

# Charting New Horizons

AN ADVOCACY FRAMEWORK FOR ACTION ON  
TRANSGENDER PEOPLE AND HIJRA RIGHTS IN INDIA

## Developed by

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# FOREWORD

Under the NACP IV, the National AIDS Control Organisation (NACO) recognizes that TG/H people have unique needs and concerns, and so it would be prudent to view them as a separate group. VHS recognizes that existing and upcoming TG/Hijra interventions across the country need much support especially in the area of advocacy for the TG/Hijra community.



While the laws, policies, social norms, and community attitudes and perceptions shape the milieu in which we respond to HIV, it is important to understand that there is a lot more to be done in creating a conducive environment for the TG/hijra population. This has been deliberated with the community members and it was felt that the upcoming TG/H interventions need to be equipped with a TG/hijra advocacy module of their own.

Additionally, it is observed that the society and family members physically and emotionally cause violence and often harass and stigmatize TG/H people. Also, the media, if it needs to be sensitive and provide rightful representations on issues related to transgender people and hijras, effective advocacy strategy and its implementation is the key to the success of interventions.

Thus, NACO, through VHS-MSA DIVA Project, had planned to bring out an advocacy strategy for transgender people and hijras that can be implemented across the country. This module “Charting new horizons: An advocacy framework for action on TG/H people rights in India” is prepared after consultative meetings with the community members, their leaders, and specialists working in the field of advocacy.

Through this, we hope to effectively address the needs of the TG/hijra population through the upcoming target interventions across the country and to enable their voices to be heard.

With best wishes,

A handwritten signature in black ink, appearing to read 'Joseph D Williams'.

Dr. Joseph D Williams  
Director  
Projects

# FOREWORD

I am happy to pen the foreword for this report “Charting new horizons: An advocacy framework for action on transgender persons and Hijra rights in India”. The development of the India specific national advocacy framework was the result of a consultative process between VHS, NACO and various community-based organisations and trans-led institutions in India.



As part of the consultative process that led to the formation of this document, a national collective was born. This collective “National Transgender, Hijra, Thirunanagai, Kinnar Association” brings together the various trans identities in India together on a common national platform.

This framework is developed to assist transgender organisations and other development partners in India to work together to develop advocacy priorities for removing the legal and policy barriers that prevent enjoyment of the right to the highest attainable standard of physical and mental health, access to employment and social protection of trans – hijra communities in India. It is focused as much on Governments and National AIDS Programs and equal responsibility on community organisations to improve lives of Trans and hijra people.

It provides the background commitments, guidelines and evidence that can support advocacy efforts and a process that groups and individuals can follow to identify what needs to change, who they can work in partnership with and what strategies they can use. We hope that this collective body will continue to advocate on strategic priorities over the next 3 years at the federal and state level on gender identity and expression related rights.

As India moves ahead and comes up with the approved version of Transgender Protection Act, we hope to advocate on the many myriad issues facing the community to ensure that no one is left behind.

We would like to thank VHS MSA-DIVA project and its team for facilitating the process and providing us with the roadmap for next 3 years. Special mention to NACO for always encouraging the innovations and for its role in supporting the trans and hijra community in India. Sincere gratitude towards all the trans and hijra leaders who were part of the consultation and helped in designing and finalising the document. All your inputs and suggestions are incorporated, and now it is bigger responsibilities on our shoulders to execute the proposed roadmap and achieve our dreams.

Shree Laxmi Narayan Tripathi  
Acharya Mahamandleshwar Kinnar Akhada  
Convenor National Transgender Hijra Kinnar Thirunangai Association

# PREFACE

Transgender people/hijras are still very much a hidden population and largely out of reach, and some of their significant needs, such as the health, legal and social protection services continue to be unmet. It is difficult to prevent and treat HIV in isolation when taken out of its context – from the social, behavioural and medical conditions.

For transgender individuals, transphobia remains a serious health risk as it hinders the access to healthcare, especially, in the case of HIV. Many transgender women experience sexual violence (including rape) and are denied healthcare, housing, and work on the basis of their identities. Coupled with psychosocial health problems such as depression, substance use or abuse, bullying and internalized stigma and suicidal ideation, these interactions create “syndemics” in which the stigma and the marginalization resulted in snowballing effect and an increased HIV risk.



VHS-MSA DIVA Project under the guidance of NACO, hosted a national level community consultation on the advocacy needs of TG/H people and strategies for addressing the same. As part of the consultation, a collective called “National TG, H, Thirunangai, Kinnar Association” was formed to bring together the various trans identities in India on a common national platform. NACO and VHS-MSA DIVA Project facilitated the national collective to bring out an advocacy roadmap for the next three years and this document details out the various advocacy strategies to be taken forward for TG/H people across the country.

Our sincere thanks to NACO for their guidance and support, community members, their leaders, specialists working in the field of advocacy for their valuable inputs, VHS-MSA DIVA project team for their initiatives and efforts in the consultation meetings & in developing the roadmap. VHS acknowledges the significant contributions of Ms.Zainab J.Patel in developing this document with inputs from VHS-MSA DIVA team. We also extend our heartfelt thanks to Mr.Rajasekhar Raman and Dr.Sarah Zaidi for reviewing the module.

We hope the “National TG, H, Thirunangai, Kinnar Association” will initiate steps towards implementing the advocacy roadmap developed for the country in coordination with other key stakeholders.

I owe my sincere thanks to the Director – Projects, VHS Management and the PR agency – Save the Children International, Nepal for encouraging us to have this advocacy framework as part of the MSA initiative and for their continuous support and motivation.

With best wishes,

A handwritten signature in black ink, appearing to read 'A. Vijayaraman'.

