



# Roadmap for transgender inclusive social protection and poverty alleviation programmes

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in Barbados, Guyana and Jamaica



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# Executive summary

Transgender and gender-diverse individuals in Barbados, Guyana and Jamaica face significant barriers in accessing social protection and essential services. This report includes an analysis of the challenges these communities encounter, informed by a literature review, surveys and focus group discussions conducted across the three countries, and the formulation of a roadmap aimed at improving access to social protection services and promoting inclusivity. The report highlights the systemic issues that exacerbate the marginalization of transgender and gender-diverse persons and offers actionable recommendations to address these problems.

The literature review reveals a consistent pattern of discrimination and stigma against lesbian, gay, bisexual, transgender, intersex or queer (LGBTQI+) individuals in the Caribbean. Despite some legal advancements, these persons continue to struggle with accessing basic human rights such as education, employment, health care and housing. The review underscores the pervasive nature of discrimination and the critical need for policy reforms.

Surveys conducted in Barbados, Guyana and Jamaica provided quantitative data that highlighted the stigma, discrimination and social exclusion faced by transgender and gender-diverse persons. The results indicated high rates of unemployment, financial instability and a lack of engagement with social and housing assistance programmes due to a lack of information on eligibility and services. Many respondents reported significant barriers in accessing health care and housing, including discrimination from service providers and landlords.

Focus group discussions offered qualitative insights into the lived experiences of transgender and gender-diverse individuals in the three countries. Participants shared personal stories of discrimination, violence and systemic barriers that prevent them from accessing necessary services. These discussions emphasized the need for better training of service providers, more inclusive policies and improved support systems.

The roadmap outlines actionable short- and medium-term goals to improve access to social protection services for transgender and gender-diverse persons. Recommendations include public education and sensitivity training on LGBTQI+ rights, increased housing options and temporary housing solutions for transgender and gender-diverse persons, and improvement of social assistance programmes. The roadmap also emphasizes the roles of government, civil society, the private sector, and international and development partners in creating a more inclusive and supportive environment that leaves no one behind.

# Roadmap for the inclusion of transgender women and gender-diverse persons as beneficiaries of existing social protection and poverty alleviation programmes



# Introduction

In Barbados, Jamaica and Guyana, transgender and gender-diverse individuals face significant challenges in accessing basic rights and social protections. Despite some progress in the Caribbean region, with legal victories for the rights of persons in the lesbian, gay, bisexual, transgender, intersex or queer (LGBTQI+) community in multiple Caribbean countries,<sup>1</sup> discrimination and stigma persist, hindering the full inclusion of these individuals in society.

Many legal victories have been in cases challenging laws that criminalize consensual same-sex relations. While these laws are rarely enforced, they target a vulnerable demographic, legitimizing discrimination, violence, stigma and bias against LGBTQI+ individuals, both socially and legally.<sup>2</sup> In 2022, the High Court of Barbados ruled that the criminalization of consensual same-sex intimacy, which carried a maximum penalty of life imprisonment if convicted, was unconstitutional. In 2022, two other Eastern Caribbean countries – Antigua and Barbuda and Saint Kitts and Nevis – struck down legal provisions criminalizing same-sex conduct. Dominica followed suit in 2024. On 31 December 2020, the Inter-American Commission on Human Rights publicly issued an opinion finding that Jamaica’s anti-LGBTQI+ criminal laws were in direct violation of its legal obligations under the American Convention on Human Rights.<sup>3</sup> The Inter-American Court of Human Rights’ 2017 Consultative Opinion 24/17 affirms that LGBTQI+ and gender-diverse persons have the right to recognition of their gender identity, non-discrimination and equal legal protection under the American Convention on Human Rights. The opinion emphasizes that States must ensure legal frameworks that protect these rights, including access to civil marriage for same-sex couples and the right to family life. It also highlights the obligation of States to actively prevent discrimination, recognize gender identity without invasive requirements, and ensure that LGBTQI+ individuals can fully enjoy their rights in all areas of life. Legal challenges against criminalization in Belize (2016) and Trinidad and Tobago (2018) were also successful. However, these legal victories have not fully translated into societal acceptance or access to essential services for transgender individuals.

1 Antigua and Barbuda, Barbados, Belize, Guyana, Saint Kitts and Nevis, and Trinidad and Tobago,

2 Human Rights Watch, *“I Have to Leave to Be Me”: Discriminatory Laws against LGBT People in the Eastern Caribbean (2018)*.

3 Gender Identity, and Equality and Non-Discrimination of Same-Sex Couples, Advisory Opinion, OC-24/17 (2017).



As is the case in many regions around the world, persons in the Caribbean LGBTQI+ community continue to experience multiple legal and social challenges where systemic barriers persist, including discrimination in employment, health care and education, resulting in violations of the economic, social and cultural rights of the LGBTQI+ community. As a result of these barriers, in addition to negative social attitudes, LGBTQI+ people in Caribbean countries are vulnerable to violence, homelessness, poverty and social exclusion. According to a 2023 United Nations Development Programme (UNDP) survey of LGBTQI+ persons in Jamaica, 54 percent of respondents indicated that they knew someone from the LGBTQI+ community who had died violently or been killed during the previous year because of their sexual orientation or gender identity.<sup>4</sup> The same survey indicates that the LGBTQI+ community is also severely impacted by homelessness, driven by negative social attitudes and threats of violence in their homes as well as discriminatory attitudes of potential landlords.<sup>5</sup> A similar UNDP survey conducted in Barbados indicates that transgender and gender-diverse respondents were more than twice as likely to suffer an act of violence in comparison to cisgender respondents.<sup>6</sup>

According to Guyana's Society Against Sexual Orientation Discrimination (SASOD), Guyanese persons within the LGBTQI+ community are disproportionately impacted by poverty, largely stemming from pervasive discrimination rooted in sexual orientation and gender identity.<sup>7</sup> SASOD indicates that homelessness among LGBTQI+ youth is a growing problem in Guyana, with documented cases of parents and guardians disowning and evicting children from their homes because of their real or perceived sexual orientation and gender identity.<sup>8</sup>

Given the vulnerability to poverty of transgender and gender-diverse individuals in Barbados, Jamaica and Guyana, there is a need to examine to what extent state social safety nets are aimed at preventing or alleviating poverty accessible to transgender and gender-diverse persons. This research study and strategy will include an assessment on the existing social protection and poverty alleviation programmes and the barriers transgender and gender-diverse persons face in accessing these services (as well as a survey to determine access to social services and the workforce). The goal is to identify barriers to accessing social protections, and to advocate for administrative and policy reforms to promote greater inclusion and equality for all.

4 United Nations Development Programme, *Being LGBT in Jamaica: National Survey for Lesbian, Gay, Bisexual, and Transgender Persons in Jamaica* (2023).

5 Ibid.

6 United Nations Development Programme, *National LGBTI Survey: Barbados* (2023).

7 Schemel Patrick, "Dawn of a New Era in Guyana: LGBT Youth in Focus for IDAHOT 2015," *Stabroek News*, May 18, 2015, <https://www.stabroeknews.com/2015/05/18/features/in-the-diaspora/dawn-of-a-new-era-in-guyana-lgbt-youth-in-focus-for-idahot-2015/>.

8 Ibid.



## Social protection and social protection floors

For the purposes of this project, understanding ‘social protection’ and ‘social protection floors’ (SPFs) is essential to analyse how transgender and gender-diverse individuals in Barbados, Guyana and Jamaica access these critical poverty alleviation services.

According to UNDP, social protection encompasses a comprehensive framework of nationally owned policies and instruments designed to ensure income support and access to goods and services for all households and individuals, at least at minimally accepted levels, particularly during periods of insufficient income, incapacity or inability to work. Social protection is a crucial mechanism to safeguard individuals from deprivation and social exclusion, mitigating the adverse effects of poverty and vulnerability on individuals and communities<sup>9</sup>. Most countries have two pillars of social protection systems: the non-contributory pillar (traditionally known as ‘social assistance,’ which can include both universal and targeted measures) and the contributory or ‘social security’ pillar.” (CEPAL, 2013, p.6).<sup>10</sup>

A central component of social protection is the concept of a SPF, which represents a nationally defined set of basic social security guarantees aimed at preventing or alleviating poverty, vulnerability and social exclusion. According to

the Social Protection Floors Recommendation (International Labour Organization [ILO] Recommendation No. 202, adopted on 14 June 2012), SPFs are nationally defined sets of basic social security guarantees that should provide access to essential health care and basic income security for all those in need over the life cycle. The SPF comprises several key elements outlined by the ILO, including access to essential health care, basic income security for children, persons in active age unable to earn sufficient income due to various circumstances, such as sickness, unemployment, maternity or disability, and older persons.<sup>11</sup>

These components of the SPF collectively aim to ensure that individuals have access to essential goods and services, such as health care, education and housing, that meets predefined criteria of availability, accessibility, acceptability and quality.

Furthermore, as outlined by the World Bank and ILO, universal social protection encompasses a broad array of policies aimed at ensuring income security and assistance for all individuals throughout their lives, with consideration given to those experiencing poverty and vulnerability. The principle of universal social protection asserts that anyone requiring social support should have access to it. This framework includes essential cash transfers tailored to various demographics, notably children, individuals unable to work for reasons such as pregnancy or unemployment, and older adults.<sup>12</sup>

<sup>9</sup> United Nations Development Programme, *Leaving No One Behind: A Social Protection Primer for Practitioners* (2016).

<sup>10</sup> Comisión Económica para América Latina y el Caribe (CEPAL), *Sistemas de protección social en América Latina y el Caribe: caso República Dominicana* (2013).

<sup>11</sup> Office of the High Commissioner for Human Rights, *Social Protection Floors and Economic and Social Rights* (2015).

<sup>12</sup> International Labour Organization and World Bank Group, “A Shared Mission for Universal Social Protection,” concept note (2016).





Considering the definitions of social protection and SPFs, for the purposes of this project, “access to social protection” will include access to the following non-controbutory schemes:

- 1.** Income security for unemployed persons (unemployment benefits)
- 2.** Income security for older persons (pensions)
- 3.** Income security for persons with disabilities (pensions)
- 4.** Income security for children (child benefits)
- 5.** Income security for pregnant women (maternity benefits, maternity leave)
- 6.** Access to affordable health care
- 7.** Access to affordable housing



# Literature review

There are multiple studies, reports and surveys on the experience of LGBTQI+ persons in the Caribbean, but few that focus on the experience of transgender or gender-diverse persons.

All the available literature on the LGBTQI+ experience in the Caribbean, and in Barbados, Guyana and Jamaica (the 'target countries') indicate a pattern of discrimination and stigma against LGBTQI+ people that permeates their daily lives. For transgender and gender-diverse people, the right to equal access to education, employment, housing and health care, as well as the ability to move freely on the street without facing violence and discrimination, can be compromised at any time, almost always without avenues for redress.

## Poverty and the social protection floors in the Caribbean (Barbados, Guyana and Jamaica)

As in many countries worldwide, in the Caribbean, poverty and high levels of unemployment remain obstacles to realizing the Sustainable Development Goals. Despite general improvements in living standards, poverty rates still average 30 percent of the Caribbean population. Further, economic inequality, as measured by the Gini index, remains relatively high for the region.<sup>13</sup> Social and human development indicators show that though the region is improving, there is still much work to be done.<sup>14</sup>

Barbados, although categorized as a high-income country by the World Bank,<sup>15</sup> grapples with persistent challenges related to poverty and inequality. Based on the Inter-American Development Bank's Barbados Survey of Living Conditions 2016/2017, the overall levels of poverty were 17 percent, a 2 percent increase from 2010. A further 11 percent of the population was considered as vulnerable. Groups such as single-parent households and low-income earners face heightened risks of falling into poverty, indicating the need for targeted interventions.

<sup>13</sup> Caribbean Development Bank, *The Changing Nature of Poverty and Inequality in the Caribbean: New Issues, New Solutions* (2016).

<sup>14</sup> UNDP in Barbados and the Eastern Caribbean, *Poverty and Governance*, United Nations Development Programme, accessed September 13, 2024, <https://www.undp.org/barbados/poverty-and-governance>.

<sup>15</sup> "GDP (Current US\$) - Barbados, Upper Middle Income," World Bank Group, accessed September 13, 2024, <https://data.worldbank.org/indicator/NY.GDP.MKTP.CD?locations=BB-XT>.

