TRANS INCLUSION IN THE DEVELOPMENT FRAMEWORK OF ZIMBABWE

A SPOTLIGHT REPORT BASED

ON THE NATIONAL TRANS RESEARCH SURVEY.

Contents

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1. Background & Overview

Since its inception in 2015, the 2030 Agenda has provided a blueprint for shared prosperity in a sustainable world—a world where all people can live productive, vibrant and peaceful lives on a healthy planet. A successful development agenda requires inclusive partnerships: at the global, regional, national and local levels built upon principles and values, and upon a shared vision and shared goals placing people and the planet at the centre. It is against this ambitious background that Trans smart a Trans led CBO in Zimbabwe invested in a baseline for Trans and gender non-conforming persons on their status of inclusion in SDGs.

JUST LIKE U, WE MATTER TOO.
#TRANSDAYOFVISIBILITY

The process sought to highlight the importance of investing in data for the full implementation of the 2030 Agenda. Most countries do not regularly collect data for more than half of the global indicators. The lack of accurate and timely data on many marginalized groups and individuals makes them "invisible" and exacerbates their vulnerability. As such Trans smart commissioned this spotlight study and report to provide a baseline on how inclusive the Zimbabwe government has been to the Trans, Intersex and other Gender non-conforming individuals. This report serves as a tool for engagement with allies to build consensus, as well as for duty bearers to push for more provisions and protection and ensure sustainable development for the marginalised key population groups particularly Transgender persons in Zimbabwe.

1.1 With particular focus on:

SDG 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

SDG 4: ENSURE INCLUSIVE AND EQUITABLE QUALITY EDUCATION AND PROMOTE LIFELONG LEARNING OPPORTUNITIES FOR ALL

SDG 8: ENSURE DECENT WORK AND ECONOMIC GROWTH FOR ALL

1.2 Survey Objectives

1. To conduct a research and generate a spotlight report on the discrimination and criminalization of transgender persons in Zimbabwe.
2. To provide evidence on how transgender persons are being left behind in the development framework of Zimbabwe.
3. To use this evidence and spotlight report to advocate for the human rights and inclusion of trans and gender diverse persons at national, regional and international level.
4. To use this evidence and spotlight report to better sensitize policy makers and stakeholders within the UN system and encourage them to decriminalize and destigmatize anyone based on gender identity or expression.
5. To advocate for inclusive laws and equal opportunities for transgender persons.

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1.3 List of Acronyms and Abbreviations

AAC	AIDS Action Committee
ACHPR	African Charter on Human and Peoples' Rights
AIDS	Acquired Immune Deficiency Syndrome
AMTO	Assisted Medical Treatment Orders
ART	Antiretroviral therapy
ARVs	Antiretroviral medicines
ASRHR	Adolescents' Sexual Reproductive Health and Rights
AU	African Union
CAT	Convention against Torture
CBO	Community Based Organisation
CCM	Country Co-ordinating Mechanism
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CRC	Convention on the Rights of Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
e-MTCT	Elimination of Mother to Child Transmission
FAO	Food and Agriculture Organisation
FBO	Faith Based Organisation
FGDs	Focus Group Discussions
GARPR	Global AIDS Response Progress Report
GFATM	Global Fund to Fight AIDS, TB and Malaria
GBV	Gender Based Violence
GCHL	Global Commission on HIV and the Law
GoZ	Government of Zimbabwe
HEARD	Health, Economics and HIV and AIDS Research Division
HIV	Human Immunodeficiency Virus
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICERD	International Convention on the Elimination of All Forms of Racial Discrimination
ILO	International Labour Organisation
IPR	Intellectual Property Rights
JLOS	Justice, Law and Order Sector
KII	Key Informant Interview
LEA	Legal Environmental Assessment
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
MCAZ	Medical Control Authority of Zimbabwe
MOHCC	Ministry of Health and Child Care
MoJLPA	Ministry of Justice, Legal and Parliamentary Affairs
NAC	National AIDS Council
NASCOH	National Association of Societies for the Care of the Handicapped
NACP	National AIDS Co-ordination Programme
NATF	National AIDS Trust Fund
NBTS	National Blood Transfusion Services
NGO	Non-governmental Organisation

OHCHR	Office of the High Commissioner for Human Rights
OHS	Occupational Health and Safety
OVC	Orphans and Vulnerable Children
PMTCT	Prevention of Mother to Child Transmission
SADC	Southern Africa Development Community
SADC PF	SADC Parliamentary Forum
SALC	Southern Africa Litigation Centre
SDGs	Sustainable Development Goals
SI	Statutory Instrument
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
TB	Tuberculosis
TRS	Transgender Research Survey
TRIPs	Trade Related Aspects of Intellectual Property Rights Agreement
UDHR	Universal Declaration of Human Rights
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
VIPAA	Vienna International Plan of Action on Ageing
WHO	World Health Organisation
WILSA	Women and Law in Southern Africa
ZAN	Zimbabwe AIDS Network
ZBCA	Zimbabwe Business Council on AIDS
ZHRC	Zimbabwe Human Rights Commission
ZIMRA	Zimbabwe Revenue Authority
ZIMASSET	Zimbabwe Agenda for Sustainable Socio-Economic Transformation
ZLHR	Zimbabwe Lawyers for Human Rights
ZNASP	Zimbabwe National HIV and AIDS Strategic Plan
ZNNP+	Zimbabwe National Network of People Living with HIV

1.3.1 Key Definitions Used in the Report

Key populations are defined groups who, due to specific higher-risk behaviours are at increased risk of HIV, irrespective of the epidemic type or local context. They often have legal and social issues related to their behaviours that increase their vulnerability to HIV. The five recognised key populations are: men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers and transgender people. References in this document to key populations refer to these 5 populations, unless otherwise specified.
World Health Organisation (WHO) Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations

Vulnerable populations are groups of people who are particularly vulnerable to HIV infection in certain situations or contexts, such as women, adolescents (particularly adolescent girls in sub-Saharan Africa), orphans, street children, people with disabilities and migrant and mobile workers.

These populations are not affected by HIV uniformly across all countries and epidemics. (WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations)

People who inject drugs refers to people who inject psychotropic (or psychoactive) substances for non-medical purposes. These drugs include, but are not limited to, opioids, amphetamine-type stimulants, cocaine, hypo-sedatives and hallucinogens. Injection may be through intravenous, intramuscular, subcutaneous or other injectable routes. ((WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations)

Transgender is an umbrella term for all people whose internal sense of their gender (their gender identity) is different from the sex they were assigned at birth. Transgender people choose different terms to describe themselves. Someone born female who identifies as male is a transgender man. He might use the term "transman", "FtM" or "F2M", or simply "male" to describe his identity. A transgender woman is someone born male who identifies as female. She might describe herself as a "transwoman" "MtF", "M2F" or "female". (WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations) (In Zimbabwe terminologies such as 'jengavarume' and 'Jengavakadzi' are often used.