Dr.A.Vijayaraman  
Deputy Director  
VHS-MSA DIVA Project

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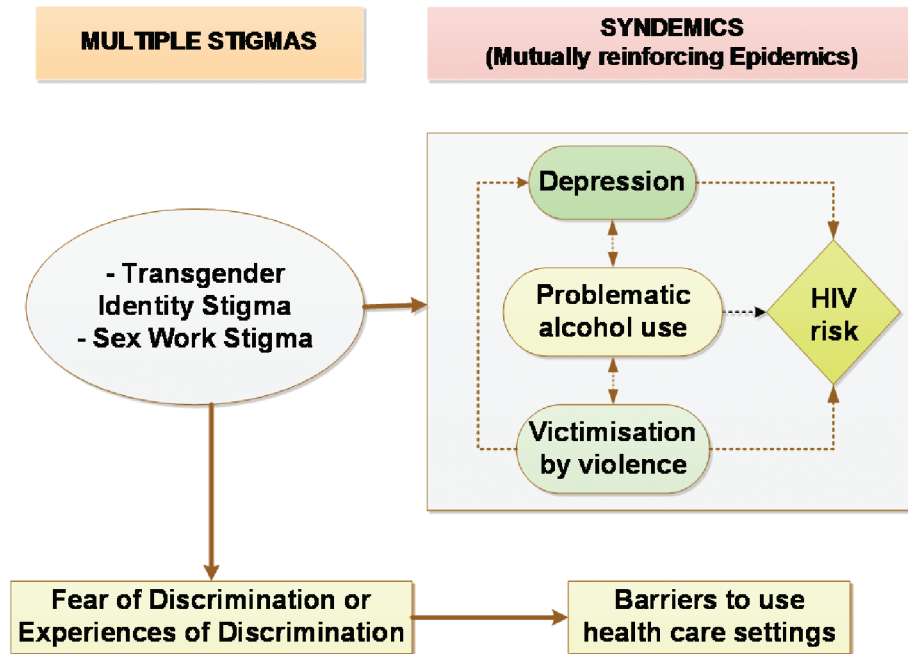
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# Acronyms

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>CBO</b>	Community Based Organisation
<b>CM</b>	Chief Minister
<b>CSR</b>	Corporate Social Responsibility
<b>DAPCU</b>	District AIDS Prevention and Control Unit
<b>DHS</b>	District Health Services
<b>DIVA</b>	Diversity in Action
<b>FICCI</b>	Federation of Indian Chambers of Commerce and Industry
<b>Govt.</b>	Government
<b>H/TG</b>	Hijra / Transgender
<b>HIV</b>	Human Immuno Deficiency Virus
<b>HSS</b>	HIV Sentinel Surveillance
<b>IBBS</b>	Integrated Biological and Behavioural Surveillance
<b>ILO</b>	International Labour Organisation
<b>MFI</b>	Micro-Finance Institution
<b>MSA</b>	Multi-Country South Asia
<b>MOSJE</b>	Ministry of Social Justice and Empowerment
<b>MSM</b>	Men who have sex with men
<b>NACO</b>	National AIDS Control Organisation
<b>NACP</b>	National AIDS Control Programme
<b>NGO</b>	Non-Government Organisation
<b>NHRC</b>	National Human Rights Commission
<b>NHRI</b>	National Human Rights Institution
<b>NLSA</b>	National Legal Services Authority
<b>PIL</b>	Public Interest Litigation
<b>PPP</b>	Public-Private Partnership
<b>SACS</b>	State AIDS Control Society
<b>SC/ST</b>	Scheduled Caste / Scheduled Tribes
<b>STI</b>	Sexually Transmitted Infection
<b>TB</b>	Tuberculosis
<b>TI</b>	Targeted Intervention
<b>UN</b>	United Nations
<b>VHS</b>	Voluntary Health Services
<b>WCD</b>	Women and Child Development
<b>WHO</b>	World Health Organisation
<b>WPATH</b>	World Professional Association for Transgender Health
<b>VHS</b>	Voluntary Health Services

## Executive summary:

### STIGMA – A KEY DRIVER OF HEALTH INEQUALITIES & A KEY BARRIER TO HEALTHCARE ACCESS



**Ref:** Chakrapani V et al., 2015. Syndemics of depression, alcohol use, and victimisation, and their association with HIV-related sexual risk among men who have sex with men (MSM) and transgender women in India. *Global Public Health*: doi:10.1080/17441692.2015.1091024

Based on the consensus generated to have a national trans-hijra collective, the following could be prioritized for key actions during 2018- 2021.

## Key domains for advocacy

Stigma and discrimination are complex concepts and operate at many levels. Breaking down these barriers requires an effort across multiple fronts. To assist in determining priorities and strategies, this framework identifies five key domains for action:

**1. LEGAL AND POLICY ENVIRONMENT:** Sensitization of legislators, parliamentarians, judiciary and law enforcement agencies to work towards replacing the current punitive laws, policies and practices with more rights-based approaches.

**2. HEALTH SERVICES:** Enhancing the capacity of the healthcare system to respond more ably to the health concerns of transgender people and hijras; the need for expanding coverage to deliver HIV prevention, treatment, care and allied health services.

**3. POLICE AND ACCESS TO JUSTICE SERVICES:** Turning good national policies into good local practice – co-operation of local police in HIV outreach efforts, reductions in harassment, unnecessary arrests, violence, blackmails and corruption, improved responses to reports of crimes against transgender people and hijras; ensuring fair treatment in the justice system and also making the legal support services available.

**4. COMMUNITY STRUCTURES:** Addressing the stigma and discrimination by engaging with community-based organizations, faith-based groups and other stakeholders to inform people about diverse sexual orientations and gender identities; so that, HIV assistance and other social services could be accessed with dignity and equity.