In Guyana, which was recently classified as a high-income country, the poverty rate has declined substantially over the past decade but remains high for the region at 48.4 percent in 2019.<sup>16</sup> Poverty rates in the country exhibit variations across regions and demographic groups, with rural areas and indigenous communities often bearing a disproportionate burden of poverty compared to their urban counterparts.<sup>17</sup>

Similarly, Jamaica, categorized as an upper-middle-income country, struggles with poverty challenges despite its economic classification. According to the World Bank, Jamaica's national poverty rate was estimated to be 12.6 percent in 2022. However, poverty levels fluctuate significantly across different regions and demographics within the country, with rural areas and informal settlements typically experiencing more acute poverty than urban centres. Addressing these disparities requires targeted policies and interventions tailored to the unique socio-economic contexts of diverse communities across Jamaica.<sup>18</sup>

Social protection systems, i.e. social assistance, universal health care coverage and social housing across the Caribbean region play a critical role in mitigating the impacts of poverty and providing essential support to individuals and families facing economic hardship. These programmes, such as national insurance schemes, public assistance initiatives and non-contributory pensions, offer a financial safety net by providing regular cash

transfers, health care subsidies and other forms of assistance, to help meet basic needs and cope with unexpected expenses.

These social safety net systems tend to target marginalized and vulnerable groups, particularly older persons, persons with disabilities and single-parent households. By ensuring access to social protection programmes and services, governments aim to reduce social exclusion and foster greater equity and social cohesion.

## Barbados

A 2024 study on Barbados' social protection system highlights ongoing efforts to enhance the national social protection framework. This system includes social assistance programmes and care services provided by the Ministry of People Empowerment and Elder Affairs, along with a non-contributory pension for older persons, and persons with disabilities living in poverty, managed by the National Insurance and Social Security Service.<sup>19</sup> The key social assistance programmes are the targeted **National Assistance Programme** and the **'One Family' programme**.<sup>20</sup> Additionally, Barbados offers unemployment insurance through its social insurance scheme, providing financial support to unemployed contributors for up to 26 weeks.

Overall, social assistance coverage in Barbados is very limited, with only 9.6 percent of the most vulnerable populations receiving financial

16 "The World Bank in Guyana," World Bank Group, accessed 13 September 2024, <https://www.worldbank.org/en/country/guyana/overview#:~:text=Guyana%20has%20experienced%20a%20decline,poverty%20reduction%20is%20not%20available.>

17 Ibid.

18 "The World Bank in Jamaica," World Bank Group, accessed 13 September 2024, <https://www.worldbank.org/en/country/jamaica/overview#:~:text=The%20national%20poverty%20rate%20is,relative%20to%20pre%20pandemic%20levels.>

19 Anna C. Machado, "Country case study for Barbados", paper prepared for UNDP Barbados and the Eastern Caribbean (February 2024).

20 Ibid.



assistance, as reported by ILO.<sup>21</sup> The social protection sector faces issues with legislative clarity, management, governance and financing.<sup>22</sup> Despite progress, 45 percent of the population still do not receive any benefits, with vulnerable groups such as children and persons with disabilities particularly underserved.<sup>23</sup>

Barbados maintains a policy of universal health care coverage for all citizens and approved permanent residents. The Government primarily provides health services, funded by general taxation, ensuring free care at the point of delivery. The country has eight polyclinics, five geriatric hospitals for elderly care, a network of child-care facilities and a main hospital. Despite this public system, out-of-pocket expenses account for 39 percent of total health expenditure, with a significant portion spent on ambulatory care in the private sector.<sup>24</sup>

In Barbados, social housing assistance is overseen by various governmental bodies and financial institutions. The National Housing Corporation and the Urban Development Commission are key players in offering housing solutions, including house repairs and new home construction. The Government also partners with international organizations such as the Inter-American Development Bank to fund housing projects aimed at supporting low-income families.<sup>25</sup>

## Guyana

Guyana has over 30 social protection programmes aimed at supporting vulnerable populations, all managed by the Ministry of Human Services and Social Security. Key initiatives include **Public Assistance**, which provides temporary financial aid to those in need, and the **Old Age Pension**, which offers universal pension access to citizens aged 65 and above. To streamline benefit distribution and ensure efficient disbursement, the Government maintains a centralized database.<sup>26</sup>

However, these social protection mechanisms have limitations, with coverage varying across demographic groups and eligibility criteria. Programmes such as Public Assistance cater to dependent children and persons with disabilities, but support often does not extend to working-aged individuals without permanent disabilities.<sup>27</sup> Although programme coverage and value have increased over time, they have not adequately addressed income inequalities. High remittance transaction costs continue to disproportionately impact the poor. Despite constitutional provisions and legal codes that prohibit discrimination, reports indicate that welfare and well-being can still be influenced by sex, sexuality, age, disability, ethnicity and migrant status.<sup>28</sup>

In 2019, Guyana expanded its social protection system to support migrant children and their families from Venezuela, offering family cash

<sup>21</sup> Ibid.

<sup>22</sup> International Labour Organization Decent Work Team and Office for the Caribbean, *Social Protection Expenditure Review, Barbados* (International Labour Organization, 2022).

<sup>23</sup> Ibid.

<sup>24</sup> "Barbados - Health Systems," World Obesity Federation, accessed 13 September 2024, <https://data.worldobesity.org/country/barbados-17/health-systems.pdf>.

<sup>25</sup> Pauline McHardy and Michael G. Donovan, *The State of Social Housing in Six Caribbean Countries* (Inter-American Development Bank, 2016).

<sup>26</sup> Sarah Bailey and Francesca Ciardi, *Shock-Responsive Social Protection in the Caribbean: Guyana Case Study* (Oxford Policy Management and World Food Programme, 2020).

<sup>27</sup> Ibid.

<sup>28</sup> United Nations, *Common Country Analysis: Guyana* (2021).



benefits for housing, rent and school supplies. Despite these efforts, the absence of a unified strategy and inconsistent programme coverage underscores the need for more inclusive and cohesive social protection policies.

Minister of Health, Dr. Frank Anthony has stated that Guyana's health care system is transforming to ensure equitable, high-quality service, aligning with universal health coverage goals. The Government aims to eliminate financial barriers by providing free public health care, reducing out-of-pocket costs and offering free access to services, medications and diagnostic tests. Significant investments are being made in health infrastructure, including 12 new hospitals and upgrades to over 200 primary health care facilities. Despite these advancements, challenges such as inadequate financing, limited access to health technologies, health worker migration, and the impacts of climate change and food insecurity persist.<sup>29</sup>

In Guyana, social housing efforts are directed towards addressing the housing needs of low-income families through initiatives such as the **Low-Income Shelter Programme**. The Central Housing and Planning Authority spearheads various projects, including the construction of new homes and the provision of house lots. The

Government has created incentives to encourage mortgage lending to low-income families. Public land divestiture and squatter regularization are also key aspects of Guyana's strategy to improve housing access.<sup>30</sup>

## Jamaica

In Jamaica, social protection initiatives focus on human capital development and poverty alleviation. **The Programme of Advancement through Health and Education (PATH)**, a conditional cash transfer programme, incentivizes health clinic visits and school attendance to improve beneficiaries' well-being and education. PATH supports pregnant women, older persons (60+), persons living with disabilities and poor adults (aged 18–59). The **Rehabilitation Programme** provides various urgent/emergency grants to assist those in need.<sup>31</sup>

The **National Insurance Scheme** offers mandatory contributory social security, covering injury, incapacity, retirement and death. The decentralized **Poor Relief Programme** addresses destitution through institutional care, outdoor assistance and support for homeless individuals.<sup>32</sup>

29 "Statement by Dr. Frank Anthony, Minister of Health of the Co-operative Republic of Guyana, at the United Nations High-Level Meeting on Universal Health Coverage, September 21, 2023, UN Headquarters, New York," *Journal of the United Nations*, accessed September 16, 2024, [https://estatemnts.unmeetings.org/estatemnts/10.0010/20230921100000000/8kzcDusrmazx/BDJeJ3GIFW5\\_en.pdf](https://estatements.unmeetings.org/estatemnts/10.0010/20230921100000000/8kzcDusrmazx/BDJeJ3GIFW5_en.pdf).

30 McHardy and Donovan, *State of Social Housing*.

31 Rodolfo Beazley and Francesca Ciardi, *Shock-Responsive Social Protection in the Caribbean: Jamaica Case Study* (Oxford Policy Management and World Food Programme, 2020).

32 Ibid.



Despite progress, Jamaica's social protection system is fragmented, with regressive pension programmes and limited coverage for the informal work sector and persons with disabilities. Recent reforms include a new social pension for those ineligible for contributory pensions. However, the National Insurance Scheme does not cover unemployment, leaving workers unprotected during job loss.<sup>33</sup>

Health care in Jamaica is free to all citizens and legal residents at public hospitals and clinics. Jamaica's approach to universal coverage has produced mixed results. On the one hand, people have access to free care at public health facilities, and National Health Fund Jamaica subsidizes drugs for people with non-communicable diseases and older persons. On the other hand, National Health Fund Jamaica covers only 19 percent of the total population, and with a relatively high co-payment.<sup>34</sup>

In Jamaica, there are over 330 health centres, 24 public hospitals and 10 private hospitals.<sup>35</sup> Increased reliance on public health services has strained the system, which is already burdened by inefficiencies, insufficient human resources, and inadequate infrastructure and equipment. This has led to implicit rationing, with many individuals, including those from lower-income

backgrounds, turning to private health services.<sup>36</sup> Social commentators have stated that Jamaica has a two-tier health care system, where those with financial means can access high-quality services in the private sector, while public facilities suffer from inefficiencies and long queues.<sup>37</sup> A 2015 audit revealed shortages in human power, equipment, medications, wheelchairs, stretchers, gloves, beds and other essential supplies.<sup>38, 39</sup>

In Jamaica, the Government's approach to social housing includes promoting public/private partnerships to build affordable housing solutions, introducing cost-effective building technologies and encouraging longer-term mortgages. The **Housing Agency of Jamaica** is instrumental in providing affordable housing and regularizing land tenure through titling services. Efforts to streamline the housing sector include reforming major institutions such as the Housing Agency of Jamaica and the **National Housing Trust**. The **Jamaica Social Housing Programme** aims to provide housing for poor families. As of January 2024, a total of 180 homes were built, and the Government committed to building an additional 500 in 2024.

33 Manuel Mera, "Social Protection in Jamaica: Strengths and Limitations of its Redistributive Mechanisms," UNDP LAC Working Paper No. 20 (United Nations Development Programme, 2021).

34 "Free Health Care a Farce?" *The Gleaner*, December 6, 2016, <https://jamaica-gleaner.com/article/lead-stories/20161207/free-health-care-farce>.

35 "Health in Jamaica," *Commonwealth Health*, accessed November 19, 2018, <http://www.commonwealthhealth.org/americas/jamaica/>.

36 Shiyao Chao, "Jamaica's Effort in Improving Universal Access within Fiscal Constraints," *Universal Health Coverage Study Series Working Paper No. 6* (World Bank Group, 2013).

37 "Fixing Health: Why the Long Wait?" *The Gleaner*, September 7, 2015, <https://jamaica-gleaner.com/article/health/20150909/fixing-health-why-long-wait>.

38 "Free Access to Health Care a Right for Every Jamaican – Holness," *The Gleaner*, October 9, 2017, <https://jamaica-gleaner.com/article/news/20171010/free-access-health-care-right-every-jamaican-holness>.

39 "Free Health Care."