Adolescents are defined by the WHO as people aged 10–19 years.

Young people are defined by the United Nations (UN) as those aged 10–24 years

Children are defined by the Convention on the Rights of the Child (CRC) as people below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier. (United Nations Convention on the Rights of the Child)

Sex workers include female, male and transgender adults (18 years of age and above) who receive money or goods in exchange for sexual services, either regularly or occasionally. Sex work is consensual sex between adults, can take many forms, and varies between and within countries and communities. Sex work also varies in the degree to which it is more or less "formal" or organised. (WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations)

2. Literature Review

This Transgender research survey included a desk review of accessible relevant documentation relating to health, laws, policies, programmes and human rights issues at national level, as well as regional and international levels in order to determine the scope and content of laws, regulations and policies, as well as issues around how laws are implemented and enforced. Documents reviewed include:

- Legal Environment Assessment (LEA)
- The Stigma Index
- relevant international and regional human rights instruments as well as regional and international health and HIV- and TB-specific standards and guidance documents;
- relevant national laws, regulations, guidelines, policies and plans;
- case law;

The desk review aimed to determine the nature, extent, efficacy and impact of the legal and regulatory framework (including laws, regulations, policies, as well as access to justice and law enforcement issues) for protecting rights and promoting access to Education, Health and Decent employment for transgender persons.

2.1 National human rights standards and key human rights in the context of Transgender inclusion in health, education and decent employment.

Zimbabwe's Constitution includes various human rights important in the context of access to health, education, decent employment and for protecting the rights of vulnerable and key populations which are inclusive of transgender persons. Some of the most important of these are set out below:

2.1.1 Section 56: Equality and Non-Discrimination

Subsection (1): This right entails among other things the right to equal protection and benefit of the law. Persons who are living with HIV and its co-infections and those who are affected or impacted by non-inclusiveness of policies for transgender persons have the right to equal treatment as any other person in the country. They are also entitled to equal protection before the law. Therefore, law enforcement and judicial officials must treat them with equal treatment as any other citizen. For those under arrest or in prisons/ or correctional facilities, government must comply with regulations that ensure access to medication, treatment, care, counselling and   related services.

Subsections (3): although section 56 mentions specific grounds of discrimination, it does not include transgender persons. However, the list is not exhaustive and can be taken to include protection from discrimination on grounds of health, education and employment status. Therefore, transgender persons should not be subjected either directly or indirectly to a condition, restriction, or disability to which other people are not subjected. Neither should other people be accorded either directly nor indirectly a privilege or advantage which transgender persons are not accorded.

2.1.2 Section 76: Right to Healthcare

Section 76 (1): Every citizen and every permanent resident has the right to access to basic healthcare services including reproductive healthcare services.

Section 76 (2): While key populations are accorded the right to access basic healthcare services in the broad general provision that is applicable to every citizen, they are further specifically protected under Subsection 76 (2) which provides access to basic healthcare services for people with chronic illness.

2.1.3 Section 57: Right to privacy

This includes the right not to have one's status or health condition not to be disclosed. In the case of transgender persons living with HIV or, Section 57 protects them from being forced to disclose either directly or indirectly their HIV status without due cause.

2.1.4 Section 62 Access to information

Section 62(2) provides for the right of every person (including the media) to information held by any person including the State, in so far as that information is required for the exercise or protection of a right. This accords transgender persons the right to access relevant information regarding protection, treatment, care, reproductive health and related matters.

2.1.5 Section 65 Labour Rights

Section 65 (1) provides for the right to fair and safe labour practices and standards, and section 65 (4) ensures just, equitable and satisfactory conditions of work. Therefore Transgender, have the right to fair and safe labour standards and to be treated equitably and in a justice manner notwithstanding gender identity and expression.

2.1.6 Section 85: Enforcement of fundamental Human Rights and Freedoms

This provision seeks to enhance enforcement and enjoyment of the rights as outlined by according legal opportunity for any person including transgender persons, to approach/access the courts in cases where they are of the view that any of their rights are being infringed or are likely to be infringed. This is for the court to provide appropriate relief including a declaration of the rights and where applicable an award for compensation.

It is therefore necessary to evaluate the extent to which the international standards relevant to inclusion of transgender persons in national responses have been made part of the law of Zimbabwe, are reflected in policies, plans and/or programmes, and are implemented in practice.

The human rights obligations assumed by Zimbabwe at the regional and international levels relevant to Health, Education and Decent employment which should be inclusive of transgender persons have largely been domesticated in the Declaration of Rights in the Constitution of Zimbabwe as well as in other laws, policies, programmes and plans, for example:
- National AIDS Council of Zimbabwe Act [Chapter 15:14];
- Criminal Law (Codification and Reform) Act [Chapter 9:23];
- National HIV and AIDS Policy, 1999;
- Extended Zimbabwe National HIV and AIDS Strategic Plan (ZNASP III 2015-2020);
- ZIMASSET (2013-2018);
- The National Health Strategy for Zimbabwe (2016–2020);
- Labour (HIV and AIDS) Regulations, 2014 (Statutory Instrument 105 0f 2014);
- Public Health Act [Chapter 15:09];
- National HIV and AIDS Council 2015-2018 Strategic Plan.

Shortcomings in these laws, policies, programmes and plans have the potential to negatively impact on national responses and be a barrier to access to Health, Education and Decent employment for the transgender persons in Zimbabwe.

2.1.7 Limitations of the Transgender Research Survey (TRS)

The following were the limitations of the TRS:
1. Delays and limitations caused by the events following the emergence of COVID-19 pandemic.
2. Limited availability of existing research on the nature and extent of Health, Education and Descent employment related stigma and discrimination against Transgender persons.
3. Limited 'visibility' of transgender people within urban and rural communities.
4. Ethical constraints on conducting research with young people below the age of 18 years. This notwithstanding, some young people aged 16 to 18 years were accessed from among the young transgender persons engaged.
5. Fears of confidentiality breaches and of community based related stigma and discrimination amongst affected populations however respondents were able to provide useful insights on access to health, stigma, discrimination and treatment, care and support, access to education, descent employment constrains based on earlier experiences

3. Survey Methodology

This section outlines the methodology to be applied in this baseline study. It describes the major sections of the methods including the study design, research strategy, data collection methods and data analysis.

3.1 General Description of Approach

In view of the main objectives of this baseline study a combination of research methods were used to elicit both qualitative and quantitative data.

With particular focus on:

SDG 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

SDG 4: ENSURE INCLUSIVE AND EQUITABLE QUALITY EDUCATION AND PROMOTE LIFELONG LEARNING OPPORTUNITIES FOR ALL

SDG 8: ENSURE DECENT WORK AND ECONOMIC GROWTH FOR ALL

An online questionnaire was developed to the Transgender community In Zimbabwe where 220 respondents highlighted how they have been left out or affected when the state is implementing these Sustainable Development Goals in Zimbabwe.