**5. MEDIA:** Engaging with public media to ensure a more balanced and respectful portrayal of issues concerning HIV, transgender people and hijras resulting in a reduction of stigma and discrimination.

High-level advocacy and enabling environment considerations from the advocacy framework –

## Priorities for the Govt. -

- ☞ Repeal laws that criminalize behaviours associated with the transgender identity and amend anti-discrimination laws to explicitly include gender identity, non-conforming gender status, and sexual orientation.
- ☞ Ensure that transgender people have access to health care supplies and services (including preventive services and universal health coverage) in non-discriminatory environments; as well as an unproblematic access to trained healthcare personnel to respond to their unique medical and health needs.
- ☞ Recognize and respect existing civil and religious laws and practices that support individual privacy.
- ☞ Change laws and administrative policies to enable transgender people to obtain identification documents that reflect their lived gender, whether or not they have undergone any gender-related medical procedures.

## Priorities for civil society and community Organisations -

- ☞ Ensure greater participation of trans people and hijras/kinnars in decisions that affect their lives.
- ☞ Increase public awareness about trans people and their human rights issues, including sensitive portrayals in all forms of media.
- ☞ Undertake research, in collaboration with trans people, to address significant data gaps with respect to health services for trans people.
- ☞ Address discrimination and improve the responsiveness of health services to trans people.
- ☞ Address significant information gaps about trans people's healthcare.
- ☞ Ensure trans people's equal access to general health services and social protection services.
- ☞ Improve trans people's access to medically necessary health services that are gender-affirming in nature and improve its quality as well.
- ☞ Take comprehensive measures to tackle violence against trans people.
- ☞ Ensure that trans people are legally recognised and protected under their self-defined gender identities.

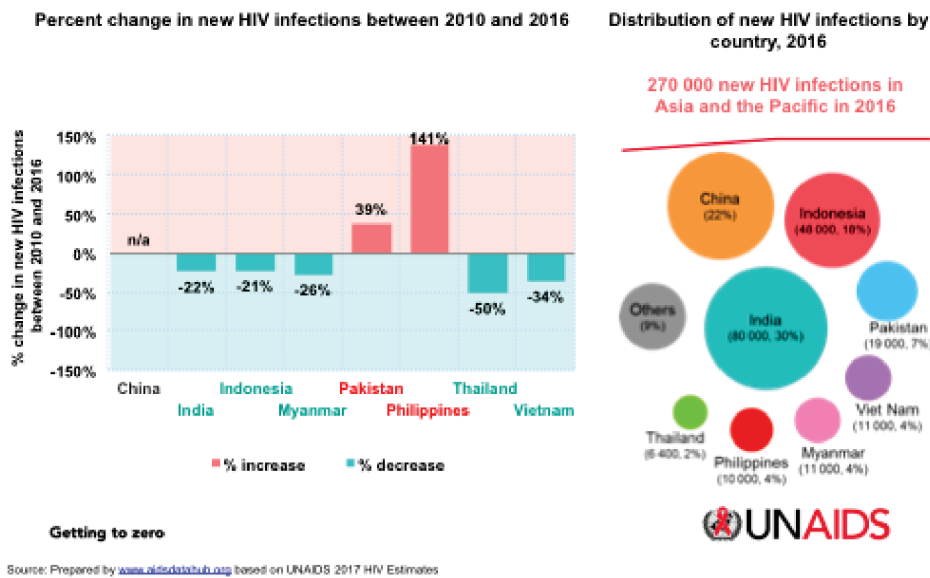


## Introduction:

The regional data on HIV in the Asia-Pacific region shows that an estimated 5.1 million people are living with HIV with an average of 270,000 new infections and 170,000 deaths every year respectively. But for the countries in the region to end AIDS by 2030 and meet the 90-90-90 Fast-Track targets would mean fewer than 90,000 new HIV infections, more than 4.2 million persons under treatment and zero discrimination by 2020. Eight countries account for the majority of new infections, but there is a significant variation among them (Figure 1).

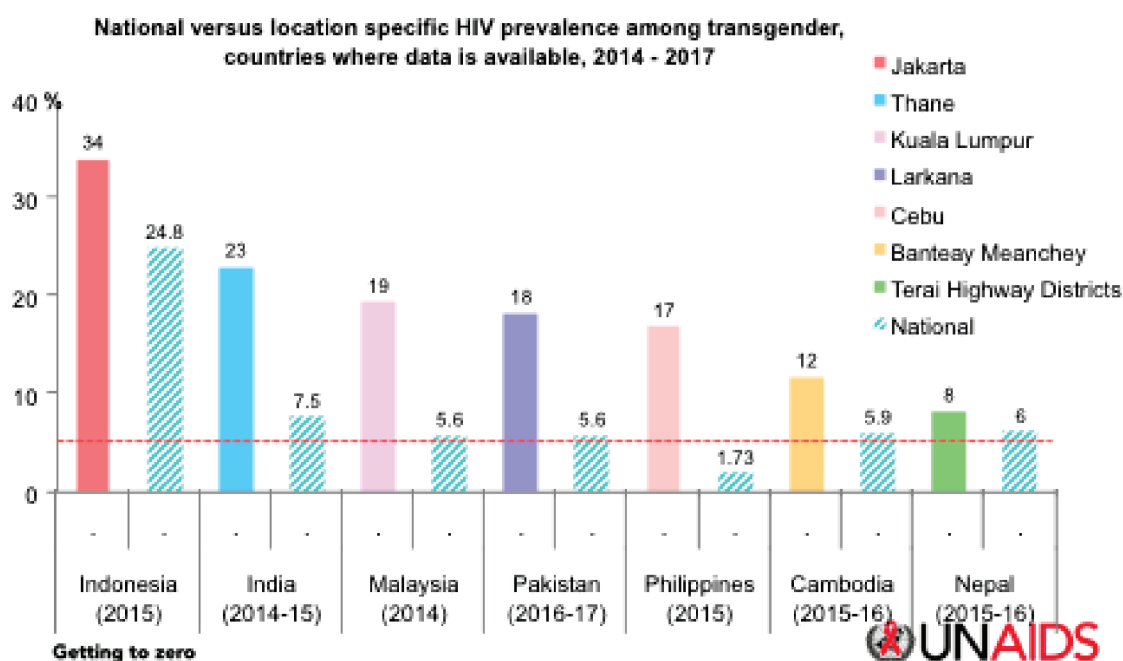
FIGURE 1.