Additionally, the Government is working on land divestiture programmes and regularizing informal settlements to meet the housing needs of low-income families. Specialized schemes, such as the **Sugar Workers' Housing Programme**, offer low-cost housing for specific industries.<sup>40</sup>

## Social exclusion and marginalization of transgender and gender-diverse persons in Barbados, Guyana and Jamaica

### Barbados

While there are limited data and statistics specific to transgender and gender-diverse persons in Barbados, the literature on LGBTQI+ persons confirm that transgender and gender-diverse persons face significant obstacles in enjoying their economic, social and cultural rights, including employment, health care and housing.<sup>41</sup>

Societal attitudes in Barbados are predominantly hostile towards LGBTQI+ individuals, leading to their marginalization and exclusion in various aspects of life, such as employment, health care and social interactions. This hostility contributes significantly to economic instability among LGBTQI+ persons. Transgender and gender-diverse individuals often face unemployment or underemployment due to discriminatory hiring practices. A landmark case involving Alexa Hoffmann, a Barbadian transgender woman who filed a lawsuit against her

former employer for unfair termination, highlighted the economic vulnerabilities faced by transgender persons. Hoffmann's case seeks to establish a legal precedent for the protection of LGBTQI+ individuals in the workplace, emphasizing the urgent need for legal reforms to ensure economic security for everyone.<sup>42</sup>

In Barbados, health care is universally accessible and freely available to all residents through the public sector. However, a 2023 UNDP Barbados survey revealed that LGBTQI+ individuals often do not fully benefit from this system due to barriers such as stigma and insufficient knowledge among health care staff on the specific health needs of transgender and gender-diverse persons.<sup>43</sup> In Barbados, there are no explicit regulations against discrimination in health care for LGBTQI+ individuals, providing little recourse if discrimination occurs. Nearly half of the UNDP Barbados survey respondents without the means for private care expressed distrust in public services, often choosing to forego care rather than use free public health care. This trend varied by gender identity, with transgender and non-binary respondents more likely to report negative experiences compared to cisgender respondents. Most respondents preferred private health care facilities over public ones, irrespective of gender identity, sexual orientation, age or financial situation.<sup>44</sup>

Multiple factors affect LGBTQI+ access to housing in Barbados, including socio-economic circumstances, lack of family

40 McHardy and Donovan, *State of Social Housing*.

41 UNDP, Survey: Barbados.

42 "Landmark Transgender 'Discrimination' Case Filed," Barbados Today, February 14, 2020, <https://barbadostoday.bb/2020/02/14/landmark-transgender-discrimination-case-filed/>.

43 UNDP, Survey: Barbados.

44 UNDP, Survey: Barbados.



support, discrimination from property owners, stigmatization, harassment, policies and laws that do not recognize same-sex relationships, and the absence of systematic government support.<sup>45</sup> The vulnerability of being at the mercy of potentially homophobic and/or transphobic property owners was frequently mentioned. LGBTQI+ youth, women perceived to have masculine gender expressions, and transgender individuals were identified as particularly vulnerable populations. A lack of family or social support, combined with low socio-economic status, exacerbated their vulnerability. About 37.2 percent of respondents said they were forced to leave home before the age of 18 due to abuse, eviction or feeling unsafe due to their sexual orientation, gender identity and gender expression.<sup>46</sup>

## Guyana

LGBTQI+ individuals in Guyana face violence and discrimination across all aspects of their lives, creating a cycle of overlapping oppressions. In public spaces, LGBTQI+ individuals regularly face threats, intimidation, harassment, and violence from both private and state actors.<sup>47</sup> Discrimination permeates various aspects of daily life, including access to health care, education and employment. The normalization of violence against LGBTQI+ individuals hinders reporting and perpetuates marginalization, excluding them from basic legal protections.<sup>48</sup>

The Caribbean's societal context, influenced by, as in other regions, conservatism, colonial legacies and cultural norms, exacerbates the discrimination experienced by LGBTQI+ individuals. Colonial-era laws criminalizing same-sex conduct and non-gender conforming behaviour, such as "buggery" and gross indecency, continue to perpetuate stigmatization and marginalization. Cultural and religious beliefs drive social attitudes, leading to familial rejection and compelling many to hide their sexual orientation and gender identities or enter heterosexual marriages to avoid exclusion.<sup>49</sup>

In Society Against Sexual Orientation Discrimination (SASOD) stakeholder submission for Guyana's second cycle Universal Periodic Review, the organization reported that transgender individuals particularly struggle with accessing public health care, which is problematic because of the high HIV prevalence among transgender women. Further, many transgender women are unable to enter the job market due to discrimination, and resort to engaging in sex work to survive. For this vulnerable group, inability to access health care is life-threatening if HIV treatment is required. SASOD also reported that LGBTQI+ persons continue to face high levels of stigma and discrimination from health care workers and auxiliary staff, which deters them from visiting hospitals and other health facilities.<sup>50</sup> A 2020 study investigating the knowledge, attitudes and desire for continued education among Guyanese doctors with regards to LGBTQI+ health found

45 Ro-Ann Mohammed et al., *From Fringes to Focus: A Deep Dive into the Lived Realities of Lesbian, Bisexual and Queer Women and Trans Masculine Persons in 8 Caribbean Countries* (COC Netherlands, 2020).

46 UNDP, Survey: *Barbados*.

47 Georgetown Law Human Rights Institute, *Trapped: Cycles of Violence and Discrimination Against Lesbian, Gay, Bisexual, and Transgender Persons in Guyana* (2018).

48 Human Rights Watch, "I Have to Leave to Be Me."

49 Human Rights Watch, "I Have to Leave to Be Me."

50 Society Against Sexual Orientation Discrimination and Sexual Rights Initiative, *On Devil's Island: A UPR Submission on LGBT Human Rights in Guyana* (2014).





moderate knowledge levels regarding LGBTQI+ health, with deficits in awareness of LGBTQI+ health disparities and suboptimal education on LGBTQI+ health.<sup>51</sup> The strong bias of medical practitioners in public hospitals often results in disrespect towards transgender persons, including verbal abuse and use of incorrect gender pronouns, sometimes resulting in inadequate medical treatment. Repetitive and widespread discrimination compels some LGBTQI+ individuals to opt for private health care instead of public services. However, discrimination in the private sector, while less frequent, still impacts the quality of care. Additionally, financial barriers make private health care unaffordable for many.<sup>52</sup>

Despite the many challenges impacting the LGBTQI+ community in Guyana, it must be noted that attitudes towards it are shifting. In 2022, SASOD Guyana conducted a national poll, a follow-up to an earlier study conducted by the organization in 2013. The poll indicated that positive attitudes towards LGBTQI+ people in Guyana had increased significantly. LGBTQI+ acceptance in Guyana increased from 19 percent in 2013 to 34.5 percent in 2022. Over the same period, people who said they hated the LGBTQI+ community decreased from 25 percent to 12 percent. Further, 71.9 percent of people said they were likely to support legislation to protect LGBTQI+ persons in Guyana from workplace discrimination.<sup>53</sup>

## Jamaica

Jamaica's legal framework does not provide adequate protections for LGBTQI+ individuals, which contributes to widespread discrimination and violence. Coupled with a lack of inclusive legal frameworks, the high prevalence of negative social attitudes towards LGBTQI+ individuals significantly impacts their ability to live openly and safely. The lack of comprehensive anti-discrimination laws leaves LGBTQI+ individuals vulnerable to discrimination in employment, housing and public services.<sup>54</sup> Stigma and discrimination are deeply ingrained in the societal fabric, influenced by cultural and religious beliefs. This societal context contributes to the marginalization and exclusion of LGBTQI+ individuals, affecting their access to services, employment and social acceptance.

This is particularly true for transgender and gender-diverse persons. In 2023, a UNDP survey on LGBTQI+ individuals in Jamaica revealed significant barriers to accessing health services. Half of the transgender respondents reported that public transgender-specific health care services were either inaccessible or nonexistent, although some services are provided via private facilities. The lack of publicly accessible transgender-specific care, along with the lack of financial resources and confidence in health services, is the primary barrier to beginning the transition process (as mentioned by 55 percent of respondents)

51 Natassia Rambarran et al., "Providing Care to LGBT Patients in Guyana: An Assessment of Medical Providers' Knowledge, Attitudes and Readiness to Learn," *International Journal of Sexual Health* 33, no. 1 (2020): 18–28, <https://doi.org/10.1080/19317611.2020.1846656>.

52 Georgetown Law Human Rights Institute, *Trapped*.

53 Maggie Baska, "Overturning British Colonial-Era 'Buggery' law 'first step' to protecting LGBTQ+ people in Guyana," *PinkNews*, 21 May, 2023, <https://www.thepinknews.com/2023/05/21/guyana-lgbtq-rights-british-colonial-law-sasod/>; "New 2022 Poll Finds LGBT Acceptance Has Increased in Guyana," Society Against Sexual Orientation Discrimination Guyana, October 5, 2022, <https://sasod.blogspot.com/2022/10/new-2022-poll-finds-lgbt-acceptance-has.html>; RMK Consulting Enterprise, *A Study of Perceptions and Attitudes towards LGBT Persons in Guyana* (2022).

54 TransWave Jamaica, *Background Summary of Situation from Trans and Gender Non-Conforming Jamaicans* (2021).



Other factors included unavailability of services, lack of information on where to go and fear of transitioning. Although 74 percent of respondents sought medical help in the 12 months before the survey, over 55 percent did not disclose their sexual orientation or gender identity to providers. Additionally, 83 percent experienced verbal violence, and 54 percent were aware of an LGBTQI+ person who had died violently or been killed due to their sexual orientation or gender expression in the past year.<sup>55</sup>

Most respondents to the UNDP survey used public hospital services because they were free or low-cost. However, some LGBTQI+ individuals were hesitant to use these services due to fears of stigma and discrimination (13 percent), concerns about confidentiality (8 percent), unsatisfactory care from public health workers (14 percent) and unwillingness of health workers to prescribe medication (2 percent). Notably, 22 percent of respondents did not seek medical attention at all.<sup>56</sup> A 2019 Needs Assessment conducted by the Equality for All Foundation revealed that respondents felt most comfortable disclosing their gender identity in private facilities (43 percent) and least comfortable in public facilities (46 percent). Furthermore, 68 percent were unsure about accessing health care specific to transgender persons in Jamaica, while 25 percent found it difficult. The assessment also indicated that 59 percent of respondents sometimes hid

their gender expression when accessing health services, with 57.4 percent experiencing barriers, primarily discrimination, especially transgender women.<sup>57</sup>

Data on health disparities among transgender people is scarce and mainly focuses on HIV epidemiological data, which only pathologizes the transgender community further.<sup>58</sup> Consequently, the actual health needs and disparities among transgender persons remain largely unknown, leaving a significant demographic medically underserved. Further, transgender persons lack state-provided access to hormone replacement therapy (HRT) and gender-affirming surgeries, forcing them to make critical and potentially detrimental decisions about their health and well-being.<sup>59</sup>

In 2021, with support from the Joint United Nations Programme on HIV/AIDS and the United Nations Population Fund, TransWave Jamaica launched the Transgender and Gender Non-Conforming National Health Strategy, the first such strategy in the English-speaking Caribbean. It is a five-year plan and a rights-based roadmap for advancing the health and well-being of transgender people. It moves beyond recommendations for the health care system to the structural and societal changes necessary to achieve equitable access to services and opportunities for the transgender community.<sup>60</sup> Implementing such a

55 United Nations Development Programme, *Being LGBT in Jamaica: National Survey for Lesbian, Gay, Bisexual, and Transgender Persons in Jamaica* (2023).

56 Ibid.

57 Carla Moore, *The Jamaican LGBT Community Experience and Needs Assessment Survey Results* (Equality for All Foundation, 2019).

58 TransWave Jamaica, *Universal Periodic Review of Jamaica: Submission on Human Rights Violations Against Transgender People in Jamaica* (2020).

59 Ibid.

60 "First-Ever Jamaica Transgender Strategy Looks Beyond Health," *Joint United Nations Programme on HIV/AIDS*, January 8, 2021, [https://www.unaids.org/en/resources/presscentre/featurestories/2021/january/20210108\\_first-ever-jamaica-transgender-strategy-looks-beyond-health](https://www.unaids.org/en/resources/presscentre/featurestories/2021/january/20210108_first-ever-jamaica-transgender-strategy-looks-beyond-health).



strategy is challenging in a socially conservative country. TransWave suggests that success will lie in achieving long-term goals, including legal reforms around gender identity recognition and decriminalizing same-sex relations, as well as implementing practical, straightforward guidelines for transgender inclusion in existing systems and frameworks.<sup>61</sup> The strategy could prove to be a best practice example for the Caribbean.

With respect to housing, TransWave Jamaica reports that outward expressions of sexual orientation and gender identity often lead to ostracization from families and communities. Consequently, transgender persons frequently face outright homelessness or a persistent lack of stable housing.<sup>62</sup> The 2019 Equality for All Foundation Needs Assessment found that 20.9 percent of LGBTQI+ respondents had experienced homelessness at some point in their lives, with 73 percent displaced due to homophobia or transphobia within their families or communities. Over half of the transgender respondents had been homeless or displaced, a higher rate than any other group, with non-binary persons also experiencing high rates of homelessness at nearly 45 percent. About 84 percent of respondents

did not feel safe in non-LGBTQI+ spaces such as shelters and drop-in centres.<sup>63</sup>

In its most recent Universal Periodic Review stakeholder submission, TransWave Jamaica flagged the Rent Restriction Act as contributing to the homelessness among the transgender and gender-diverse community.<sup>64</sup> The legislation includes provisions that could potentially permit discrimination against transgender people, exacerbating homelessness within the transgender community. Under the Act, landlords can evict a tenant for causing a nuisance or annoyance to adjoining occupiers, or for engaging in “immoral” behaviour. While “nuisance” has specific legal criteria, “annoyance” and “immoral” behaviour are subjective and susceptible to discriminatory interpretation. Expressions of a transgender person’s sexual orientation or gender identity could be deemed sufficient to meet these subjective standards. Additionally, eviction for “immoral” behaviour often leads to criminal penalties, as sodomy and “gross indecency” are punishable by imprisonment.<sup>65</sup> TransWave Jamaica recommended removing the “annoyance to adjoining occupiers” and “immoral” behaviour provisions from the legislation.