The emergence of COVID19, a global pandemic which saw governments taking precautionary measures, a national lockdown was instituted to curb the spread of the Virus which restricted movement, community outreach and in person meetings.

This saw the already vulnerable transgender community failing to come out for an in-person survey let alone seek adequate healthcare or necessities and in order to protect our marginalized community, an online based quantitative research with qualitative virtual meetings became a necessity.

This approach saw the selection of 10 data collectors from 7 provinces representing the transgender community in their respective locations nationwide. The data collectors are outreach workers who are also trans champions constantly engaging with the trans population in their province thus they were an ideal seed which mobilize respondents resulting in a 110% response rate to the survey.

3.1.1 The research timeline consisted of:
1. Recruiting consultant & data statistician
2. Selecting 10 data collectors across 7 major provinces nationwide
3. Online questionnaire development in line with Trans inclusion and the development framework of Zimbabwe
4. One day data collectors training before research starts
5. 5 day quantitative and qualitative data collection phase
6. Data Analysis and development of Trans research spotlight report
7. Dissemination of report and advocacy

3.2 Research Strategy

This survey was based on a mixed methods approach that incorporates both quantitative and qualitative data collection, analysis and presentation. This allowed triangulation of data sets for in-depth analysis. Figure 1 below shows the research process to be followed in this baseline survey.

Baseline Survey Objectives

Main Objective: To come up with a spotlight report on the current status of transgender persons in Zimbabwe

Specific objective 1: To conduct a research and generate a spotlight report on the discrimination and criminalization of transgender persons in Zimbabwe

Specific objective 2: To advocate for inclusive laws and equal opportunities for transgender persons.

Desk study/Literature Review

Data collection

Data synthesis

Secondary data review

Questionnaire

Data analysis

Findings, presentations and discussions

Conclusion

3.3 Study design

A descriptive analytic cross-sectional study design was used to guide the survey. The study elicited both quantitative and qualitative data in order to get a deeper understanding of the current situation on Trans gender persons in Zimbabwe

3.4 Study Population and sample size

This study was carried out in seven provinces of Zimbabwe targeting transgender persons. A total of 220 transgender persons participated in the survey against the 200 anticipated responses resulting in a 110% success rate of the research.

3.5 Data collection Instruments
3.5.1 Primary data collection

Primary data collection through community-based Trans peer workers. Since the country is currently under COVID-19 lockdown which restrict movements and maintain social distance, primary data was collected through emails and telephone interviews. Determining eligibility of respondents and notifying eligible participants of the upcoming national trans research survey administered online to observe social distancing during the COVID19 pandemic. Virtual meetings were also carried out to gather qualitative data as trans persons affected narrated their lived In realities and struggles within policy, human rights, communities, health institutions, schools and work places.

3.5.2 Secondary Data Review

A desk review on available literature and project documents was carried out to identify information gaps and inform the survey methodology and data collection tools. Reference to existing secondary data from similar studies and project reports was essential in the process of assembling credible

baseline data for the survey. The secondary data served as a yardstick upon which data generated through this survey was compared and analysed. This utilized an online based questionnaire sent to 220 respondents on how their lives have been affected by being a transgender person in Zimbabwe. With particular focus on policies, human rights, community acceptance, access to healthcare, education, employment and equal opportunities.

3.6 Data presentation and analysis

Data was presented in tables and graphs. Frequencies and their corresponding percentages were used to analyse quantitative data. Qualitative data was analysed for content.

3.7 Ethical considerations

Various measures of ethicality were carefully applied during the study by following standard and principled considerations. Before the study begins permissions was sought for ethical, administrative and logistical approval. Authorization to carry out this survey was requested and obtained. The right of individual respondent was also duly respected during the study. To ensure ethical issues are observed, the survey took the following measures; getting an Informed consent, securing the privacy of respondents and ensuring the confidentiality of information gathered.

4. Survey Results

This section presents and analysis survey results.

4.1 Socio-demographic characteristics

Table 1: Socio-demographic characteristics of study participants

Characteristic	Frequency (%)
Gender Identity	
Transman	82 (37.3%)
Transwoman	76 (34.5%)
Gender Non-Confirming	62 (28.2%)
Province	
Harare	46 (20.9%)
Manicaland	28 (12.7%)
Matebeleland	45 (20.5%)
Midlands	42 (19.1%)
Masvingo	29 (13.2%)
Mashonaland West	28 (12.7%)
Matebeleland	2 (0.9%)
Affiliation with trans organizations	
Yes	93 (42.3%)
No	124 (56.4%)
Other	3(1.4%)
Having any form of disability	
Yes	13 (5.9%)
No	206 (94.1%)
Occupation	
Student	33 (15%)
Employed	42 (19.1%)
Self employed	55 (25%)
Unemployed	90 (40.9%)
Sex work as a professional	19 (8.6%)

n=220, Source: Survey data

Results displayed in table 1 shows that the majority (37.3%) of study participants were transman. Harare had the highest number (20.9%) of study participants. Forty-two comma three percent of the study participate responded that they were affiliated with trans organizations while 65.4% responded that they were not.

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4.2 Inclusive quality education for transgender

**Fig 1: Distribution of responses by level of education completed**

1. What level of Education did you complete? Check all that apply.

220 responses
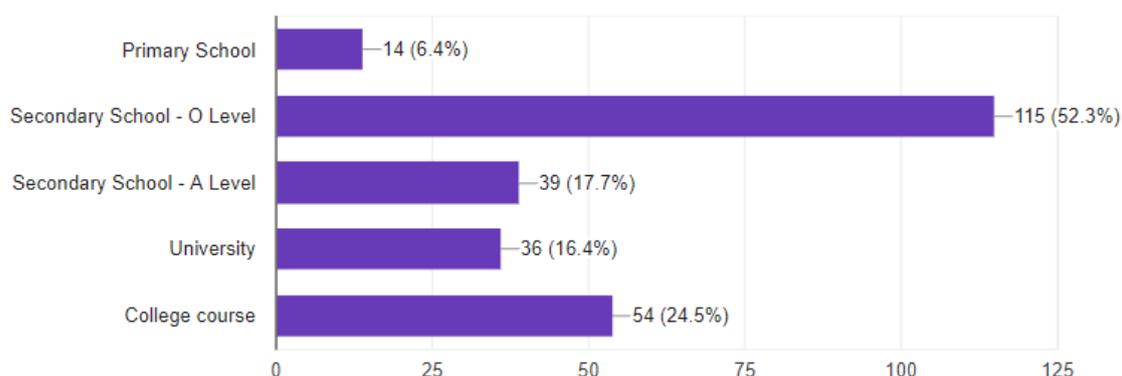
n=220, survey data

Results displayed in fig 1 shows that the majority (45%) of the study participants had completed secondary level of education. Fourteen percent had completed University education while 21% had completed college courses. For those who completed university and college level, qualitative data showed that they had attained certificates, diplomas and degrees in various study areas.