### A significant variation in new HIV infections trends in Asia and the Pacific countries



There is an absence of information, specifically granular and disaggregated, on transgender people. But for some locations, data on transgender women shows a much higher HIV prevalence than that which is observed among the general population (Figure 2). In the HIV cascade, testing is a critical entry point, and the current data shows that the testing coverage among transgender people is 41 per cent. With this level of testing, it will not be possible to meet the 90-90-90 targets by 2020 and end AIDS by 2030 in the region.

## Available data indicate higher HIV prevalence among transgender people in certain geographical areas in select countries



## HIV risk and vulnerabilities in India:

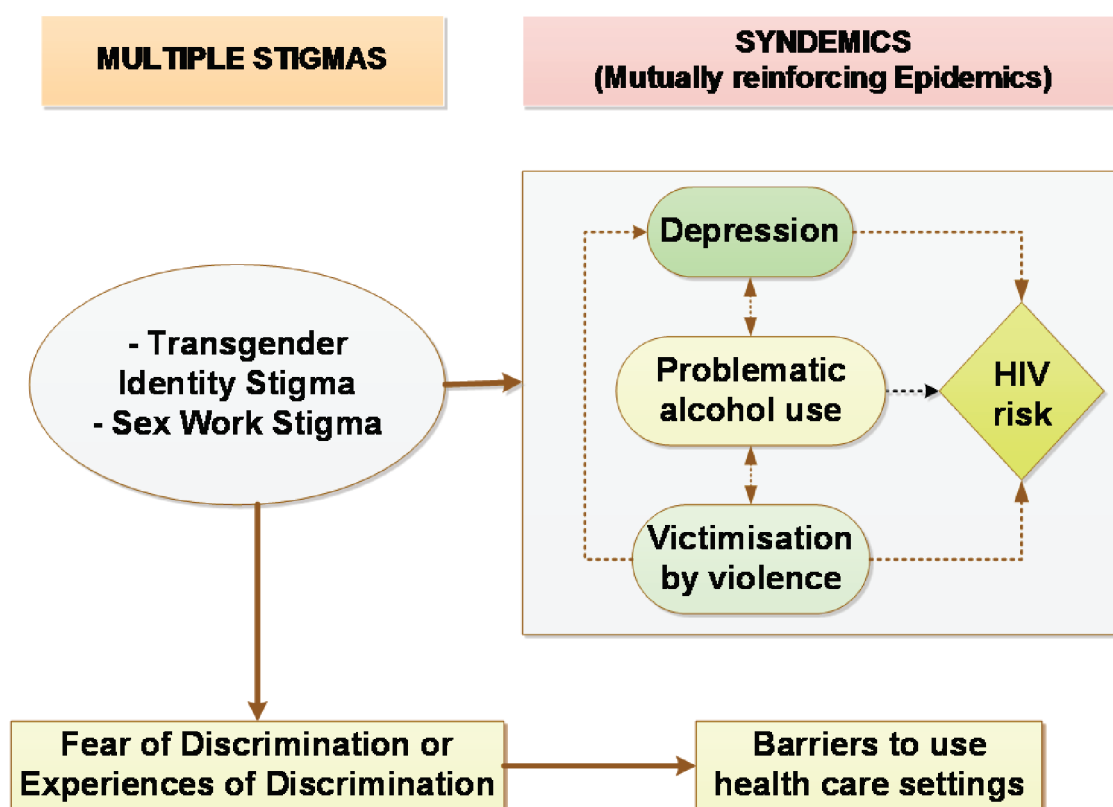
In the ongoing extended NACP IV phase, intensive efforts are being undertaken to control the spread of HIV infection within the TG/H groups. However, the community still remains to be one of the most vulnerable groups to HIV infections, with a prevalence rate of 7.5% (2014-15, Source: NACO) and the latest report standing at 3.1% (HSS 2016-17).

The IBBS Report 2014-2015 shows that 70% of TG/H people are primarily engaged in sex work, and that one in five experience sexual and physical violence, 71% face stigma in healthcare settings and 50% are discriminated and rejected by their family and friends; these, in turn, are shown to be the other risk factors contributing to HIV. Few studies also indicated that HIV is often linked with other health and social problems, such as TB, STIs, the use or addiction to alcohol or drugs, violence and mental health issues. Syndemics often occurs in situations of poverty, stigma and discrimination or among populations with limited or no access to health or other services. The NACO initiated exclusive TIs for the hijra/transgender (H/TG) population and covered more than 28,000 of them.

In India, hijras and transgender people are seen as a separate socio-religious and cultural group. Primary and secondary data suggest that transgender people/hijras do not form a homogeneous group, and that they have various subgroups within them – those who earn their living as sex workers on the streets, those who beg, and those who live in Deras - and hence, are limited only to Badhai-Toli and as such have different health needs and concerns, and hence could only be reached out to with varying approaches.

Transgender people/hijras are still very much a hidden population and largely out of reach, and some of their significant needs, such as the health, legal and social protection services continue to be unmet. According to the secondary data, various research studies report very limited access to water-based lubricants and overall low levels of condom use; this further makes them more vulnerable to becoming infected with HIV and other STIs.