<sup>61</sup> Ibid.

<sup>62</sup> TransWave Jamaica, Background Summary.

<sup>63</sup> Carla Moore, Survey Results

<sup>64</sup> TransWave Jamaica, Universal Periodic Review of Jamaica: Submission on Human Rights Violations Against Transgender People in Jamaica (2020).

<sup>65</sup> Ibid.



# Key findings of the literature review

## ⋮ **Discrimination and stigma:**

- o LGBTQI+ individuals in the Caribbean face pervasive discrimination and stigma, which impacts their daily lives and access to services such as health care, education, employment and public transportation.
- o Transgender and gender-diverse individuals are particularly vulnerable, and often lack valid government-issued identification that aligns with their gender identity, which compromises their ability to access services and move freely.

## ⋮ **Social exclusion and marginalization:**

- o Transgender and gender-diverse persons in Barbados, Guyana and Jamaica face significant challenges in accessing employment, health care and housing due to systemic barriers and discrimination.
- o High rates of homelessness among LGBTQI+ individuals are driven by familial and communal rejection, with transgender and non-binary individuals being particularly affected.
- o Negative encounters with health care providers, including discrimination and breaches of confidentiality, deter transgender individuals from seeking necessary medical care, emphasizing the need for inclusive and supportive health care services.

## ⋮ **Poverty and social protection:**

- o High levels of poverty and unemployment in the Caribbean hinder achievement of the Sustainable Development Goals, with poverty rates averaging 30 percent.
- o Social safety net systems in the region, including national insurance schemes and public assistance initiatives, are critical but incomprehensive. They often exclude the most vulnerable populations, such as transgender and gender-diverse individuals.

## ⋮ **Economic hardship:**

- o The transgender and gender-diverse community in the Caribbean faces economic hardship due to systemic discrimination, leading to high levels of unemployment, underemployment and poverty.
- o Social and economic exclusion perpetuates a cycle of instability, emphasizing the need for targeted interventions to improve access to socio-economic opportunities for transgender and gender-diverse individuals.



**⋮ Barbados:**

- o Social protection coverage in Barbados is limited, with only 9.6 percent of the most vulnerable populations receiving financial assistance. Fragmentation of social protection initiatives affects efficiency and access, necessitating structural reforms and improved coordination.

**⋮ Guyana:**

- o Guyana has over 30 social protection programmes but lacks a unified strategy, resulting in varied coverage and eligibility criteria that often exclude working-aged individuals without permanent disabilities.
- o The health care system is undergoing significant transformation, aiming to provide free health care and reduce out-of-pocket expenses. However, challenges such as inadequate financing, limited health technologies and health worker migration persist.
- o Social housing efforts face challenges, including high-interest rates and stringent collateral requirements, making housing loans inaccessible for low-income families.
- o Despite pervasive challenges, there are signs of shifting attitudes towards LGBTQI+ individuals in the Caribbean. For instance, acceptance in Guyana has increased significantly, with growing support for anti-discrimination legislation.

**⋮ Jamaica:**

- o Social protection initiatives in Jamaica focus on human capital development and poverty alleviation but are fragmented and regressive, particularly in pension programmes.
- o Health care is free for citizens and legal residents, but public health facilities suffer from long queues, workforce shortages and inadequate supplies.
- o A two-tier health care system exists, with better services available to those who can afford private care.
- o The housing sector is being reformed to provide affordable housing solutions, but discriminatory laws such as the Rent Restriction Act contribute to homelessness among transgender individuals.



# Survey and focus group discussions

In addition to the literature review, the research methodology for this project included the distribution of a survey to determine transgender and gender-diverse persons' knowledge of existing poverty alleviation programmes and their access to these resources. Focus group discussions were also conducted in all three countries to allow for a more in-depth, nuanced understanding of the challenges transgender persons face in accessing social protection services.

## Survey

### o Survey design and objectives

The primary objective of the survey was to identify patterns, variables and trends related to gaps in access to social protection among transgender and gender-diverse individuals. The survey was developed by the UNDP Regional HIV and Health Team, with significant input from the UNDP Multi-Country Offices in Barbados and Jamaica, as well as the Country Office in Guyana. The instrument was subsequently validated by partner CSOs in all three countries to ensure its relevance and accuracy. Once finalized, the survey was published online to gather responses. The survey links were widely disseminated by both the BLIC team and partner CSOs through various channels, including social media and community networks. Additionally, in-person events were strategically used to encourage transgender women and gender-diverse individuals in attendance to complete the survey, ensuring broader and more inclusive participation. The survey aimed to gather data on their experiences with social assistance, health care, housing and overall socio-economic conditions.

The social protection questions addressed the accessibility and adequacy of social assistance services, reasons for not seeking assistance and difficulties encountered. The questions regarding health care access assessed the accessibility and quality of health care services for transgender and gender-diverse individuals, including experiences with discrimination and access to gender-affirming care. The housing questions covered the accessibility of affordable housing, experiences with government housing assistance programmes, and any discrimination or harassment encountered when seeking housing.



## Focus group discussions

Focus group discussions were conducted between April and June 2024 with transgender women and gender-diverse persons in Barbados, Guyana and Jamaica. Partner CSOs issued invitations for community members to participate in the focus group, ensuring representation from diverse voices within the transgender and gender-diverse communities. To promote accessibility and encourage participation, transportation and a food stipend were provided to all attendees. The focus group was facilitated in a safe, inclusive space, where participants were guided through a series of structured questions designed to gather insights on key issues. Discussions were recorded with participants' consent, and their feedback was documented for further analysis, ensuring that the data accurately reflected community perspectives and experiences. The discussions were intended to gather more in-depth, nuanced, community-based information on the experiences of transgender and gender-diverse individuals in the target countries.

The questions focused on three main areas also covered by the survey: social assistance, health care and housing.

### o Social protection

Participants were asked to share their personal experiences with navigating the social assistance programmes and mechanisms, including any specific obstacles they encountered and the societal or cultural factors that contributed to these difficulties. The discussions included the participants' level of knowledge regarding social protection systems, and explored instances of implicit and explicit bias or microaggressions from service providers.

### o Health care

The discussions were geared towards better understanding the participants' experiences in accessing medical services as transgender individuals. Participants discussed instances of bias, discrimination and ignorance from health care providers. Participants were asked about their experiences in the public versus private health care sectors, the obstacle of necessary yet costly private health care, and what they believed was necessary for their holistic well-being, such as stronger gender-affirming care and mental health support.

### o Housing

The discussion addressed the specific challenges faced by transgender individuals in the housing market. Participants discussed the factors contributing to the scarcity of affordable and inclusive housing options, and the systemic barriers within the housing sector that disproportionately impacted them. The questions also explored participants' personal interactions with landlords and community members, exploring how their transgender identity has influenced their ability to secure and maintain housing, and to manage situations of discrimination or mistreatment.

## Analysis of survey responses

### Barbados survey responses

The Barbados survey was distributed to the LGBTQI+ community with the support and collaboration of local Civil Society Organisations. There were 11 respondents to the online questionnaire who provided insights into their demographics, employment status, financial situation and access to social assistance, health care and housing. The majority (54 percent) of



respondents were between the ages of 18 and 25, and 27 percent were between the ages of 26 and 40. Some survey responses may be reflective of the substantially younger cohort of respondents to the survey. The gender identity distribution showed that 30 percent identified as gender non-conforming, 23 percent identified as non-binary, and 15 percent identified as transgender women.

### Survey responses on access to social assistance in Barbados

- o Almost all respondents (90 percent) indicated that they were not receiving any form of government assistance, with a substantial majority (72 percent) who had never sought to access social assistance.
- o Among those who had not sought assistance, 18 percent avoided it due to fear of hostile treatment, 9 percent did not think that they would qualify, pointing to a potential lack of clear information on eligibility criteria, and 9 percent were unaware of the available services, indicating a need for better outreach and education.
- o Of those who had accessed social assistance, 33 percent had used the Barbados National Assistance Programme, but the majority did not want to disclose the specific services they had accessed, suggesting that there is still stigma associated with accessing social services.
- o Notably, none of the respondents indicated that they had experienced discrimination or denial of social assistance due to their gender identity.
- o However, 45 percent of respondents felt that social assistance providers were very unaware of the needs of gender-diverse persons, while 27 percent felt that providers were somewhat aware.
- o Additionally, 63 percent of respondents had not attempted to obtain identification reflecting their gender identity, with 18 percent facing difficulties in obtaining such identification.

### Survey responses to access to health care services in Barbados

- o Regarding the overall accessibility of health care in Barbados, 27 percent of respondents considered health care at least somewhat accessible, but 36 percent were unsure about the accessibility of health care services, while another 36 percent found health care somewhat inaccessible and only 9 percent found it very accessible.
- o When focusing specifically on health care for gender-diverse persons, accessibility was perceived even more negatively: 36 percent felt that health care for gender-diverse individuals was very inaccessible, 18 percent believed it was somewhat inaccessible and 27 percent were unsure about its accessibility.
- o Private health care services showed a varied response. While 27 percent of respondents felt that private health care was somewhat accessible, 18 percent felt that private health care was very accessible, but 18 percent found it somewhat inaccessible, and 9 percent felt it was very inaccessible.
- o Challenges related to gender identity were significant for some respondents, but notably, 45 percent did not believe that they had faced any challenges related to their gender identity when accessing health care. However, 27 percent were unsure, and 18 percent indicated that they had experienced challenges (divided into “significant” and “some challenges”).
- o A considerable 36 percent of respondents felt very uncomfortable discussing their gender identity with health care providers.





- o In terms of discrimination, half of respondents indicated that they had not experienced discrimination from health care providers, but 25 percent said that they had faced discrimination from public health care providers, and 8 percent had faced it from private providers.
- o The fear of discrimination or mistreatment was significant enough to impact health care-seeking behaviours. 35 percent of respondents delayed seeking health care due to these concerns, while 28 percent avoided health care altogether.
- o Access to gender-affirming services was another area of concern. While 45 percent of respondents had never tried to access such services, 27 percent had experienced some difficulty, 9 percent had faced great difficulty, and 18 percent had had no difficulty accessing them.
- o All but one of the respondents indicated that they had never received educational information on sexual health and reproductive services from health care providers. Additionally, 45 percent felt that health care providers had only limited knowledge of transgender health issues, and 9 percent felt they had no knowledge at all.
- o Although 63 percent of respondents had not experienced homelessness due to their gender identity, 18 percent indicated that they had faced homelessness or an unstable housing situation.
- o Interestingly, 57 percent of respondents had never attempted to rent housing, which may be explained by the fact that most respondents were younger and still living in their family homes.
- o Regarding discrimination in housing, 27 percent of respondents had not faced discrimination when looking for housing, but 18 percent indicated that they had.
- o Concerns about discrimination had led 18 percent of respondents to hide their gender identity when seeking housing.
- o 27 percent of respondents indicated that they had experienced harassment or ostracization from neighbours or community members due to their gender identity, while 9 percent had experienced significant harassment. However, 36 percent said that they had not experienced any harassment or ostracization from their neighbours or community members.
- o The majority (54 percent) of respondents did not believe that shelters or emergency housing options were safe and inclusive for transgender and gender-diverse individuals.

### Survey responses to access to housing in Barbados

- o Respondents indicated that affordable housing was a significant concern for everyone in Barbados. More than half (54 percent) of respondents indicated that affordable housing was very inaccessible, and 27 percent found it somewhat inaccessible.
- o The majority (72 percent) of respondents had never tried to access social housing services from the Government, suggesting a lack of awareness.

### Guyana survey responses

The Guyana survey had the highest response rate of the three target countries. The survey was distributed to the LGBTQI+ community in Guyana with the support of local civil society organizations (CSOs) and activists. Among the 22 respondents, the majority (47 percent) were between the ages of 26 and 35, with 26 percent between the ages of 36 and 45, and 17 percent between the ages of



18 and 25. Regarding gender identity, 29 percent identified as transgender women, 20 percent identified as other and 16 percent identified as gender non-conforming.