4.3 Discrimination and criminalization of transgender persons in Zimbabwe.

This section presents results on the stigma and discrimination as well as criminalization faced by transgender persons in Zimbabwe. Tables 2 to 4 presents the results.

4.3.1 Stigma and discrimination of transgender persons at school

**Table 2: Stigma and discrimination of transgender persons while at school**

Variable	Percentage
Having ever been stigmatized, left out or bullied in school because of being transgender	
Yes	45%
No	39%
Maybe	16%
Having ever been denied education because of being transgender	
Yes	9%
No	87%
Maybe	4%

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People who normally stigmatize transgender whilst in school	
Teachers	16%
Students	51%
Other staff members	8%
The general community at the institution	16%
Self	9%
Place where transgender were stigmatized whilst in school.	
Pre school	1%
Primary school	12%
Secondary school	62%
University	10%
College or tertiary school	15%

Was there any channel or mechanisms to report a hate crime and procedures to protect your human right as a transgender person at the educational institutions

213 responses
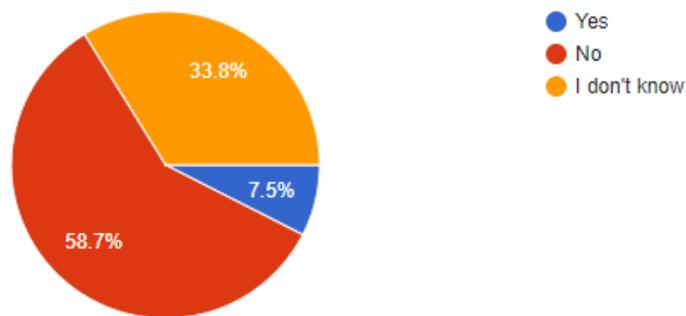
What other factors did the stigma and hate crime cause in your life? Check all that apply.

204 responses

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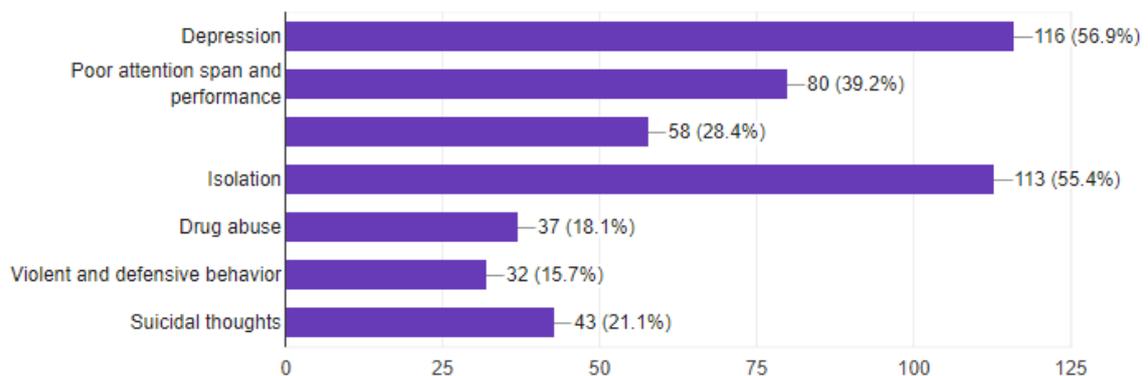
The majority (45%) of study participants responded that while they were still at school, they have been stigmatized, left out or bullied because they were transgender. For those who responded that they were stigmatized, qualitative data showed they experienced bullying while at school. It was also highlighted that while still at school, trans persons were forced to remove their clothes in the toilet by other learners who wanted to verify their gender. Some study participants also reported that they were left out of volleyball teams because they were transgender. Others also reported that they have been chased out of school because they were putting on a lipstick and earings. Study results also showed that they were normally stigmatized by fellow students and teachers. The majority (62%) were stigmatized when they were at secondary school as shown in table 2.

4.3.2 Stigma and discrimination of trans persons at healthcare facilities

Table 3: Stigma and discrimination of trans persons at healthcare facilities

Variable	Percentage
Ever been denied healthcare because of being transgender	
Yes	18.8%
No	81.2%
Ever been stigmatized by a healthcare worker or publicly assaulted for being transgender	
Yes	25.6%
No	60.3%
Maybe	14.2%
Being afraid to seek healthcare for fear of being stigmatized	
Yes	79.4%
No	30.1%
Maybe	6.4%
Ever experienced feelings of depression and isolation due to the stigma and discrimination	
Yes	79.4%
No	14.2%
Maybe	6.4%
Ever experienced suicidal thoughts due to the stigma and discrimination at health facilities	
Yes	50.2%

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No	37.8%
Maybe	12%
Hurting yourself due to the stigma and discrimination at health institutions	
Yes	23.1%
No	70.4%
Maybe	6.5%

Results displayed in table 3, shows the majority (81.2%) of trans persons were not denied healthcare while 60.3% had not experienced any stigmatization from health care workers. However, 79.4% had experienced feelings of depression and isolation at healthcare facilities due to stigma and discrimination. In addition, 50.2% of trans persons experienced suicidal thoughts due to stigma and discrimination at health facilities.

4.3.3 Stigma and discrimination at community level
Table 4: Distribution of responses on whether trans persons were experiencing stigma and discrimination in their communities

| Variable	Percentage
Having been stigmatized by other community members for being transgender	
Yes	72.2%
No	18.1%
Maybe	9.7%
Having been stigmatized by family members for being transgender	
Yes	54.8%
No	34.2%
Maybe	11%
Having been left out from community gatherings, family meetings or get togethers because of being a transgender	50%
Yes	31.2%
No	18.8%
Maybe	

The majority (72.2%) of trans persons responded that they were being stigmatized in their communities, 54.8% were stigmatized by family members for being transgender while 50% were left out from community, family gatherings or get togethers because they are transgender as shown in table 4.

4.3.4 Stigma and discrimination at the work place

Distribution of responses on whether trans persons were experiencing stigma and discrimination in their work places

How easy is it to find a job and be valued like any employee when you are transgender?

