cultural practices that are helpful to people)</p> <p>VERY FEASIBLE for Counselors and a few selected Doctors, need to develop specific concepts and modules</p>

<p>Advice on proper Hormone Use ⁶</p>	<p>General information on hormones, their effects on biology and gender will be taught to all counselors and health providers. Potential drug interactions during cross-sex hormone treatment and possible ART medications.</p> <p>Protocol for history taking, physical and genital examinations, laboratory tests can be developed</p> <p>Health provider doctors to be selected and trained, on the basics of SOGIESC, transgender health and specific trans services, the requirements for specific hormone use and administration, they must use approved forms and records (i.e., informed consent forms, medical records that are complete and include social and sexual histories, hormone use histories). They must know the effects, side effects and complications of hormone use. They will be tested on this knowledge and will join a specially designed study visit to a neighboring country (Thailand) where medical hormone use is practiced and general transition care provided.</p> <p>Special forms to be designed for the clients, and are also supervised by RoCK.</p> <p>FEASIBLE though intensive training and monitoring needed, as well as clear collaboration agreements with participating doctors and clinics. Perhaps start with 2 to 3 clinics or medical practitioners for back-up. Note that this component can be developed further as information about planned project of RHAC becomes available. If they decide to provide hormone transition therapy that will be ideal, and they will be responsible for the medical providers and training in their clinics as well as services specific for hormone use.</p>
<p>Hormone Availability and Supply</p>	<p>Feminizing hormones: Only OCPs, and some with cyproterone combinations (Diane, Yasmin). These are the preferred types for feminization as they contain testosterone blockers, they are also more expensive but the dose of cyproterone is very low, only 2 mg whereas larger doses are required; these preparations also contain estrogens suitable for OCP use. Only one preparation of cyproterone with appropriate dose is available (Androcur, 40 mg). OCPs are not recommended, more side effects. Doses and regimen need to be established.</p> <p>No injectable estrogens are available.</p> <p>Masculinizing: Testosterone caplets are available in all pharmacies visited. (Andriol testocaps). One pharmacy of four visited had injectable testosterone. (Sustanon, 250 mg). No other preparations (skin patch) available.</p>

⁶ Following WPATH Standards of Care, CETH, IMAP and other established institutions)

	<p>One can buy all these OTC on demand, no prescription is needed. Some pharmacies are owned by a doctor and they have a room for injecting medicines if needed.</p> <p>Standardization is a concern and quality (as with many medicines available in Cambodia). However, with little demand there could be no motivations for profiteering, over-prescribing, or irrational use, but all these have to be kept in mind. Having a regular, trusted supplier is one way to ensure consistency. If RHAC proceeds with hormone therapy according to international guidelines and standards, this will no longer be a concern.</p> <p>FEASIBLE BUT SUPPLY NEEDS CONSISTENCY and COST monitoring</p>
<p>Laboratory tests: (Ref: Transgender health blueprint for timing and frequency of lab tests)</p>	<p>Some tests for hormone levels may not be available widely. Some tests required only if taking certain medicines.</p> <p>Feminizing:</p> <ul style="list-style-type: none"> • potassium, Liver Function Tests (LFT), triglycerides available • prolactin, testosterone and estradiol levels may not be available (TBC) <p>Masculinizing:</p> <ul style="list-style-type: none"> • lipids, LFT, hematocrit available • testosterone may not be available
<p>Psychologic Assessments and Certifications</p>	<p>Should be able to recognize gender dysphoria and GID in clients, and also identify other co-morbid mental health conditions such as depression, anxiety, etc. Mental health professional or institution should be able to provide an assessment using standard formats and refer to the qualified doctors in the project. Counselors should have undergone training on SOGIESC, recognition of gender dysphoria and gender incongruence.</p> <p>FEASIBLE BUT COMMITMENT and MUTUAL AGREEMENT NEEDED</p>
<p>Other Considerations: Project Planning, Monitoring, Duration</p>	<p>Project document that outlines the whole project description and its core components—background, strategies and activities, monitoring, budget, technical support needed, administrative requirements, partners, etc., including monitoring and follow up procedures with both clients and health practitioners</p> <p>RoCK will develop standard forms (i.e. informed consent), checklists, references and training materials to share. Some case studies and profiles will be developed.</p> <p>Mid project review and reflection meeting</p> <p>Duration of project should be at least 30 months (i.e., those on hormones may take one to two years to note the changes). Should be gradually phased. Cost of care and treatments also need to be monitored regularly. No clear estimate of the estimated “uptake”.</p>