### Survey responses to access to social assistance in Guyana

- o A significant 82 percent of respondents indicated they were not receiving any social assistance from the Guyanese Government, with only 8 percent receiving food assistance.
- o Regarding accessibility of social assistance, 43 percent of respondents indicated that it was difficult to access and required significant effort, 13 percent found it nearly impossible to access, and another 13 percent found it generally accessible.
- o Only 30 percent of respondents had sought social assistance in Guyana, with 20 percent having tried and 17 percent not having done so as they did not think they would qualify. Fear of discrimination deterred another 17 percent.
- o Difficulties in accessing social assistance programs were significant, with 34 percent of respondents experiencing difficulties and not receiving the support they needed, 21 percent not experiencing any difficulties, and 13 percent facing difficulties but eventually receiving the support they needed.
- o Gender identity impacted access to social assistance for many, with 33 percent of respondents stating it made access harder, 22 percent seeing no effect and 16 percent saying it made access easier. Additionally, 38 percent had experienced discrimination and mistreatment when seeking social assistance, while 27 percent had not.

### Survey responses to access to health care in Guyana

- o Accessibility of health care in Guyana was a concern for many respondents. Overall, 31 percent found health care somewhat inaccessible, 17 percent found it very inaccessible, and 26 percent found it somewhat accessible.
- o When focusing on public health care services for transgender persons, 36 percent of respondents felt it was very inaccessible, 21 percent found it somewhat inaccessible, and 26 percent were unsure about accessibility.
- o Regarding private health care, 30 percent of respondents felt it was somewhat accessible, 21 percent found it very accessible, 13 percent found it somewhat inaccessible, and 13 percent found it very inaccessible.
- o Challenges in accessing health care due to gender identity were significant for 34 percent of respondents, with another 17 percent experiencing significant challenges. However, 34 percent had not experienced any challenges.
- o Comfort levels in discussing gender identity with health care providers varied, with 34 percent of respondents feeling very comfortable, 8 percent feeling somewhat comfortable, 13 percent feeling very uncomfortable and 17 percent feeling somewhat uncomfortable.
- o Discrimination from health care providers was reported by 36 percent of respondents as significant, while 24 percent reported some discrimination, and 24 percent did not report experiencing any discrimination.
- o The fear of discrimination led 52 percent of respondents to delay seeking health care and 13 percent to avoid it altogether.



- o Regarding gender-affirming care, 34 percent of respondents had never tried to access it, 26 percent had experienced great difficulty, and 17 percent had experienced no difficulty.
- o The knowledge of health care providers on transgender health issues was a concern for many respondents, with most respondents indicating that health care professionals in Guyana had limited or no knowledge.
- o Concealing gender identity when seeking housing was common, with 52 percent of respondents hiding their gender identity and 21 percent choosing to do so occasionally.
- o Harassment or ostracization from neighbours or community members had been experienced by 69 percent of respondents, while 17 percent had experienced some harassment.
- o 60 percent of respondents did not believe that shelters or emergency housing options were safe and inclusive, while 30 percent were unsure.

### Survey responses to access to housing in Guyana

- o Access to affordable housing was a major issue for respondents in Guyana. A significant 39 percent found affordable housing very inaccessible, and 34 percent found it somewhat inaccessible.
- o Regarding access to housing due to gender identity, 34 percent of respondents had experienced significant difficulties, 17 percent had experienced some difficulties, and 26 percent had never tried to access housing independently.
- o Accessing government housing was also challenging, with 30 percent of respondents finding it significantly difficult and 13 percent finding it somewhat difficult. However, 30 percent had not attempted to access government housing.
- o Homelessness or housing instability due to gender identity was experienced by 39 percent of respondents, while 34 percent had not experienced such issues.
- o Discrimination and mistreatment from landlords were significant issues, with 39 percent of respondents experiencing significant discrimination, 26 percent experiencing some discrimination and, 30 percent not having attempted to rent housing.

### Jamaica survey responses

Jamaica had the lowest response rate of the target countries. Although UNDP distributed the survey among the LGBTQI+ community in conjunction with local CSOs, CSO partners indicated that the low level of response may be attributed to “survey fatigue,” as there were multiple ongoing studies on LGBTQI+ persons in Jamaica. With only four respondents, the findings highlighted specific personal experiences and underscore the challenges faced by this community in accessing essential services. Among the four respondents, three were between the ages of 18 and 25, and one was between the ages of 26 and 40. In terms of gender identity, one identified as a transgender woman, one as a transgender man, and two as non-binary. While the low number of responses prevents the data from achieving statistical significance or allowing for broad extrapolation, it is crucial to acknowledge the value of the personal stories and experiences shared. These narratives reflect the lived realities of transgender women and gender-diverse individuals, shedding light on critical human rights issues. Each voice represents an important contribution to understanding their



unique challenges, and their insights remain vital for informing inclusive policies and programs that respect and uphold their dignity and rights.

### Survey responses to access to social assistance in Jamaica

- o Respondents indicated that accessing social assistance in Jamaica was challenging. The majority rated the accessibility of social assistance poorly, with two respondents stating that it was very poor and nearly impossible to access, while one found it fair but in need of improvement.
- o Two respondents had never sought social assistance in Jamaica, one had sought assistance, and another had avoided it due to fear of discriminatory treatment.
- o The individual who had attempted to access social assistance reported difficulties due to their gender identity, but that they had eventually received the required support, while two had not attempted to access social assistance and one preferred not to answer.
- o Only one respondent was receiving housing support from the Government, while three were not receiving any form of assistance.
- o Harassment or degrading treatment was a concern for one respondent, while another was unsure.
- o None of the respondents had ever attempted to obtain official documents reflecting their gender identity.

### Survey responses to access to health care in Jamaica

- o Health care accessibility in Jamaica was rated poorly by the respondents. Two found health care somewhat inaccessible, one felt neutral, and another found it very inaccessible.
- o Regarding transgender and gender-diverse persons accessing health care in the public sector, most respondents indicated that public health care was at least somewhat inaccessible.
- o Private health care services were deemed somewhat inaccessible by one respondent, while two were unsure, and one found it very inaccessible.
- o Challenges in accessing health care due to gender identity were reported by one respondent, while three had not faced such challenges.
- o Discrimination from health care providers was significant for two respondents, with one having experienced significant discrimination and another having experienced some discrimination.
- o Concerns about discrimination led two respondents to delay seeking health care, while another avoided it altogether.
- o Access to gender-affirming care was difficult, with two respondents experiencing great difficulty, while the other two had never tried to access such services.
- o The knowledge of health care providers on transgender and gender-diverse health issues was seen as inadequate by two respondents, one felt neutral, and one believed that providers were somewhat knowledgeable.



### Survey responses to access to housing in Jamaica

- o Access to affordable housing was universally problematic. All four respondents found it very inaccessible.
- o The vast majority of survey respondents had not attempted to access social housing assistance.
- o Gender identity had affected two respondents' ability to access affordable housing, while one had not experienced difficulties and another had not attempted to access housing independently.
- o Government housing had been difficult for one respondent to access due to their gender identity, while three had not attempted to access it.
- o Homelessness or unstable housing situations due to gender identity-related challenges were reported by two respondents.
- o Discrimination and mistreatment from landlords were significant issues, with two respondents having experienced significant discrimination, while the other two had not dealt with landlords as they were not renting.
- o Concealing gender identity when seeking housing was common, with two respondents hiding their identity and one sometimes doing so.
- o Harassment, violence or ostracism from neighbours was experienced by three respondents due to their gender identity.
- o Existing shelters or emergency housing options were deemed unsafe and non-inclusive by one respondent, while another felt that there were some safe options, but that more were needed.



# Key findings of survey responses

## 1. Economic and social exclusion

- a. High rates of unemployment and financial instability: A significant portion of transgender and gender-diverse individuals in the surveyed countries struggle with unemployment and financial instability. Economic hardship is exacerbated by systemic discrimination and social exclusion, limiting opportunities for stable employment and financial independence.
- b. Low engagement with social assistance: Many respondents did not receive any form of government assistance, and a substantial number had never benefited from social programmes. Key barriers included fear of hostile treatment, lack of clear information on eligibility, and lack of awareness about available services.
- c. Discrimination and stigma: Fear of discrimination and societal stigma prevent many transgender and gender-diverse individuals from seeking social assistance, leading to low engagement with support programmes. This stigma contributes to economic and social exclusion, further entrenching poverty and vulnerability within these communities.

## 2. Health care challenges

- a. Discomfort and discrimination in health care settings: Many respondents reported feeling uncomfortable discussing their gender identity with health care providers and experiencing discrimination. This discomfort and discrimination discourage them from seeking necessary medical services.
- b. Mixed perceptions of health care accessibility: Survey responses indicated varied perceptions of health care accessibility among transgender and gender-diverse individuals. While some found health care at least somewhat accessible, a majority found health care inaccessible or were unsure about its accessibility.
- c. Barriers to accessing gender-affirming care services: Accessing gender-affirming care is a substantial challenge, with many respondents experiencing difficulties or never trying to access such services. Additionally, participants indicated that health care providers often lack knowledge of transgender health needs.

## 3. Housing insecurity

- a. Inaccessibility of affordable housing: Affordable housing is a significant concern for transgender and gender-diverse individuals, with almost all respondents in all three countries indicating that affordable housing was very inaccessible.
- b. Low awareness and engagement with social housing services: Many transgender and gender-diverse individuals were unaware of the availability of social housing services or did not believe they were eligible for them due to strict requirements. This lack of information and engagement with social housing programmes exacerbates housing instability within these communities.



- c. Discrimination and harassment in securing housing: Discrimination and harassment are major barriers to securing housing, with many respondents indicating that they had experienced discrimination from landlords and harassment from neighbours and community members.
- d. Lack of safe and inclusive emergency housing: Most respondents did not believe that shelters or emergency housing options were safe and inclusive for transgender and gender-diverse individuals.

#### 4. Social assistance access

- a. Restrictive eligibility and bureaucratic hurdles: The social assistance systems in the surveyed countries often have restrictive eligibility requirements and bureaucratic hurdles that exclude many transgender and gender-diverse individuals from accessing support.
- b. Lack of information and engagement with social assistance services: Many respondents were unaware of available social assistance services, did not know how to access them or did not believe they were eligible due to unclear eligibility criteria.
- c. Hostile and degrading service: The national reputation of welfare systems for providing hostile and degrading service further deters transgender and gender-diverse individuals from seeking assistance.

## Analysis of focus group discussions

### Summary of the Barbados focus group discussion

The Barbados focus group discussion was held in person on 13 April 2024. There were 10 focus

group participants, the vast majority of whom were under 30 years old.

#### Access to health care in Barbados

1. Participants reported multiple challenges in accessing health care services, stemming from institutional weaknesses and a lack of clear policy measures and data gathering related to transgender health issues.
2. Many participants found it difficult to get doctors to take their symptoms seriously.

3. Concerns about privacy and confidentiality led participants to hesitate or avoid seeking medical treatment from public health care providers.
4. Data gaps in national medical systems, which do not document transgender status, exacerbate the challenges faced.
5. While some gender-affirming care is available through private health care sources, it is prohibitively expensive.



6. Participants frequently experienced staring and verbal harassment when entering public health care facilities.
7. Transgender women reported that some male doctors fetishized their sexual lives, asking inappropriate questions unrelated to their medical condition.
8. There is a significant lack of mental health support services. Transgender persons require substantial mental health support due to stigma, discrimination and social marginalization.
9. Securing appointments with mental health professionals in the public system is extremely difficult, and available doctors often show disinterest in transgender patients.
10. Those able to receive private mental health care found that doctors were often unfamiliar with transgender issues and tended to significantly over-medicate them.

### Access to housing in Barbados

1. Most participants indicated that they were still living in their family homes, which were frequently toxic environments due to their gender identity.
2. Societal pressures and cultural family dynamics keep many transgender persons in their family homes, resulting in toxic living conditions and obscuring the real housing challenges faced by the community.
3. Many participants remained in the home environment because it was strongly connected to food and being able to feed themselves, though some frequently ate last or after their family had eaten.
4. One participant recounted being made to leave their family home at age 13 and struggling with homelessness and exploitation.
5. Some participants had temporarily resorted to sex work for housing when faced with housing instability or the inability to live in their family homes.
6. Only one participant had ever applied for social housing; others did not believe they would qualify for social housing due to exclusionary requirements.
7. Participants agreed that while homelessness among transgender persons is not as prevalent in Barbados as in other Caribbean countries, housing stability remains an issue.