## Stigma – a key driver of health inequalities & a key barrier to healthcare access



Ref: Chakrapani V et al., 2015. Syndemics of depression, alcohol use, and victimisation, and their association with HIV-related sexual risk among men who have sex with men (MSM) and transgender women in India. *Global Public Health*: doi:10.1080/17441692.2015.1091024

Transgender is often used as an umbrella term to signify individuals who defy rigid, binary gender constructions, and who express or present a breaking or blurring of culturally prevalent stereotypical gender roles. For transgender individuals, transphobia remains a serious health risk as it hinders the access to healthcare, especially, in the case of HIV. Many transgender women experience sexual violence (including rape) and are denied healthcare, housing, and work on the basis of their identities. Coupled with psychosocial health problems such as depression, substance use or abuse, bullying and internalized stigma and suicidal ideation, these interactions create “syndemics” in which the stigma and the marginalization resulted in snowballing effect and an increased HIV risk. It is difficult to prevent and treat HIV in isolation when taken out of it’s context – from the social, behavioural and medical conditions.

## | Socio-legal-political developments:

In India, the total population of transgender people is around 4.88 lakh as per 2011 Census. India has a well-established framework of fundamental rights embedded in the Constitution. The four important provisions from the point of transgender rights are a) Article 14 - The State shall not deny to any person equality before the law or the equal protection of the laws within the territory of India, b) Article 15 - The State shall not discriminate against any citizen on the grounds of religion, race, caste, sex, place of birth or any of them, c) Article 19 - All citizens shall have the right to (i) freedom of speech and expression; (ii) assemble peaceably and without arms; (iii) reside and settle in any part of the territory of India; and (iv) practise any profession, or to carry on any occupation, trade or business, etc., and d) Article 21 - No person shall be deprived of his/her life or personal liberty except according to procedure established by the law.

On 15 April 2014, the Supreme Court in a Writ Petition (Civil) No. 400/2012 filed by National Legal Services Authority (NLSA) had delivered its judgment on the issues of transgender people, directing the central and state governments to take various steps for the welfare of the transgender community and also to examine the recommendations of the Expert Committee based on the legal declaration made in the above said judgment and implement them. An Inter-Ministerial Committee has been constituted to pursue implementation of the Expert Committee's recommendation in the light of Supreme Court's judgment. The Social Justice ministry had sent a Bill on transgender rights to the Cabinet after finalising nine amendments, including those in the definition of the term 'transgender', keeping with the recommendations of a parliamentary panel. The Transgender Persons (Protection of Rights) Bill that has undergone inter-ministerial consultation and was vetted by the law ministry has been sent to the Cabinet and would be tabled shortly in Lok Sabha.

VHS through the MSA programme had hosted a community consultation on the advocacy and strategic needs of the transgender persons – hijras in India.

## | Definition of Advocacy

**Advocacy** is an action directed at changing the policies, positions, or programmes of any type of institution. It is speaking up, drawing a community's attention to important issues and directing decision makers towards a solution.

Advocacy is putting a problem on the agenda, providing a solution to that problem and building support for acting on both the problem and solution.

**Advocacy** is a method and a process of influencing decision-makers and public perceptions about an issue of concern and mobilising community action to achieve social change and a favourable policy environment to address the concern.

In fact, there is no single universally agreed definition of the term “advocacy”. There are as many definitions of advocacy as the number of issues, groups, and individuals advocating. However, each definition shares common language and concepts. Advocacy is strategic and is formulated with well-designed activities to be shared with key stakeholders and decision makers. Advocacy is directed at influencing policies, laws, regulations, programmes, or funding decisions made at various levels of public or private sector institutions. Advocacy includes both single issues, and time-limited campaigns as well as ongoing work undertaken around a range of issues. Advocacy activities may be conducted at the national, regional, or local levels.

## | Key domains for advocacy:

Stigma and discrimination are complex concepts and operate at many levels. Breaking down the access barriers requires an effort across multiple fronts. To assist in determining priorities and strategies, this framework identifies five key domains for action:

**1. LEGAL AND POLICY ENVIRONMENT:** Sensitization of legislators, parliamentarians, judiciary and law enforcement agencies to work towards replacing the current punitive laws, policies and practices with more rights-based approaches.

**2. HEALTH SERVICES:** Enhancing the capacity of the healthcare system to respond more ably to the health concerns of transgender people and hijras; to stress on the need for expanding coverage to deliver HIV prevention, treatment, care and allied health services.

**3. POLICE AND ACCESS TO JUSTICE SERVICES:** Turning good national policies into good local practice – cooperation of local police in the HIV outreach initiatives, reductions in harassment, unnecessary arrests, violence, blackmail and corruption, improved responses to the crime reports against transgender people and hijras; ensuring a fair treatment in the justice system by making the legal support services readily available.

**4. COMMUNITY STRUCTURES:** Addressing the stigma and discrimination by engaging with community-based organizations, faith-based groups and other stakeholders to edify people of diverse sexual orientations and gender identities; so that HIV assistance and other social services could be accessed with dignity and equity.

**5. MEDIA:** Engaging with the public media to ensure a more balanced and respectful portrayal of issues concerning the HIV patients, transgender people and hijras resulting therefore, in a reduction of stigma and discrimination.

Based on the consensus generated to have a national trans-hijra collective, the following can be prioritized for key actions during the years 2018- 2021.

## High level advocacy and enabling environment considerations from the advocacy framework :

The 10 identified high-level priority policy considerations are listed below.