- Very easy
- It's okay
- Very difficult

83.9%

13.3%
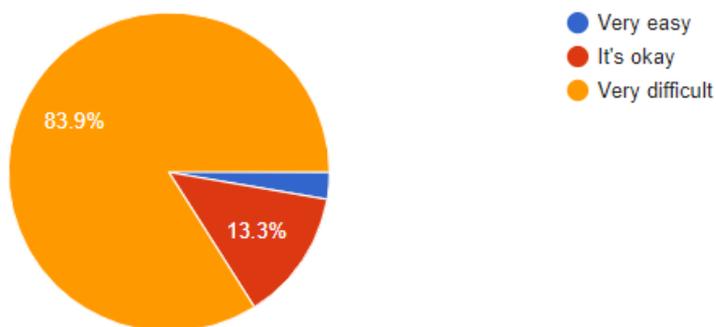
Variable	Percentage
Job sabotaged because of being transgender	
Yes	31.1%
No	53.8%
Maybe	15.1%
Someone refused to work with you because of being transgender	
Yes	43.9%
No	44.4%
Maybe	11.7%

Which groups have refused to work with you? Check all that apply

- Trade unions — 10 (6.8%)
- Other staff members — 90 (60.8%)
- Management — 37 (25%)
- Customers — 55 (37.2%)
- Suppliers — 15 (10.1%)
- Banks — 2 (1.4%)

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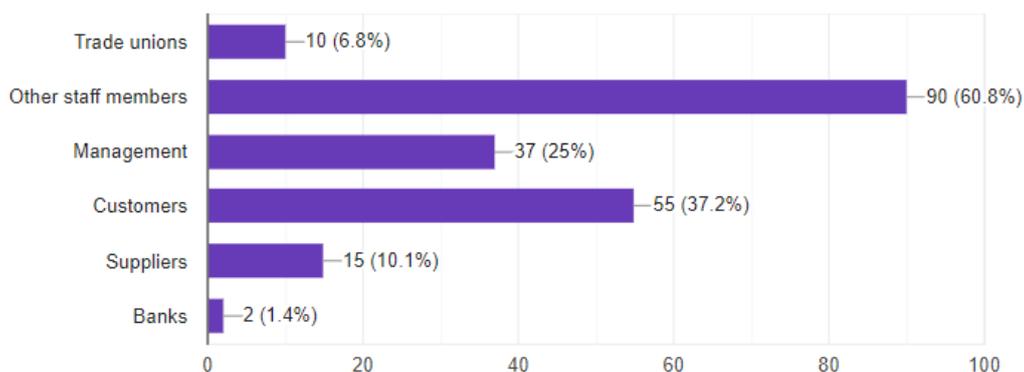
Do trade unions have procedures that are transinclusive or protect trans workers rights?

Legend:
- Yes
- No
- I don't know

56.2%
9.2%
34.6%
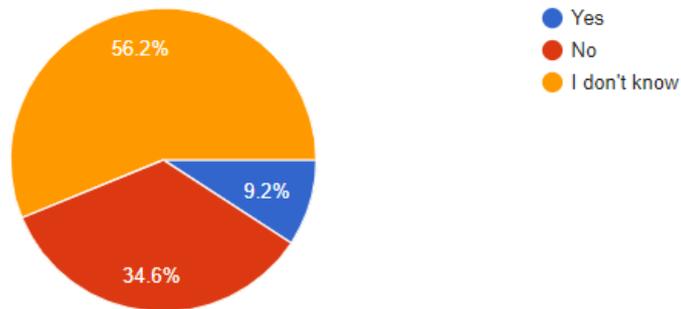
Research and lived in realities of Transgender persons around the world show that discrimination and unequal opportunities still exist for Trans persons looking for decent work or employment.

Poverty is driven by other factors, including widespread discrimination in accessing housing, social protection policies designed only for traditional heterosexual families and longer-term disadvantage linked to issues including educational discrimination, SDG 4. Furthermore, hate crime keeps increasing and there is no mechanism to report it. See chart below:

Was there any mechanism to report hate crime as a transgender person at the workplace?

Legend:
- Yes
- No
- I don't know

39.1%
56.8%

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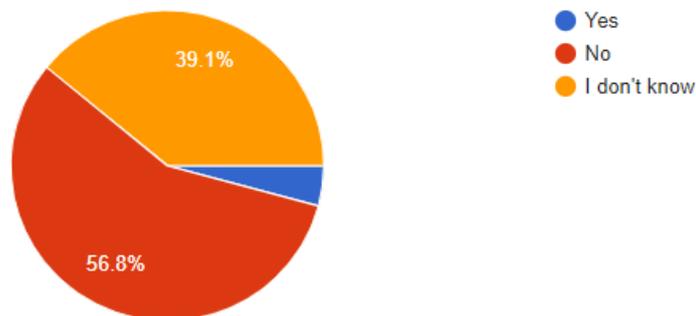
4.4 Criminalization of transgender persons in Zimbabwe.

**Fig 2: Distribution of responses on whether transgender persons were being criminalized in Zimbabwe**

Are there laws that protect transgender persons in your country?
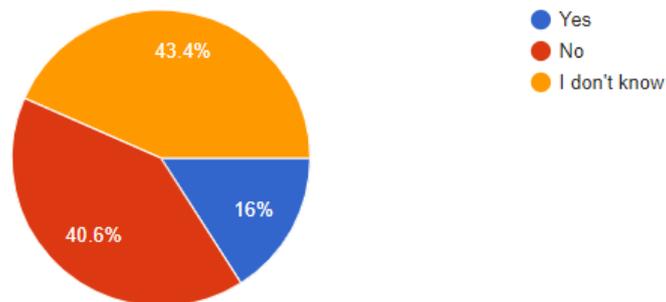
Have you ever experienced feelings of depressed and isolation due to the stigma and discrimination?
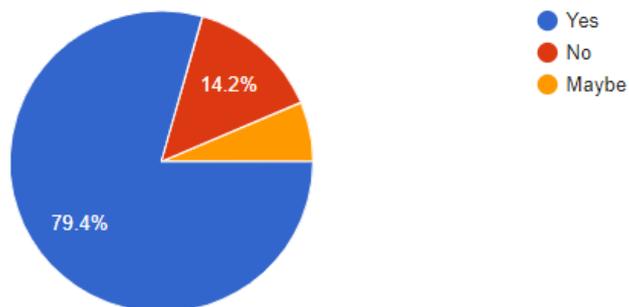
Have you ever experienced suicidal thoughts due to the stigma and discrimination?
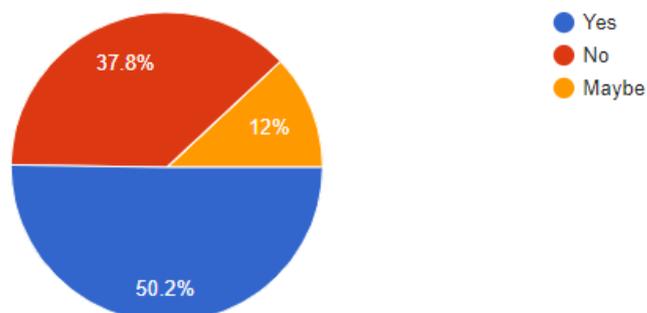
4.4 Advocating for the human rights and inclusion of trans gender diverse persons at national, regional and international level.

Hate crime is defined as a crime, typically one involving violence, verbal or psychological abuse, that is motivated by stigma and discrimination towards transgender persons. When transgender person are experiencing hate crime their human rights will be violated. This section presents results on whether human rights for transgender persons were violated.