### Access to social assistance in Barbados

1. None of the focus group participants indicated that they had received social assistance including the National Insurance Scheme, the most commonly accessed social assistance programme. While this reality could be attributed to the social stigma associated with benefiting from government services, the participants generally indicated that they had not tried to access social assistance because of the assumption that they would not qualify.
2. All participants considered the welfare system inadequate, with insufficient financial support, bureaucratic hurdles and exclusionary eligibility requirements.
3. Participants also indicated that the Barbados welfare system is known nationally for hostile and degrading service from providers.

### Summary of the Guyana focus group discussion

The Guyana focus group discussion was held as a hybrid virtual and in-person meeting on 21 June 2024. Guyana had the largest number of participants (16), who were of various ages, geographical locations, and racial and ethnic backgrounds.

### Access to health care in Guyana

1. Participants indicated that barriers to accessing health care were a major issue. Public health care services were reported to be inadequate, with long wait times and hostile or dismissive attitudes from health care providers towards transgender persons.
2. Some participants indicated that they experienced better treatment from medical professionals if they attended the HIV clinics. However, they also indicated that using the HIV clinics for any type of service also led to further stigma due to assumption of HIV status.
3. Participants relayed that most community clinics were not always welcoming, with many of the auxiliary staff asking intrusive questions of LGBTQI+ persons under the guise of wanting to provide support and guidance.
4. Participants noted that some CSOs have sponsored support groups and offered mental health counselling services for transgender persons and gender-diverse individuals.
5. An urgent need for mental health support was highlighted, with participants indicating that mental health providers were primarily accessible through the private system, making them very expensive.
6. Multiple participants indicated that there is a high suicide rate among transgender persons in Guyana, with many knowing transgender individuals who had died by suicide.



- 7.** One participant recounted being physically assaulted and dismissed by a doctor without receiving proper medical care, while another described challenges in accessing HRT. No public health care facilities offer such medication, resulting in many transgender persons self-medicating from black market sources of HRT.
- 8.** Some participants indicated that they were unable to file police incident reports after being assaulted because some medical providers would not complete the form, under the assumption that the transgender person was the aggressor in the altercation.
- 9.** Participants also shared experiences of being misgendered and facing verbal abuse from health care professionals.
- 10.** One participant recommended modifying the medical ethics contract to include non-discriminatory language regarding LGBTQI+ individuals.

#### Access to housing in Guyana

- 1.** Participants were under the impression that Guyana does not have any social housing programmes. Eventually, participants acknowledged that the Government has a low-cost housing programme, but said that housing under the programme remained unaffordable or gave priority to families.

- 2.** Participants indicated frequent discrimination by potential landlords, stating that landlords would raise the rent for LGBTQI+ potential tenants or indicate that they would only rent to women or families.
- 3.** Participants indicated that securing affordable housing was very difficult due to both the nature of Guyana's rental market and discrimination from potential landlords.
- 4.** While the Housing Act governs renters and rental agreements, it is not properly enforced in Guyana.
- 5.** Some participants described experiences of facing homelessness and having to rely on temporary accommodation provided by sympathetic landlords.
- 6.** Participants also discussed the impact of natural disasters exacerbated by climate change effects such as floods on housing stability and the lack of emergency shelter options for LGBTQI+ individuals during such emergencies.
- 7.** Purchasing housing is also extremely difficult for members of the transgender and gender-diverse community since many are not permanently employed and therefore do not qualify for housing loans. They also indicated that the legal process under the Housing Act is time-consuming and expensive.

6.



### Access to social assistance in Guyana

1. As in the Jamaica and Barbados focus groups, participants in Guyana indicated that the welfare system was inadequate, with restrictive eligibility requirements. Participants noted that the eligibility criteria often excluded those most in need, and that the stigma associated with seeking welfare further deterred individuals from accessing these services.
2. Participants indicated that many social services were not designed to accommodate the unique needs of transgender and gender-diverse individuals, leading to exclusion and marginalization.
3. The conversation regarding access to social assistance was not particularly substantive since none of the participants had attempted to access social assistance in Guyana, primarily due to the assumption that they would not qualify or that the support would be insufficient.

### Summary of the Jamaica focus group discussion

The Jamaica focus group discussion was held as a hybrid virtual and in-person meeting on 8 June 2024, with 10 participants who were predominately under the age of 30.

### Access to health care in Jamaica

1. One participant stated that health care providers in Jamaica viewed queer patients as “optional,” and indicated that aggression and hostility from public health care providers frequently prevented them from accessing services.
2. Participants indicated that while public health care services are free, they are often inconvenient, particularly for those living in rural areas, and marked by long wait times and dismissive attitudes from health care providers.
3. Instances of explicit bias and microaggressions were common, with many participants avoiding necessary medical services such as Pap smears due to anticipated discomfort and mistreatment from health care providers.
4. Participants highlighted the dire need for reform in the delivery of mental health services, noting experiences of mistreatment from mental health professionals in the public sector. Many participants indicated that public mental health providers treated them as though their mental health problems stemmed from being transgender rather than their treatment due to their transgender identity.
5. One participant shared a troubling experience of being misgendered and receiving substandard treatment for a



mental health condition, emphasizing that health care providers in Jamaica need to be educated on LGBTQI+ issues.

6. Another participant discussed the challenges of accessing HRT. Only one known doctor was providing this service, making it expensive and logistically difficult to access. The absence of gender-affirming surgeries in Jamaica further compounded these challenges, with many participants seeking care abroad, which is financially and logistically impossible for most transgender individuals in Jamaica.

### Access to housing in Jamaica

1. Some participants indicated that class and social dynamics might privilege some community members; colorism and income levels may work to endear potential landlords to certain LGBTQI+ tenants. One participant stated that “high society” was more accepting of LGBTQI+ persons.
2. Participants indicated that they frequently had to hide their gender identity when seeking housing. Couples would view apartments separately and sign leases individually to secure housing while concealing their gender identity.
3. Participants indicated that many rental listings contained specifically discriminatory language, sometimes

indicating “only for Christian renters” or “only for family renters,” and sometimes explicitly prohibiting LGBTQI+ persons from submitting applications.

4. All participants indicated that access to affordable housing in Jamaica was particularly difficult, especially in urban areas where most people wanted to live due to work.
5. Those who do live in family environments described toxic living conditions characterized by threats and violence, and restrictions on visitors or other outward expressions of sexuality or gender identity.
6. Participants indicated that although there is a real estate board, there is never any intervention to regulate rents, which are frequently raised for LGBTQI+ tenants. One participant described this as a “queer surcharge.”
7. Many participants indicated that they personally knew transgender persons who had been made to leave their family homes, and had to live on the street or in emergency shelters. Some had found emergency housing through networking online.
8. All participants indicated that they live under a constant threat of eviction, whether due to their gender identity or sexual orientation.



### Access to social assistance in Jamaica

**1.** The discussion regarding social assistance was less substantive because none of the participants had attempted to access social services. Participants indicated that social protection services were highly fragmented and inadequate, with strict eligibility requirements that they believed they would not meet.

**2.** Participants indicated that the PATH programme was very restricted and that they did not believe they would qualify.

**3.** One participant indicated that social assistance is often perceived as charity and that service providers believe individuals seeking to qualify must be “right with God.”

## Key findings from the focus group discussions

### ⋮ Health care access and challenges

#### Significant barriers to accessing health care:

- o Participants across Barbados, Guyana and Jamaica reported substantial barriers to accessing health care services. Common issues included long wait times, dismissive attitudes and explicit bias from health care providers.
- o Many participants reported being misgendered and facing verbal abuse, which led to reluctance in seeking necessary medical services.

#### Lack of sensitivity and proper training among health care providers:

- o There is a recurring issue of health care providers lacking sensitivity and proper training on the needs of transgender and gender-diverse individuals. This often results in inadequate care and discomfort for patients.
- o Instances of health care providers exhibiting fetishizing behaviour or asking inappropriate questions about patients’ sexual lives were reported.

#### Challenges in accessing gender-affirming care:

- o The lack of access to gender-affirming care, including HRT and gender-affirming surgeries, was a significant concern. Many participants resorted to illegal and often less safe means to access necessary treatments.



- o The absence of mental health services specifically tailored to the needs of transgender and gender-diverse individuals exacerbated these challenges.

#### **Mental health support needs:**

- o There is an urgent need for mental health support services due to the stigma, discrimination and social marginalization experienced by transgender individuals.
- o Access to mental health services in the public system is challenging, with long wait times and disinterest from providers. Private mental health care, though available, is often expensive and lacks familiarity with transgender issues.

#### **⋮ Housing instability and challenges**

##### **High costs and discrimination in housing:**

- o Participants highlighted the high costs and frequent discrimination from landlords, which led to housing instability and, in some cases, homelessness.
- o Many transgender and gender-diverse individuals were forced to move frequently due to harassment or eviction once their gender identity had been discovered.

##### **Lack of legal protections and inclusive policies:**

- o The lack of legal protections against discrimination in housing leaves transgender and gender-diverse individuals vulnerable. There is a pressing need for more inclusive housing policies.
- o Inadequate government housing programmes and a lack of awareness on available social housing services contribute to housing instability.

##### **Societal pressures and family dynamics:**

- o Many participants remained in toxic family environments due to societal pressures and cultural family dynamics, which obscure the real housing challenges faced by the transgender community.
- o Participants noted that remaining in their family homes despite the toxic environment is often connected to food security.

##### **Impact of natural disasters on housing stability:**

- o Participants in Guyana discussed the impact of natural disasters, such as floods, on housing stability and the lack of emergency shelter options for LGBTQI+ individuals during emergencies.



### ⋮ **Social assistance and welfare access**

#### **Inadequate and exclusionary social assistance programmes:**

- o Participants across all three countries described the welfare systems as inadequate, with insufficient financial support and bureaucratic hurdles.
- o Eligibility criteria often exclude those most in need, and the stigma associated with seeking welfare further deters individuals from accessing these services.

#### **Lack of awareness and engagement with social services:**

- o Many participants had not tried to access social assistance because they did not believe that they would qualify or were unaware of the services available.
- o There is a critical need for better outreach and education efforts to ensure that transgender and gender-diverse individuals are aware of and feel safe accessing the support available to them.

#### **Negative experiences with service providers:**

- o Participants reported that social workers and welfare officers are not adequately trained to handle the specific issues faced by the LGBTQI+ community, leading to further marginalization.
- o Hostile and degrading treatment from service providers contributes to the reluctance of transgender individuals to seek social assistance.



# Inclusion of transgender women and gender-diverse persons

## Roadmap for the inclusion of transgender women and gender-diverse persons as recipients of existing social protection and poverty alleviation programmes

Transgender and gender-diverse individuals in Barbados, Guyana and Jamaica face significant barriers to accessing social protection and poverty alleviation services. Despite progress in legal reforms and advocacy for rights of LGBTQI+ individuals in the Caribbean, systemic discrimination and stigma continue to impede the full inclusion of these individuals in society. The research findings from the project highlight the unique challenges and vulnerabilities experienced by these communities in accessing essential services.

This roadmap builds on the findings of extensive research, including literature reviews, surveys and focus group discussions conducted with transgender and gender-diverse individuals in the target countries. The roadmap focuses on creating more inclusive access by identifying actionable, short- to medium- term solutions to address some of the key findings related to transgender and gender-diverse persons' access to health care, housing and social assistance. The roadmap is also intended to foster collaboration among government agencies, CSOs, the private sector and international partners to ensure sustainable and impactful results.





## Key findings from research (literature review, surveys and focus groups)

The key findings, derived from the literature review, survey responses and focus group discussions conducted in Barbados, Guyana and Jamaica reveal significant barriers to health care access, housing stability and social assistance for transgender and gender-diverse individuals. These barriers are often the result of pervasive discrimination, stigma, a lack of legal protections and inefficiencies within the social protection sector. Additionally, many transgender and gender-diverse individuals do not attempt to access social services due to a lack of information on benefit eligibility, as well as difficulties navigating bureaucratic hurdles. These insights underscore the need for both long-term policy reforms and short-term actionable interventions to improve access to existing social protection programmes and to address critical gaps in services to the transgender and gender-diverse community.

### ⋮ **Discrimination and stigma**

#### **Pervasive discrimination:**

- o Transgender and gender-diverse individuals face widespread discrimination in accessing essential services such as health care, education and public transportation.
- o Daily discrimination in both public and private spheres significantly limits their opportunities for social and economic participation.
- o Experiences of harassment and exclusion are common, leading to a pervasive sense of vulnerability and marginalization.