1. Ensure a greater participation of trans people and hijras/kinnars in decisions affecting their own lives.
2. Increase public awareness about trans people and their human rights issues, including sensitive portrayals in all forms of media.
3. Undertake research, in collaboration with trans people, to address significant data gaps with respect to the health services for trans people.
4. Address the discrimination and improve the responsiveness of healthcare services to trans people.
5. Address significant information gaps about trans people's health.
6. Ensure trans people's equal access to general health services and social protection services.
7. Improve trans people's access to medically necessary, and gender-affirming health services.
8. Improve the quality of the same.
9. Take comprehensive measures to tackle violence against trans people.
10. Ensure that trans people are legally recognised and protected under their self-defined gender identities.

## A Specific implications for NACP on treatment cascade:

Part of the discussion was designed to address challenges and resources, strategies and technical assistance in the HIV cascade. The discussions of the workshop are summarized below in a table format (Table 1).

### Implications for the next phase of NACP

STEPS IN THE HIV CASCADE	CHALLENGES	RESOURCES, STRATEGIES AND TECHNICAL ASSISTANCE NEEDS
Reach and recruit	<ul style="list-style-type: none"> <li>☞ Self Identity</li> <li>☞ Hormone knowledge, services related to health</li> <li>☞ Service locations that are long distance to access</li> <li>☞ Movement of trans persons to find work</li> <li>☞ Stigma and discrimination</li> <li>☞ Mapping of communities</li> </ul>	<ul style="list-style-type: none"> <li>- Use peer-driven models of recruitment</li> <li>- Mapping of communities for outreach</li> <li>- Using trans-specific clinics supported by transgender persons</li> <li>- Engaging CBOs/NGOs and governments as technical partners</li> </ul>
Test and diagnose	<ul style="list-style-type: none"> <li>☞ Confidentiality of test results</li> <li>☞ Stigma and discrimination by service providers</li> <li>☞ Self stigma</li> <li>☞ Costs of services</li> <li>☞ The absence of pre- and post-counselling services</li> </ul>	<ul style="list-style-type: none"> <li>- Community-based health centres</li> <li>- Peer-based models for rapid screening</li> <li>- Integrated services that are free</li> <li>- Trained service providers</li> </ul>

STEPS IN THE HIV CASCADE	CHALLENGES	RESOURCES, STRATEGIES AND TECHNICAL ASSISTANCE NEEDS
	<ul style="list-style-type: none"> <li>☞ Incentives to get tested</li> <li>☞ Ignorance of service providers in discussing gender issues</li> <li>☞ Persons who can't reach testing facilities (hidden populations)</li> </ul>	<p>sensitive to transgender health issues</p> <ul style="list-style-type: none"> <li>- Mobile hotspots (include HIV and syphilis test)</li> <li>- Building the capacity of outreach workers and healthcare providers through existing guidance</li> </ul>
PrEP (part of combination prevention)	<ul style="list-style-type: none"> <li>☞ Understanding of PrEP among healthcare providers and transgender persons</li> <li>☞ Concerns about costs</li> <li>☞ Concerns on drug interactions, side effects and drug resistance</li> <li>☞ The gap between policymakers, healthcare providers and trans community and partners</li> </ul>	<ul style="list-style-type: none"> <li>- CBO-centred approach and involvement of trans community</li> <li>- One-stop service centres</li> <li>- Consensus on PrEP eligibility</li> <li>- Informing healthcare providers, trans community through social media, trans champions, celebrities</li> <li>- Building and sharing a knowledge base</li> </ul>
HIV treatment, adherence and retention	<ul style="list-style-type: none"> <li>☞ Stigma and discrimination in facilities</li> <li>☞ Lack of knowledge on HIV treatment and its side effects, interaction with hormones, and other illnesses</li> <li>☞ Inconvenient timings at facilities</li> <li>☞ Costs of other tests</li> <li>☞ Confidentiality</li> </ul>	<ul style="list-style-type: none"> <li>- Promoting community for distribution of HIV treatment</li> <li>- Case management through community counsellors or peer navigators</li> <li>- Same day as a diagnosis of HIV treatment initiation</li> <li>- Emphasize beauty in treatment, literacy and dissemination through social media</li> </ul>

**PN: NO TIMELINE HAS BEEN ARTICULATED AS THESE WOULD NEED TO BE FURTHER CONCEPTUALISED IN THE NEXT GEN TI APPROACHES FOR TRANSGENDER PEOPLE IN THE EXITING PHASE AND THE NEXT PHASE OF NACP.**

## Roadmap:



## Policy considerations:

Roadmap	Action by stakeholder	Timeline
<p>Audit current laws and policies to determine how they currently apply to or impact the health rights and social protection of trans people; identify how the laws could be repealed, reformed, and/or improved, in collaboration with trans people.</p> <p>Note: By the implementation of transgender Act, the central government may enact rules on transgender related audit of policies on an annual basis similar to gender audit.</p>	<p>UN agencies, government – central and states, NHRIs, legal professionals, trans and other civil society groups, policymakers and decision makers.</p>	<p>2018-2019</p>



Roadmap	Action by stakeholder	Timeline
Engage trans organisations in national, and subnational health and gender committees and councils; include in governance.	Governments, donors, research institutions, health academics, policymakers and decision makers.	2018-2020
Provide accurate information to trans people about hormone therapy and other gender-affirming health services, and undertake continuing education to remain up-to-date on trans health.	Health policymakers and decision makers, health personnel.	2018 immediate
Under the proposed universal health coverage scheme, include transgender people under the coverage.  Note: Institutionalise a PPP model on GRS service delivery through preferred providers.	Govt. of India, national and state health ministries and department	2018-2019
Adapt/develop national clinical guidelines for gender-affirming health services for local contexts, building on international guidance from WPATH and WHO, and regional guidance, such as this blueprint.		2018 immediate
Collect gender identity data about trans people to monitor and address the effectiveness of policies in meeting their needs, particularly about indicators for social determinants of health.	National statistical offices, academics, government agencies, service providers.	2018 onwards
Promote and support national dialogues on how human rights obligations apply to trans people, including through endorsing efforts targeting transphobia and all forms of verbal and physical abuse, hatred, exclusion, and intolerance.	Governments, NHRIs, bilateral and multilateral organisations, and the media.	2018–2021