	Doing a similar project in Siem Reap could be useful because of the relatively larger trans female population.
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PROJECT PARTNERS: CAPACITIES AND POSSIBLE TRAINING NEEDS FOR OPTIMAL PROJECT IMPLEMENTATION

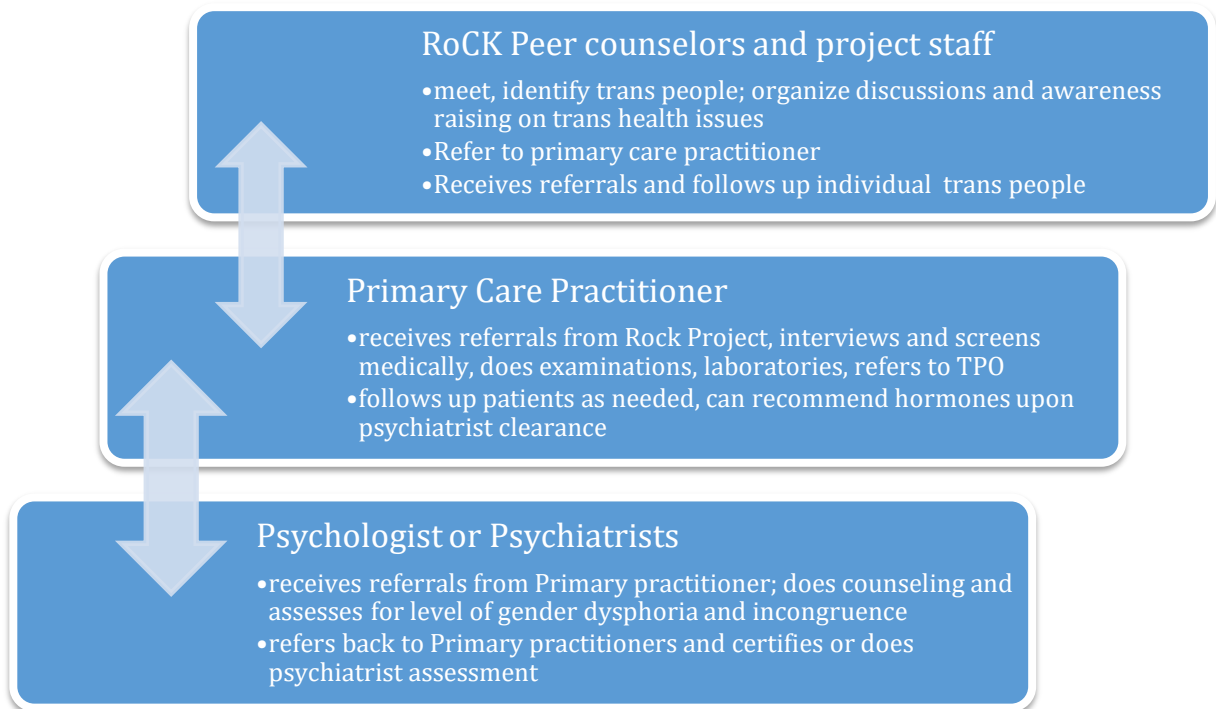
Partner	Recommendations
Medical clinics or cabinets, including some NGO clinics	<p>Doctors must be part of a practice in a clinic, or have their own cabinet, clinic or polyclinic which is operating and duly registered with the appropriate authorities – MOH and commune. Estimated time allocation specific for TG clients is about ½ to one day each week.</p> <p>Joint training sessions for staff and for clients will be organized. Must be willing to use approved checklists, record forms, and have clear, standardized pricing policies for their services. Forms may be subject to inspection, collation by RoCK staff for project reporting and evaluation purposes.</p> <p>Training of health providers needed: from Basic SOGIE, Trans health, from taking a complete medical, hormonal, and sexual history, to doing complete physical and genital examinations. Not all needed medical and laboratory tests are available (prolactin, testosterone levels). Standard referral and follow up procedures, especially for mental health assessments and for following up people on hormone treatments. Study visit to another country.</p> <p>Agreement on any fee charging or subsidies</p> <p>MOU to be signed to include project description as attachment. Two to three practitioners are recommended</p> <p>If RHAC proceeds with planned pilot on hormone provision, this will be ideal and RoCK can collaborate closely with them, even provide them with proper training and advocate for good counseling practice as well as comprehensive health care.</p>
TPO, mental health professionals	<p>Will need training on SOGIE, recording and recognizing GID, GD and GI (Gender Identity disorders, Gender Dysphoria and now Gender Incongruence); Proper assessment forms and referral back to health providers</p> <p>MOU should be signed and monitoring procedures specified.</p>
Surgeons	<p>Experience in doing mastectomies, hysterectomies. The same procedures are done for a number of conditions; indications for transition surgery are different. Aesthetic surgery expertise.</p> <p>FEASIBLE BUT NEEDS good collaboration with primary practitioner for procedures already being done with non-</p>