Fig 3: Distribution of responses on whether they ever experienced hate crime in their community for being transgender

Have you ever experienced hate crime in your community for being transgender?
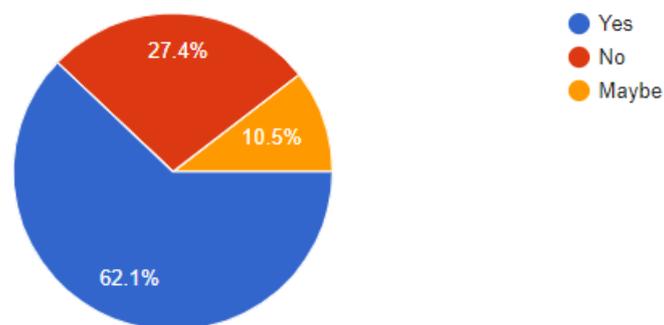
Results displayed in fig 3 shows that 62% of the study participants had experienced hate crime in their communities. Qualitative results show that for those who experienced hate crime, they were verbally abused, were denied access and they were called devils. The following quotes illustrate this;

"I was verbally abused by some students calling me all sorts of names and being beaten up whenever i used the man's room", said one responded.

"I have experienced a lot as Transgender. My mother in law does not like me because she thinks 1 am evil and what I am doing is Satanism" said another responded.

"I was denied access to healthcare at a local clinic. Police officers assaulted me instead of protecting me whenever I report a crime. One of my clients assaulted me and claim that they don't pay money for sleeping with a sissy boy", said one responded.

"I have been cursed and denied to participate in some activities at school and I have been assaulted by other boys for acting like a girl", said another responded

Fig 4: Distribution of study responses on whether there is any channel or mechanisms to report a hate crime and procedures to protect their human rights as transgender persons

How easy was it to report the hate crime and get legal assistance from police or law enforcers?

● Very easy
● it was okay
● It was difficult, no assistance given

90.1%
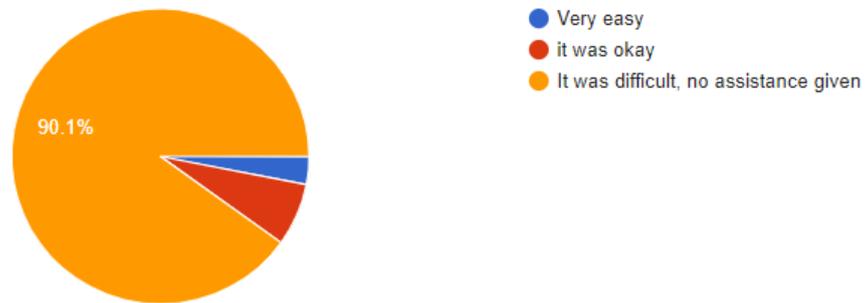
Figure 4 shows that 90.1% of transgender persons had no channel or mechanism to report a hate crime and procedures to protect their human rights as transgender persons from police or law enforcers.

## 4.6 Effects of stigma and hate crime in transgender persons

Fig 5: Effects of stigma and hate crime on transgender persons' life

116(56.9%)   113 (55.4%)

80 (39.2%)

58 (28.4%)

37 (18.1%)   32 (15.7%)   43 (21.1%)

| Depression | Poor attention span and performance | Thoughts to drop out or quit school | Isolation | Drug abuse | Violent and defensive behavior | Suicidal thoughts |
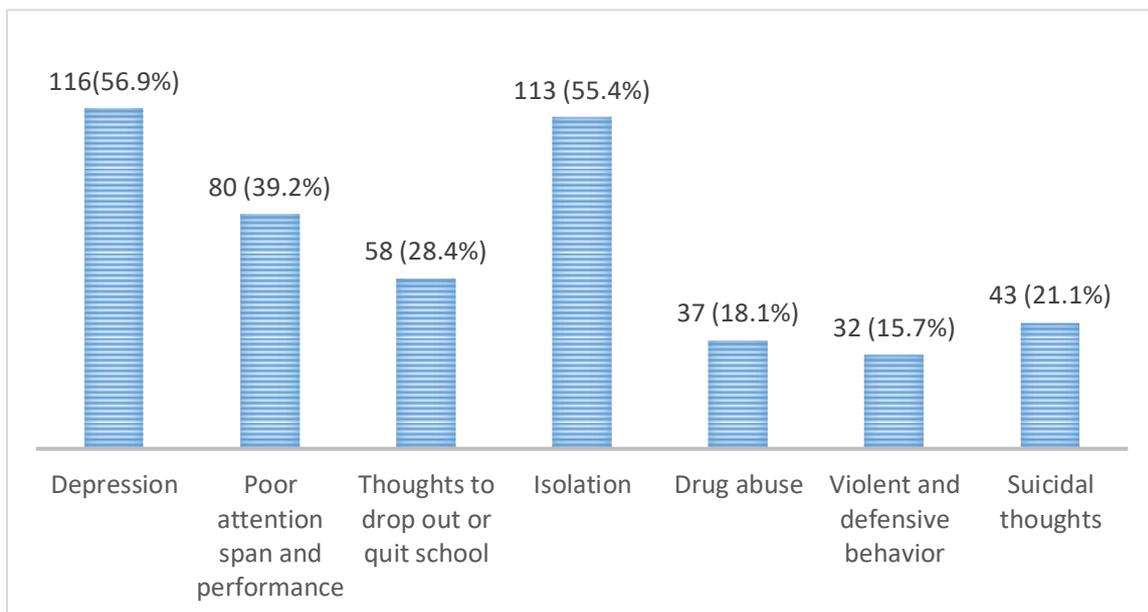
Results displayed in fig 5 shows that stigma and hate crime causes depression, poor performance, school drop outs, isolation, drug abuse, violent behaviour and suicidal thoughts among transgender persons.

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Have you ever been tempted to move (relocate) towns, cities or the country fearing for your safety because you are transgender?
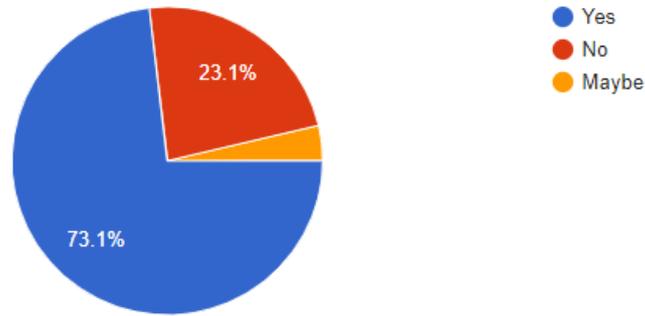
Which government officials have stigmatized you as a transgender person? Check all that apply
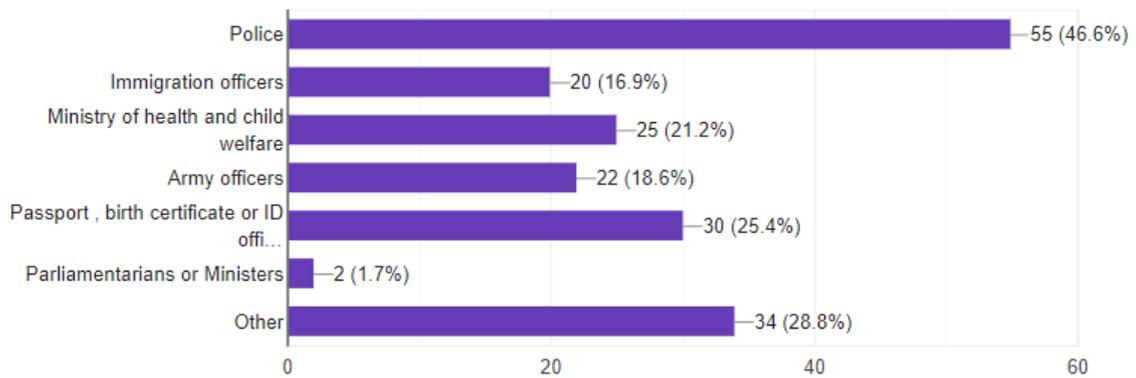
One of the respondents commented, *'Laws should be implemented against verbal and physical abuse towards us transgender persons. People should be educated to accept us we are also human beings.'*