#### **Identification barriers:**

- o Lack of valid identification aligning with gender identity often leads to denial of services, affecting access to health care, social assistance and other critical services.
- o Bureaucratic obstacles make it difficult for transgender and gender-diverse individuals to obtain proper identification, exacerbating their vulnerability and exclusion.
- o The inability to present identification that reflects their gender identity creates significant barriers in everyday interactions and transactions.

### ⋮ **Economic hardship and social assistance**

#### **High poverty rates:**

- o Transgender and gender-diverse individuals experience higher rates of unemployment and underemployment compared to the general population.



- o Economic instability is compounded by workplace discrimination, limiting transgender and gender-diverse individuals' access to stable employment and financial independence.

#### **Inadequate social protection:**

- o Social protection systems are fragmented and not designed to meet the specific needs of transgender and gender-diverse individuals, leading to significant gaps in coverage and support.
- o Bureaucratic hurdles and strict eligibility criteria often exclude transgender and gender-diverse individuals from financial support and social assistance programmes

#### **Lack of information and awareness:**

- o Many transgender and gender-diverse individuals have not attempted to access social services due to a lack of information about available programmes and their eligibility for them.
- o There is widespread confusion on how to navigate bureaucratic processes to obtain social assistance, leading to low engagement with these services.
- o Fear of discrimination and hostile treatment further deters individuals from seeking social assistance, contributing to their social and economic marginalization.

#### **⋮ Health care access**

##### **Health care barriers:**

- o Transgender and gender-diverse individuals face long wait times and dismissive attitudes from health care providers, which significantly hinders their access to necessary medical services.
- o High out-of-pocket expenses for medical services create financial barriers to health care access, particularly for those without stable employment.
- o There is a lack of availability and access to gender-affirming care and mental health services, leaving many without the specialized care they need.
- o Both public and private health care services are generally inaccessible due to systemic barriers and discrimination.

##### **Discrimination in health care:**

- o Social stigma and discrimination from health care providers are prevalent, leading to reluctance among transgender and gender-diverse individuals to seek medical services.
- o Many transgender and gender-diverse individuals report experiences of misgendering, verbal abuse and denial of appropriate medical treatment from health care professionals.
- o Inadequate care is often provided due to a lack of sensitivity and training among medical staff on the specific health needs of transgender and gender-diverse individuals.
- o Stigma and fear of discrimination further deter individuals from seeking social assistance, perpetuating cycles of poverty and disadvantage.



### ⋮ Housing instability

#### **Inaccessible affordable housing:**

- o High costs and scarcity of affordable housing options make it difficult for transgender and gender-diverse individuals to secure stable housing.
- o Lack of awareness regarding housing assistance programmes and low-income housing assistance programmes.
- o Many are forced to move frequently due to discrimination from landlords and housing instability, increasing their risk of homelessness.
- o There is a critical lack of safe and inclusive emergency housing options for transgender and gender-diverse individuals.

#### **Discrimination in housing:**

- o High levels of discrimination from landlords, including refusal to rent and harassment, are common experiences for transgender and gender-diverse individuals.
- o There are insufficient legal protections against eviction and harassment based on gender identity, leaving individuals vulnerable and frequently without recourse.
- o The absence of legal frameworks to protect against housing discrimination exacerbates the vulnerability of transgender and gender-diverse individuals.

## Long-term policy reform recommendations

While the roadmap provides actionable steps for immediate and short-term improvements, it is essential to recognize that sustainable progress for transgender and gender-diverse persons is contingent on comprehensive long-term policy and legislative reforms. These reforms are not part of the immediate roadmap but are critical in creating an enabling environment that supports and enhances the implementation of the roadmap's initiatives.

Long-term policy reforms play a pivotal role in addressing the systemic issues that contribute to the marginalization and exclusion of transgender and gender-diverse individuals. These reforms are necessary to dismantle deeply entrenched discrimination, ensure equal rights and protections, and foster a society that values and respects diversity. By enacting robust legal frameworks and inclusive policies, we can create a foundation for

lasting change that benefits not only transgender and gender-diverse persons but also the broader community.

- o **Comprehensive anti-discrimination laws:** Enact comprehensive anti-discrimination laws that explicitly include protections based on sexual orientation and gender identity. These laws should cover various sectors such as employment, health care, education and housing, ensuring that LGBTQI+ individuals are protected from discrimination in all aspects of life.
- o **Repeal of colonial-era laws:** Colonial-era laws that criminalize same-sex relationships must be repealed. These laws perpetuate legal discrimination and societal stigma against LGBTQI+ individuals. Repealing these outdated laws is a critical step towards aligning national legal frameworks with international human rights standards and promoting equality.



- o **Implementation of gender recognition legislation:** Governments should introduce legislation that allows transgender individuals to change their name and gender marker on official documents without invasive requirements. This includes simplifying the process for legal gender recognition and ensuring that it respects the privacy and dignity of transgender persons. Such reforms will help transgender individuals access services and opportunities that align with their gender identity.
- o **Public education and awareness campaigns:** Create ongoing nationwide public education and awareness campaigns to combat stigma and discrimination against LGBTQI+ individuals. These campaigns should aim to educate the public on LGBTQI+ issues, promote acceptance and understanding, and challenge harmful stereotypes. Engaging community leaders, educators and media in these efforts will help create a more inclusive and supportive societal environment.
- o **Inclusive health care policies:** Develop and enforce health care policies that ensure equal access to medical services for transgender and gender-diverse persons, including coverage for gender-affirming treatments and procedures. Introduce mandatory sensitivity and competency training for all health care providers on LGBTQI+ health issues.
- o **Reform social protection and welfare systems:** Reform social protection systems to address inherent inefficiencies and bureaucratic hurdles to improve access for all potential beneficiaries to ensure they are inclusive and accessible to transgender and gender-diverse persons, with clear guidelines on eligibility and application processes.
- o **Integrated social protection system:** To enhance the efficiency and accessibility of social protection services, develop and implement an integrated social protection system. This system should streamline access to various social services, such as housing, food, health care and financial assistance, by allowing individuals to apply for multiple forms of support through a single, unified application process. Currently, the fragmentation of social programmes forces individuals to navigate separate processes for different types of assistance, creating significant bureaucratic burdens. An integrated system would reduce these administrative barriers, improve service delivery efficiency and ensure that vulnerable populations, including transgender and gender-diverse individuals, receive comprehensive support in a timely manner.



# Roadmap discrimination and stigma

## 1. Advocacy for legal and policy reform

Survey results and focus group feedback highlights the pervasive discrimination and lack of legal protections for transgender women and gender-diverse persons in Barbados, Guyana and Jamaica. In Jamaica, for example, 33 percent of survey respondents rarely felt comfortable disclosing their gender identity when seeking social assistance, due to fear of discrimination. Similarly, focus groups in all three countries emphasized the urgent need for comprehensive

legal protections to ensure equality and safeguard the rights of LGBTQI+ individuals. Advocacy for legal and policy reform is essential to create a legal framework that explicitly protects transgender and gender-diverse persons from discrimination, violence and social exclusion. Such reforms can also enhance access to essential services, including health care, housing and social assistance, by establishing clear, enforceable rights.

Key stakeholders	Action items and roles and responsibilities
<b>Government</b>	<ul style="list-style-type: none"> <li>o Develop and enact comprehensive legal and policy frameworks that explicitly protect the rights of transgender and gender-diverse persons from discrimination, violence and social exclusion.</li> <li>o Collaborate with CSOs, international partners and the private sector to ensure the effective implementation and enforcement of these legal protections.</li> <li>o Facilitate public education campaigns and training for government officials, law enforcement and health care providers to ensure an inclusive understanding and respect for transgender and gender-diverse persons' rights.</li> </ul>
<b>LGBTQI+ CSOs</b>	<ul style="list-style-type: none"> <li>o Conduct advocacy campaigns to raise awareness about the need for legal and policy reforms on the rights of transgender persons.</li> <li>o Collaborate with legal experts to draft proposed amendments and new legislation.</li> <li>o Continue to engage in strategic litigation to challenge discriminatory laws and practices.</li> <li>o Engage with the United Nations Independent Expert on sexual orientation and gender identity and the United Nations Independent Expert on the right to health, to raise awareness and address issues associated with transgender and gender-diverse persons.</li> </ul>



<b>Private sector</b>	<ul style="list-style-type: none"> <li>o Support advocacy efforts through funding and corporate social responsibility programmes.</li> <li>o Implement non-discrimination policies within their organizations and promote inclusive practices.</li> </ul>
<b>International donor partners</b>	<ul style="list-style-type: none"> <li>o Provide funding and technical assistance for advocacy and legal reform initiatives.</li> <li>o Support capacity-building programmes for CSOs in human rights advocacy.</li> <li>o Advocate for legal and policy reforms at the international level and leverage diplomatic channels to influence national policies.</li> </ul>

## 2. Public education on LGBTQI+ rights and non-discrimination

Research indicates that stigma and discrimination against transgender and gender-diverse persons result in a pattern of harassment or degrading treatment, underscoring widespread ignorance and prejudice. Focus group discussions also emphasized the importance of public awareness to combat stigma and discrimination. Public education campaigns can be used to inform the general public about LGBTQI+ rights, and to promote equality and non-discrimination. These

campaigns can also empower LGBTQI+ persons by informing them of their rights and available resources. Collaborations among LGBTQI+ rights groups, private sector organizations and public sector entities are essential to developing culturally appropriate public education initiatives. When possible, international partners should facilitate collaboration with relevant government agencies focused on vulnerable populations.

<b>Key stakeholders</b>	<b>Action items and roles and responsibilities</b>
<b>Government</b>	<ul style="list-style-type: none"> <li>o Collaborate with LGBTQI+ rights groups on public education campaigns on equality and non-discrimination.</li> </ul>
<b>LGBTQI+ CSOs</b>	<ul style="list-style-type: none"> <li>o Develop and implement public education campaigns, including media outreach, workshops and community events.</li> <li>o Create educational materials (brochures, videos and online resources) to raise awareness about equality and non-discrimination and LGBTQI+ rights.</li> <li>o Lobby government and private sector support for public education initiatives.</li> </ul>



<b>Private sector</b>	<ul style="list-style-type: none"> <li>o Partner with civil society on public education campaigns to provide resources and platforms for dissemination.</li> <li>o Promote non-discrimination policies and inclusive practices within private sector organizations.</li> </ul>
<b>International donor partners</b>	<ul style="list-style-type: none"> <li>o Encourage and facilitate government cooperation in public education campaigns.</li> <li>o Provide funding and technical support for public education campaigns.</li> <li>o Share best practices and resources from other countries and regions.</li> <li>o Advocate for the inclusion of LGBTQI+ rights education in international development agendas.</li> </ul>

### Access to health care

Survey results and focus group discussions reveal significant barriers to health care access for transgender women and gender-diverse persons in Barbados, Guyana and Jamaica. In Barbados 36 percent of respondents expressed that health care was somewhat inaccessible the same percentage of respondents stated that health care specifically for gender diverse persons was very inaccessible. Additionally, 45 percent of respondents did not believe they had experienced challenges accessing health care because of their gender identity, but 27 percent were unsure whether they had faced such challenges. Focus group feedback further highlighted the discomfort and discrimination faced by transgender individuals when seeking health care services, with many expressing concerns about the lack of sensitivity and understanding among health care providers.

In Jamaica, 52 percent of respondents delayed seeking health care due to concerns about discrimination or mistreatment, underscoring the pervasive fear and mistrust within the health care

system. Focus group discussions also highlighted the urgency of addressing mental health challenges for transgender and gender-diverse individuals. Participants thoroughly discussed high levels of stress, anxiety, depression, and even suicidal ideation. There is a critical need for strengthened mental health services, comprehensive training for mental health providers and peer support networks.

The work of Equals Barbados, in collaboration with the Ministry of Health and Wellness, is a positive step towards addressing these issues, as it is instructive on making access to health care more inclusive. Equals Barbados' efforts in sensitizing medical practitioners to better understand and interact with the LGBTQI+ community have focused on improving access to HIV care, and other health care services. Additionally, Equals Barbados has been working to increase awareness among mental health care professionals on LGBTQI+ issues and implicit biases related to gender and sexual orientation.