	trans clients. Some specific procedures are very specialized and NOT FEASIBLE , unless done in another country
Regional Partners	Regional Institutions and NGOs that RoCK needs to partner with: Asia Pacific Transgender Network, Adolescent clinic at Mahidol University, Tangerine clinic at Thai Red Cross, possible other organizations and Groups in both Hong Kong and Taiwan
Trans people (trans men and trans women)	Will be consulted in all stages of the project development process, preferences and values on transitioning advice, hormone use, surgery, etc. will inform project design and evaluations. Many Trans women claim to be injecting “hormones” (self-injecting or by friends who bring in supplies from Thailand), but the exact content or formulation of these “hormones” need to be verified. Have not seen any samples. Need for informed consent forms when starting hormone treatments
RoCK Counselors	Knowledgeable about different transitions and can provide advice and referrals, facilitate peer meetings. Should also come from trans community if possible (trans men and trans women) Training and responsibilities as per project document
Project Management	Responsibilities can be outlined in the project document, as well as the overall goals, strategies, activities, monitoring, supervision, management and communication procedures with partners and funders

PROJECT DEVELOPMENT AND DESIGN CONSIDERATION: Sequence of activities, workplans, developing partnership agreements, recruitment of project manager and/or counselors

To be done with RoCK (after Feasibility Study findings are presented)

PROJECT "FLOW" WITH ROCK AND INSTITUTION PARTNERS



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<http://sea-globe.com/cambodia-business-beauty/>

Transgender Health Rapid Assessment Report, RHAC 2014
Training Module on Transgender health, RHAC, 2015

World Professional Association of Transgender health – Standards of Care, version 7

Asia-Pacific Transgender Health Blueprint (has a whole annex on feminizing and masculinizing hormones and doses, duration, etc.)

Center for Excellence in Transgender Health, UCSF - Primary Care Provision

Position Paper, International Medical Advisory Panel (IMAP), International Planned Parenthood Federation (IPPF).

Gender Dysphoria Fact Sheet

Trip report (draft, unsigned) of delegation to attend the Regional Transhealth consultation (“Barriers to Bridges”) in Bangkok (6 participants from Cambodia)

APTN Booklets – Medical Transition, Keeping Safe, How do I know I’m transgender, etc.