Roadmap	Action by stakeholder	Timeline
Develop a trans focal point or trans desk within MOSJE and NHRC India.	The government of India and NHRC India and state chapters.	2018–2019
Sensitise healthcare professionals to their professional obligations and ethical mandates to provide non-judgemental care and on ways to work with trans people based on a human rights approach.	Governments/ministries of health, WPATH, health professional bodies, health providers.	2018–2020
Incorporate trans health as part of multidisciplinary health curricula, including (but not limited to) medicine, nursing, social work, and psychology.	Health academics, health policymakers and decision-makers.	2018–2021
Effectively investigate, prosecute, and punish all forms of violence based on someone's gender identity or gender expression (as well as sexual orientation), and ensuring that victims are provided with appropriate support, remedies, and redress.	MOSJE Home ministry and other access to justice mechanisms NHRC	2018-2021
Support both mainstream and target initiatives in schools, developed in collaboration with trans and gender-nonconforming students, to make schools as safe and supportive learning environments.	Education Ministry NCERT and other organisations working on RTE and increased access to education.	2018–2020
Audit human resource policies to ensure they protect trans people from discrimination based on gender identity or expression, with specific attention to their right to privacy.	Labour ministry, FICCI and other chambers of commerce.	2018–2021

Roadmap	Action by stakeholder	Timeline
<p>Develop resources on trans people's rights at work, including the pre-employment situations, and when transitioning at work, and covering the rights of migrant workers.</p>	<p>ILO, UN agencies Labour ministry CSR groups</p>	<p>2018–2019</p>
<p>Recognise trans people's choices as to whether their legal identity is male, female, other or a third option (including terms that reflect the cultural diversity of this region).</p>	<p>MOSJE, Inter-ministerial group</p>	<p>2018 - 2019</p>
<p>Develop a national social protection policy for transgender people which can be applied to all state level transgender boards on the uniformity of services.</p>	<p>MOSJE, State transgender welfare boards, UN Agencies</p>	<p>2018-2020</p>
<p>Develop rights-based regulations and policies allowing transgender people to amend their gender markers on education records, based on self-determination and with no other eligibility requirements, and obtain new education documents with the appropriate gender marker.</p> <p>Document the vulnerability of transgender students to bullying and violence due to their gender identity or expression, and develop clear anti-bullying and anti-violence regulations and policies covering the actions of students and staff that are focused on effective prevention, support and complaint mechanisms.</p>	<p>Ministry of Education</p>	<p>2018 - 2021</p>

Roadmap	Action by stakeholder	Timeline
<p>Implement and enforce policies against gender-based stigma and discrimination.</p> <p>Establish and enforce zero-tolerance policies against transphobia in public services.</p> <p>Implement measures to ensure respect for the use of a social or preferred name, which may be different from that which is used in a person's civil or legal documentation.</p> <p>Establish referral networks that respect privacy and confidentiality. Ensure that compensation policies do not discriminate based on gender identity or expression. Ensure protection of personal information (health records, name in official documents, and other such confidential information) that may violate privacy and lead to stigma and discrimination within the service.</p>	<p>Recommendations for public agencies and private businesses and companies.</p>	<p>2018 - 2021</p>
<p>Promote and support national dialogue on trans persons.</p> <p>Promote and increase the access to education and training of trans people, including support for initiatives by organizations working with this population.</p> <p>Develop partnerships to synergize efforts and actions to benefit trans people.</p> <p>Promote and support global, regional, national, and local efforts aimed at educating the public on sexual and gender</p>	<p>For bilateral and multilateral agencies</p>	<p>ongoing</p>

Roadmap	Action by stakeholder	Timeline
<p>diversity to eradicate all forms of transphobia and hatred, exclusion, and intolerance.</p> <p>Allocate resources to the health sector and other areas of public administration, including legislation and law enforcement to develop skills to address the needs of trans people.</p> <p>Publicly and openly proclaim that gender non-conformity is not a disease and promote greater public awareness of this issue.</p>		
<p>Create mechanisms for monitoring and follow-up of official commitments regarding the protection of human rights of all citizens, including trans persons.</p> <p>Participate in legislative committees at state, provincial, and national levels to ensure equitable, appropriate, and accessible health care, education, and justice for trans people.</p> <p>Provide peer support and assistance to trans people (including their communities, families, relatives, and allies) facing stigma and discrimination, family rejection, violence, harassment, anxiety, depression, or any other adversity that could be addressed through solidarity and support.</p> <p>Develop processes and materials for peer education on</p>	For Trans CBOS	2018 to 2021

Roadmap	Action by stakeholder	Timeline
<p>issues that are relevant to the welfare of transgender people, such as soft tissue fillers, self-prescription of hormones, nutrition, use of cosmetics, apparel, post-surgery recommendations, and safer sex activities.</p> <p>Promote the development of leadership and other skills that contribute to the improvement of personal life skills.</p> <p>Create mechanisms to develop the skills of trans community representatives; to enhance their participation in public discussions, conferences, and social gatherings.</p> <p>Develop skills and promote vocational training to improve access to stable and dignified financial resources.</p> <p>Strengthen training in administration and management of trans organizations.</p> <p>Encourage reporting of the violations and abuse of rights at all levels, including those perpetrated by family members and partners of trans people.</p>		

Based on the above identified needs, the following roadmap may be implemented:

## Family And Societal Issues Faced By The Tg Community:

### EXAMPLE 1: FAMILY ISSUES

#### MAJOR FAMILY ISSUES FACED BY TRANSGENDER PEOPLE AND HIJRAS

1. Family members are not accepting of their transgender and hijra status.
2. Family members tend to be physically and emotionally violent, and often harass and stigmatize them.
3. Family members are discriminatory towards them who, because of their hijra status are deprived of their rights to property.
4. Family members make suggestive statements for them to leave the house, and more often than not, evict them from the house.
5. Transgender people are often forced to get married against their wish.
6. Families highly discourage the SRS procedure and many a time either come in the way or do not give their consent at all.