4.7 Participation of transgender persons in the development framework of Zimbabwe

Fig 7: Distribution of responses on whether transgender persons own a business or any other income generating project

Do you own a business or any other income generating project?
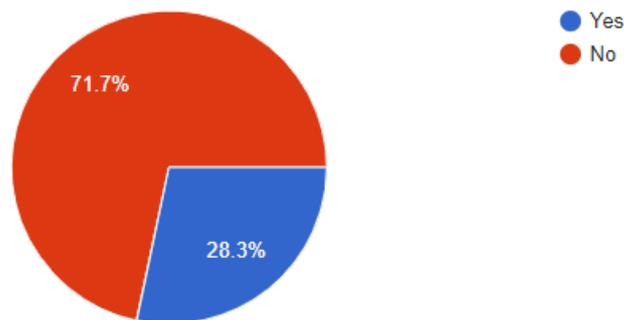
Most (72%) of transgender persons responded that they do not own a business or any other income generating project as shown in fig 7.

Fig 8: Distribution of responses on whether it is easy for transgender persons to start a business or income generating project

How easy is it to start a business or income generating project as a transperson?
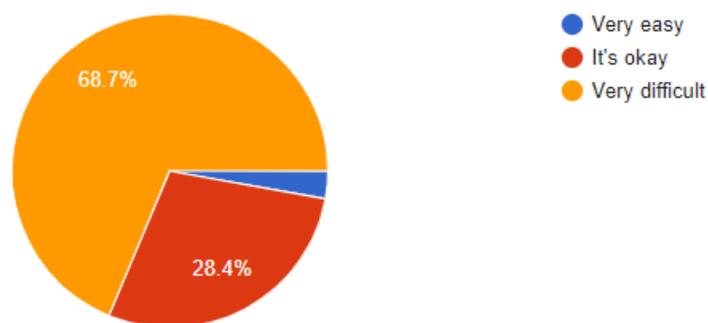
Results displayed in fig 8 shows that 69% of the study participants responded that it is very difficult for transgender persons to start a business or income generating project.

How easy is it to meet basic needs as a transgender person?

- Very easy
- It's okay
- Very difficult

61.3%

7.8%

30.9%
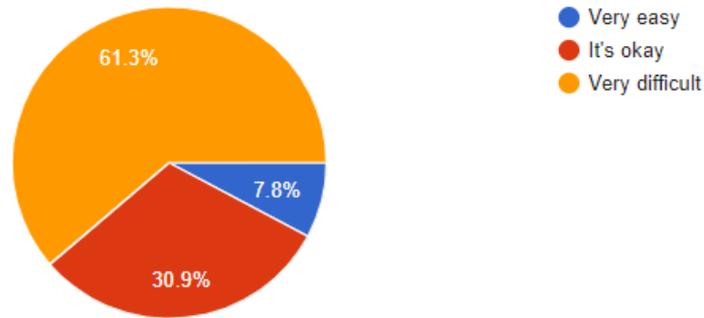
23. Have you ever resorted to transactional sex or sex work after failing to find a job or adequate pay because you are transgender?

- Yes
- No

59.3%

40.7%
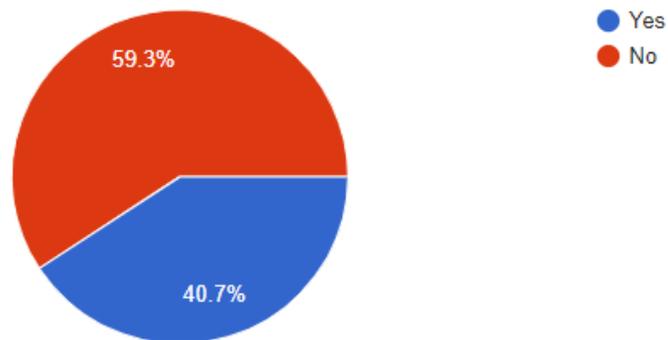
23b. If so, does engaging in sex work provide you with more income than another job you might be able to find

No
145 (88.4%)

88.4%

11.6%

- Yes
- No

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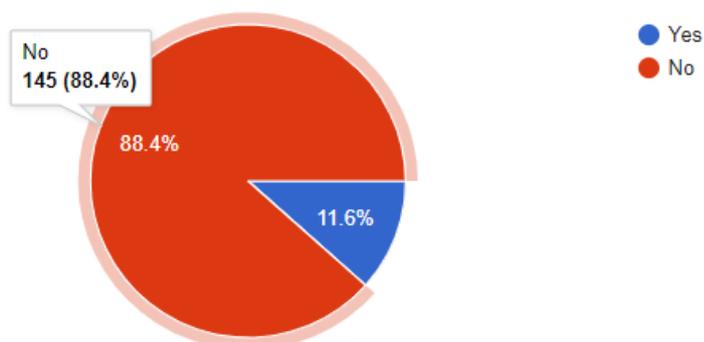
4.8 Advocating for inclusive laws and equal opportunities for transgender persons

Table 6: Advocacy for inclusive laws and equal opportunities for transgender persons.

Variable	Percentage
Having access to hormonal therapy	
Yes	16.1%
No	80.6%
Maybe	3.2%
Places where hormonal therapy is accessed	
Hospital outside Zimbabwe	20%
Black market	60%
Plant based e.g herbs	32%
Existence of laws that protect transgender persons in the country	
Yes	16%
No	40.6%
I don't know	43.4%
Having trade unions with procedures that are trans inclusive or protect trans workers' rights	
Yes	9.2%
No	34.6%
I don't know	56.2%
How easy is it to find a job and be valued like any employee when you are transgender?	
Very easy	2.8%
It's okay	13.3%
Very difficult	83.9%
How easy is it to meet basic needs as a transgender person?	
Very easy	7.8%
It's okay	30.9%
Very difficult	61.3%

Results displayed in table 6 shows that 80.6% of the transgender persons are not accessing hormonal therapy. Forty comma six percent responded that currently there are no laws that protect transgender persons in Zimbabwe. Results of this study further showed that the majority (61.3%) responded that it is very difficult to meet basic needs as a transgender person. Qualitative results showed that policy makers and stakeholders within the UN system should be sensitized for them to advocate and come up with laws which protect transgender persons at national, regional and international levels.