WHO Cambodia Country Cooperation Strategy, 2016-2020

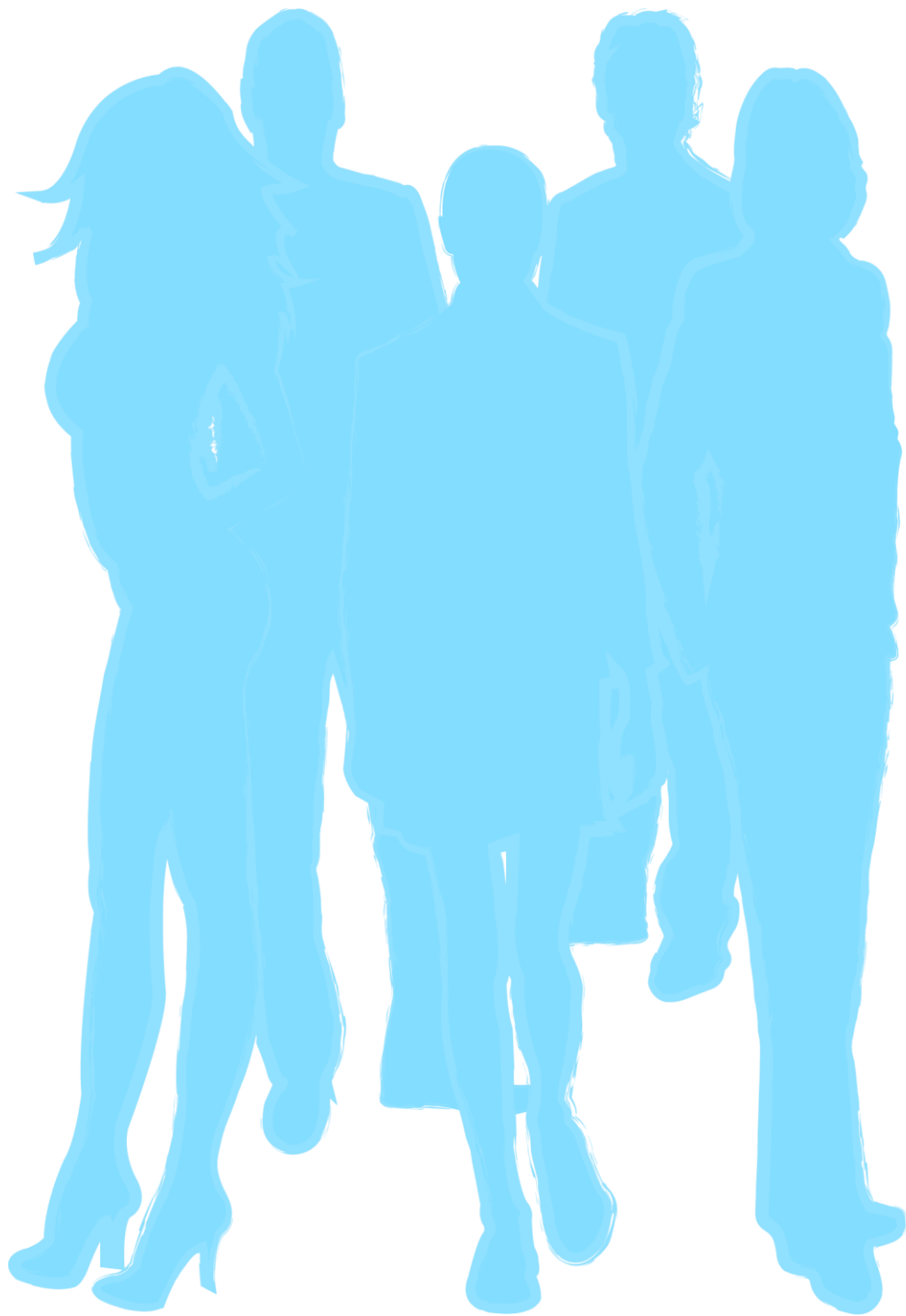
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Kiry, Lo Veasna, (Director of Planning and Information, MOH Cambodia) – Powerpoint presentation on Cambodia: Ways moving towards UHC. Cambodian Health Sector Forum, November 2016

Ir, Por (NIPH, Cambodia) – UHC in Cambodia – Achievements and Future Challenges (Powerpoint Presentation)

Rainbow Families – A report on legal gender recognition experiences and needs in Cambodia (CCHR, 2016)



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