### 3. Implement comprehensive sensitivity training for health care providers

Survey data from Barbados, Guyana and Jamaica indicate that a significant proportion of transgender and gender-diverse individuals face discrimination and insensitivity from health care providers. In Barbados, 36 percent of respondents reported feeling very uncomfortable discussing their gender identity with health care providers, and 25 percent reported experiencing discrimination from public health care providers. In Guyana, 36

percent of respondents felt that public health care was very inaccessible, with many attributing this to the lack of understanding and respect from medical staff. Focus group discussions echoed these concerns, with participants reporting multiple negative experiences in health care settings due to providers' lack of sensitivity to gender identity issues.

Key stakeholders	Action items and roles and responsibilities
<b>Government</b>	<ul style="list-style-type: none"> <li>o Modify medical data systems to acknowledge gender identity, collecting data on gender identity, sexual orientation and barriers to access care.</li> </ul>
<b>LGBTQI+ CSOs</b>	<ul style="list-style-type: none"> <li>o Advocate for improved official data-collection practices, conduct community-based research and provide expertise on transgender health issues.</li> </ul>
<b>Private sector</b>	<ul style="list-style-type: none"> <li>o Support research initiatives through funding and collaboration, and share relevant data in a respectful and confidential manner.</li> </ul>
<b>International donor partners</b>	<ul style="list-style-type: none"> <li>o Provide funding and technical support for data collection and research initiatives on transgender health issues.</li> <li>o Support government efforts to update medical data systems.</li> </ul>

### 4. Strengthen engagement with professional medical associations

The survey data revealed that transgender and gender-diverse individuals face significant discrimination and insensitivity from health care providers. Engagement with professional medical associations to implement sensitivity training can

not only improve health care providers' mindsets and knowledge regarding gender identity and transgender-specific health care, but it can also serve as an entry point to cultivating LGBTQI+ allies and resources within the medical community.





Key stakeholders	Action items and roles and responsibilities
<b>Government</b>	<ul style="list-style-type: none"> <li>o Collaborate with medical associations to ensure training is standardized.</li> </ul>
<b>LGBTQI+ CSOs</b>	<ul style="list-style-type: none"> <li>o Develop training materials and programmes in collaboration with medical associations.</li> <li>o Advocate for the inclusion of LGBTQI+ sensitivity training in medical education curricula.</li> </ul>
<b>International donor partners</b>	<ul style="list-style-type: none"> <li>o Share best practices and resources from other countries and regions.</li> <li>o Support capacity-building programmes for medical associations and health care providers.</li> </ul>

## 5. Improve data collection and research on transgender health

Accurate data and research are essential for understanding and addressing the health needs of transgender and gender-diverse persons. The survey data revealed gaps in understanding of the specific health needs and outcomes of these populations. Governments and health care organizations should implement systems for collecting data on gender identity in a respectful and confidential manner. Research

funding should be directed towards studies on the health outcomes of transgender individuals, the effectiveness of gender-affirming treatments and the barriers to accessing care. Improved data collection and research can inform policy decisions, health care practices and allocation of resources, leading to better health outcomes for transgender communities.

Key stakeholders	Action items and roles and responsibilities
<b>Government</b>	<ul style="list-style-type: none"> <li>o Modify medical data systems to acknowledge gender identity, collecting data on gender identity, sexual orientation and barriers to access care.</li> </ul>
<b>LGBTQI+ CSOs</b>	<ul style="list-style-type: none"> <li>o Advocate for improved official data-collection practices, conduct community-based research and provide expertise on transgender health issues.</li> </ul>
<b>Private sector</b>	<ul style="list-style-type: none"> <li>o Support research initiatives through funding and collaboration, and share relevant data in a respectful and confidential manner.</li> </ul>
<b>International donor partners</b>	<ul style="list-style-type: none"> <li>o Provide funding and technical support for data collection and research initiatives on transgender health issues.</li> <li>o Support government efforts to update medical data systems.</li> </ul>



## 6. Conduct research on psychosocial needs and outcomes for transgender women and gender-diverse persons

Research on the mental health needs and outcomes of transgender and gender-diverse persons is crucial for shaping effective policy and practice. Focus group discussions underscored the significant mental health challenges faced by these populations. To address this, governments, academic institutions and CSOs should collaborate on studies examining the prevalence of mental

health issues, the effectiveness of interventions and barriers to accessing mental health services. This collaborative research can guide the creation of targeted mental health programmes and policies, ultimately improving mental health support for transgender and gender-diverse individuals.

Key stakeholders	Action items and roles and responsibilities
<b>Government</b>	<ul style="list-style-type: none"> <li>o Provide access to national health data.</li> <li>o Support research initiatives.</li> <li>o Integrate research findings into policy development.</li> </ul>
<b>LGBTQI+ CSOs</b>	<ul style="list-style-type: none"> <li>o Collaborate with academic institutions to provide input on research design and ensure that studies are community-centred.</li> <li>o Collect qualitative data and personal narratives to complement quantitative research.</li> <li>o Advocate for the implementation of research findings in mental health policies and programmes.</li> </ul>
<b>Academic institutions</b>	<ul style="list-style-type: none"> <li>o Collaborate with civil society to design and conduct comprehensive studies on the prevalence of mental health issues among transgender and gender-diverse populations.</li> <li>o Evaluate the effectiveness of existing mental health interventions and identify best practices.</li> <li>o Publish research findings in academic journals and share them with relevant stakeholders.</li> </ul>
<b>International donor partners</b>	<ul style="list-style-type: none"> <li>o Offer financial support and technical assistance for research initiatives and initiatives to produce official data on the specific needs of LGBTQI+ persons.</li> <li>o Facilitate knowledge exchange among countries and regions on effective mental health interventions.</li> <li>o Advocate for global recognition of the mental health needs of transgender and gender-diverse persons.</li> </ul>



## 7. Strengthen mental health support networks

The focus group discussions highlighted the value that transgender and gender-diverse persons place on peer support, although it is often inconsistent and informal. In Jamaica, a list of LGBTQI+ friendly mental health service providers, who have undergone sensitivity training, was created to facilitate access to supportive services.

This list can be supplemented with formalized peer support networks and mental health hotlines in collaboration with these trained, LGBTQI+ friendly providers. These networks and hotlines should offer accessible and confidential support through peer counselling, crisis intervention and referrals to professional mental health services.

Key stakeholders	Action items and roles and responsibilities
<b>LGBTQI+ CSOs</b>	<ul style="list-style-type: none"> <li>o Develop and manage peer support networks and mental health hotlines.</li> <li>o Conduct outreach to raise awareness.</li> </ul>
<b>Private sector</b>	<ul style="list-style-type: none"> <li>o Sponsor the establishment and operation of hotlines and peer support networks, and provide technological and infrastructural support.</li> </ul>
<b>International donor partners</b>	<ul style="list-style-type: none"> <li>o Provide financial and technical assistance for the development and sustainability of peer support networks and mental health hotlines.</li> <li>o Assist in capacity-building initiatives for CSOs and mental health professionals.</li> <li>o Promote best practices and provide resources for continuous improvement of support services.</li> </ul>
<b>Peer support volunteers</b>	<ul style="list-style-type: none"> <li>o Undergo training to provide peer counselling, crisis intervention and referrals.</li> </ul>

## Housing

The housing situation for transgender women and gender-diverse persons in Barbados, Guyana and Jamaica presents significant obstacles. In Barbados, 54 percent of respondents reported that affordable housing was very inaccessible, and 39 percent of respondents in Guyana indicated significant difficulties accessing housing due to their gender identity. Focus group feedback revealed a perception from participants that social housing benefits were almost impossible

to access because of discrimination from landlords and property managers, with 39 percent of respondents in Guyana reporting significant discrimination. Strengthening temporary housing solutions and support services, creating an inclusive housing registry, launching awareness campaigns on housing rights and facilitating peer support networks will result in a more inclusive and supportive housing environment for transgender and gender-diverse persons.



## 8. Strengthen temporary housing solutions and support services

In Barbados, 72 percent of survey respondents had never tried to access social housing services, largely due to a lack of awareness and understanding of eligibility criteria. Focus group discussions further revealed that many transgender and gender-diverse individuals face a crisis of homelessness and housing instability,

exacerbated by discrimination from landlords and inadequate legal protections. Temporary housing solutions, such as rental assistance and short-term housing programmes, can provide immediate relief for transgender women and gender-diverse persons facing housing instability.

Key stakeholders	Action items and roles and responsibilities
<b>Government</b>	<ul style="list-style-type: none"> <li>o Ensure clear communication of eligibility criteria for social housing programmes to increase awareness and uptake.</li> <li>o Work with civil society to develop informational materials on housing assistance.</li> </ul>
<b>LGBTQI+ CSOs</b>	<ul style="list-style-type: none"> <li>o Collaborate with governments to build capacity in and understanding of national housing assistance programmes.</li> <li>o Provide case management services to support individuals in navigating housing programmes and accessing necessary support services.</li> <li>o Conduct outreach to raise awareness among transgender and gender-diverse individuals about available housing services and eligibility criteria.</li> <li>o Advocate for inclusive housing policies and legal protections against discrimination.</li> </ul>
<b>Private sector</b>	<ul style="list-style-type: none"> <li>o Support housing initiatives through funding and corporate social responsibility programmes such as providing temporary housing vouchers.</li> </ul>
<b>International donor partners</b>	<ul style="list-style-type: none"> <li>o Fund temporary housing programmes and provide technical assistance for the implementation of support services.</li> </ul>
<b>LGBTQI+ persons:</b>	<ul style="list-style-type: none"> <li>o Utilize temporary housing programmes, participate in support services and provide feedback to improve these services.</li> </ul>



## 9. Create an inclusive housing registry

Survey data and focus group discussions from Barbados, Guyana and Jamaica made it clear that housing instability due to discrimination from landlords and property managers frequently affects transgender women and gender-diverse individuals, sometimes resulting in homelessness.

An inclusive housing registry, listing LGBTQI+ friendly landlords, property managers, real estate agents and hotels committed to providing inclusive housing edition, can serve as a valuable resource for those seeking safe and supportive living environments or emergency housing.

Key stakeholders	Action items and roles and responsibilities
LGBTQI+ CSOs	<ul style="list-style-type: none"> <li>o Identify inclusive housing providers, verify their commitment to inclusive practices and contribute to the maintenance of the registry.</li> </ul>
International donor partners	<ul style="list-style-type: none"> <li>o Support the development and promotion of the housing registry.</li> <li>o Promote inclusive housing policies at national and international forums.</li> </ul>

### Social assistance

Transgender women and gender-diverse persons face significant challenges accessing social assistance programmes, not only due to discrimination and mistreatment, but also due to a lack of awareness and an unwillingness to engage with social protection systems. In Guyana, 43 percent of survey respondents found it difficult to access social assistance, and 13 percent found it nearly impossible. In Barbados, 90 percent of survey respondents indicated they were not receiving government assistance, despite all

of them experiencing financial hardship. Focus groups highlighted that many individuals did not attempt to access social services because they assumed they would not meet the eligibility requirements. These findings indicate a need to build capacity in navigating bureaucratic systems and completing application processes, to increase outreach and awareness regarding social assistance programmes, and to establish help desks/advocates who can help transgender and gender-diverse persons access the support they need.

## 10. Increase awareness and outreach of available social assistance programmes

Many transgender women and gender-diverse persons are unaware of the social assistance programs available to them. For example, in Guyana, 82 percent of respondents indicated that they were not receiving any social assistance, and in Barbados, 90 percent were not receiving any form of government assistance. Increased

awareness through targeted outreach and education can help bridge this gap. Outreach efforts should include information sessions, distribution of informational materials, and engagement through community events and social media.



Key stakeholders	Action items and roles and responsibilities
<b>Government</b>	<ul style="list-style-type: none"> <li>o Launch awareness campaigns on social assistance programmes.</li> <li>o Collaborate with local organizations to disseminate social assistance information.</li> </ul>
<b>LGBTQI+ CSOs</b>	<ul style="list-style-type: none"> <li>o Organize and conduct information sessions to educate transgender women and gender-diverse persons on available social assistance programmes.</li> <li>o Provide guidance and support to individuals in navigating the application processes for social assistance programmes (help desk/advocate).</li> <li>o Create and distribute informational materials, including brochures and flyers, that outline eligibility criteria and application processes for social assistance programmes.</li> <li>o Encourage community engagement through events, workshops and social media campaigns, to increase awareness and understanding of social assistance options.</li> </ul>
<b>International donor partners</b>	<ul style="list-style-type: none"> <li>o Provide funding for awareness and outreach initiatives and support capacity-building for local organizations.</li> </ul>



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