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4.9 Transgender persons' experiences, lessons learnt, challenges and recommendations

Results from this study showed that transgender persons were not being accepted in the community. The following quotes illustrates this:

"As a trans woman it is very hard to walk in public putting on clothes that I'm comfortable in and we are being harassed by the community that we live in, in the sense that its turning to be hard for us to disclose) to come out as transwoman and it is also hard to start taking hormones because we don't have access to them" said one transwoman

"The community makes it difficult for us to live among them they are very negative but some organisations are helpful" said one transman

Study results have also shown that there are few organizations targeting transgender persons. The following quote illustrates this:

"Too few organisations that deal with transgender issues. What is helpful is being part of the LGBTIQ++ community that provides a support system" responded one transman

This study also found that some Community Based Organization and Non –Governmental Organizations are doing a wonderful job of sensitising the community on transgender. The following quote illustrates this:

"CBOs and other non-government organisations have carried out sensitisations which have been helpful", says one transwomen

It was also highlighted that the healthcare system is offering health services to transgender persons. The following quote supports this:

"Our health systems have been accommodative to trans persons where the health care workers have been sensitized. Being around our families has been a nightmare as we're

constantly told that the path you chose is ungodly, you need to repent", said one transgender person.

However more still needs to be done considering that 64.5 % of the study participants indicated they are not affiliated to any other like-minded network. As such more reaching out is needed to amplify the voices from the Trans and Gender non conforming community.

The study has also indicated the difficulties in fulling SDG 1,2 and 8 in the Trans and Gender Non-Conforming individuals in Zimbabwe as by shown by the table below:

ISSUE	Category	%
How easy is it to find a job and be valued like any employee when you are transgender?	Very difficult	83.9%
How easy is it to meet basic needs as a transgender person?	Very difficult	61.3%
Whether it is easy for transgender persons to start a business or income generating project	Very difficult	69%
Whether transgender persons own a business or any other income generating project	None	72%

The table above sums up the dire need for Trans inclusion in addressing any poverty related interventions. Realising the financial challenges currently being experienced by Zimbabwe as a whole. This presents a unique opportunity for initiatives for Trans inclusion in having greater chances of exceeding and making at impact. The initiative can be NGO run or some through meaningful engagement with Government and lobby for a quota system. There might also be need to motivate the community by identifying a few success stories that can be documented of individuals from the community who have made it in the business world to inspire others.

Zimbabwe as a country it has some of the highest unemployment level in the world ranging between 90-95% and a highly informalised economy as such the Trans community can also benefit for more trainings and skills in livelihoods activities for them to start income generating activities. This will help to create their own employment and that of their community and others.

In addition, there might also be need to develop simple virtual portfolios to markets products of economic empowerment initiatives from the community taking into account the new realities of Covid 19,

It was also found that transgender persons are finding it very difficult to operate freely in Zimbabwe due to a number of issues. This is evidenced by the following quotes;

"Being trans in Zimbabwe is very difficult because of the effects of the political violence. Zimbabwe is very the religious system and is also playing a role in the discrimination of transgender people older people who are the custodians of the Zimbabwe culture are also being most difficult" responded one participant

"The police are treating us like an outsider in fact like trash instead fighting for our rights against the community" says another responded.

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The study participants recommended that the government should ensure there is an LGBT clinic in every town no matter how small it is. They further recommended for the government to ensure that they are accepted by the community. For this to happen they recommended the government to sensitize the community and law enforcement agents that trans rights are also human rights that should be respected. They further recommended that the government to come up with laws against verbal and physical abuse targeting.

5. Recommendations

In addition to scaling up the survey which could only accommodate upto 220 respondents and left out more trans communities due to budget constraints, the research highlighted the following key recommendations.

5.1: SDG 3 Ensure healthy lives and promote well-being for all at all ages

1. Putting Trans-inclusive anti-discrimination policies in place.
2. Training healthcare providers to understand the needs of Transgender people and respond effectively.
3. Create outreach health services for Transgender people who are unable to leave their homes, due to discrimination or exclusion.
4. Develop services that meet the specific needs of Transgender people, including: HIV and other STI prevention, treatment, care and support.
5. Develop safe-spaces and services that address the wider health needs of Transgender people.
6. Develop gender affirming services for trans persons to transition safely both in the public and private health care centers.

5.2: SDG 4: Ensure Inclusive and equitable quality education and promote lifelong learning opportunities for all

1. Provide guidance and training for teachers and counsellors on how to deal sensitively with Transgender students and students who are questioning their sexual orientation and/or gender identity.
2. Adopt a zero-tolerance policy towards transphobic bullying.
3. Make sure that all teaching curricula are LGBT-inclusive and profile positive LGBT role models.
4. Make sure that all sexual and reproductive education covers the specific needs of Transgender students and those who are questioning their sexual orientation and/or gender identity.

5. Promote a culture of non-discrimination and acceptance (in schools, universities and wider society), emphasizing that Trans rights are human rights.
6. Provide Legal gender recognition in schools and educational facilities thereby becoming inclusive of transgender and gender diverse students.

5.3: SDG 8: Ensure decent work and economic growth for all

1. Provide inclusive work cultures which do not discriminate employees, management, potential investors or recruits based on sexual orientation, gender identity nor expression.
2. States to ensure human rights and equal opportunities apply to all individuals regardless of sexual orientation, gender identity or expression.
3. Support and sensitize law enforcement officials so they are well equipped to safeguard all humans from abuse, stigma and hate crimes.
4. Provide guidance and training for human resource departments and management on how to deal sensitively with transgender employees and provide an empowering work environment.
5. Adopt a zero-tolerance policy towards transphobic bullying.
6. State to support youth led economic projects for all particularly the marginalized and often left out Transgender community.
7. State to promote an inclusive culture which respects one's gender identity and expression. This will result in all citizens feeling valued and respected making us the trans community eager to contribute significantly towards the overall country's economic development

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6. References

6.1 Annexures

Annexure 1 - List of documents reviewed and referenced
International Charters, Covenants and related Documents

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28. Vienna Convention on the Law of Treaties, May 23, 1969, 1155 U.N.T.S.331 http://untreaty.un.org/ilc/texts/instruments/english/conventions/1_1_1969.pdf.

29. Vienna International Plan of Action on Ageing (VIPAA)

30. WHO (1969) International Health Regulations

31. World Health Organisation (2009) A Human Rights Based Approach to Health: Policy Brief

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