#### INTERMEDIATE FACTORS

- ☞ Family members do not understand why transgender people and hijras dress and behave differently from others.
- ☞ Family members fear that other family members may have problems to get married and settle down because of the person in question.
- ☞ Family members face societal stigma and reduced social status and respect.
- ☞ Transgender people do not have access to legal redressal systems that protect their rights.
- ☞ Social status and position of transgender people and hijras in society under constant threat.

#### SELECTED ADVOCACY ISSUE

- ☞ Families not accepting transgender people and hijras.

#### ADVOCACY GOAL

- ☞ To build a favourable family response towards the transgender and the hijra communities.

## ADVOCACY OBJECTIVES

1. To generate greater family acceptance towards transgender people.
2. To draw attention to the rights of transgender people and hijras as members of the family.
3. To increase the transgender people's access to their fundamental rights as legitimate family members and as citizens.

## EXPECTED OUTCOMES

- ✎ Transgender people and hijras getting accepted by their families.

## STRATEGIES

1. Family education
2. Public messages
3. Improve access to legal redressal of infringement of the rights of transgender people and hijras.

## AUDIENCES

## KEY MESSAGES

Family members

The transgender or hijra communities need your total support and care to lead fulfilling lives.  
SRS is a well established scientific procedure that is carried out after counselling and ascertains in a person, a sense of gender.  
Forcing a transgender person or a hijra is not a cure for the behaviour.  
Denial of these basic rights is an offence punishable by the law.

Transgender people and hijras have all the rights within their families just as any other family member.  
Free legal aid is available for transgender people and hijras when one's rights are infringed; also, seeking the same when needed is only asserting their rights.  
Create a collective effort to educate families and society on transgender people and hijras.

General public

·Raise positive visibility of the transgender and hijra communities.

Decision makers

Establish legal aid clinics in HIV service points.



Allies	Building Alliances
State AIDS Control Society	Discussions, meetings, presentations, training, reports, and summaries
Donor organizations	Case studies, field visits, discussions, meetings, and studies
Mainstreaming units in SACS/DAPCU / DHS	Support in the issuing of government orders, letters, instructions, and best practice documents to be disseminated.
Media, political figures, celebrities and legal systems	Promoting their engagement on issues of transgender people and hijras. Endorsing the cause. Sensitive and respectful representations related to transgender people and hijras.

## Social inclusion and safety nets

### MAJOR PROBLEMS FACED BY THE TRANSGENDER PEOPLE AND HIJRAS

1. Lack of livelihood options: Lack of options due to skills and education deficit, discrimination at the workplace while employed there.
2. Housing problems as a result of family problems as well as trouble in getting a house on rent or ownership.
3. Education and skill issues: Dropping out of school early, harassment and discrimination at work, limited options for competence and capacity-based skill building.
4. Violence against transgender people and hijras from police, goondas and rowdies.
5. Playing on stereotypes and poor reflection of the transgender community in movies, media, judicial and legal redressal and public discourses and general interactions.
6. Exclusion from social benefits and lack of access to social identity documents.

### INTERMEDIATE FACTORS

- ✎ Information that projects the transgender and the hijra population in a positive light is not available, as they are often misrepresented.
- ✎ Education and other systems do not recognize the special needs of children who are different or variant, and hence, children who are indeed different fail to secure themselves and often drop out of school.
- ✎ Vocational skills are often gendered, therefore limiting access based on competence and interest.
- ✎ Socio-cultural norms direct what jobs people ought to take up, and when someone does not fall within the dichotomous sexual roles and behaviours, that person is stigmatized and discriminated as a result.
- ✎ Legal provision and redressal mechanisms, more often than not, criminalize the transgender people and hijras rather than lending support.
- ✎ Transgender people and hijras are often in poverty; often pushed to de-humanized states of living, they are forced to beg and exhibit socially unaccepted behaviours.

## SELECTED ADVOCACY ISSUE

☞ Transgender people being denied civil and political rights.

## ADVOCACY GOAL

☞ To assure that civil and political rights of transgender people and hijras are respected and provided through successful government interventions.

## ADVOCACY OBJECTIVES

- ☞ To increase employability and competence of the transgender and hijra communities by helping them to build livelihood skills.
- ☞ To enhance livelihood options of transgender people by advocating for the expansion of the reach of government-supported schemes and self-employment to transgender people and hijras.

## EXPECTED OUTCOMES

☞ Transgender people to enjoy uncomplicated access to services and schemes especially as citizens in need of special measures for inclusion.

## STRATEGIES

1. Promote the establishment of a special cell for transgender people and hijras in line with the proposed Transgender Bill.
2. Collective advocacy through campaigns using multiple media and methods.
3. Reframing perceptions of the transgender and hijra population in society.

AUDIENCES	KEY MESSAGES
Government and government departments (WCD, Social Welfare, Labour, Minorities, SC/ST and Backward people Commissions).	Transgender people have civil rights and rightly should have access to all social and political services. By providing these services to transgender people and hijras, a government can be projected as socially sensitive and responsible. Any governing body can learn from the experiences of, say, Tamil Nadu and Kerala where, governments had made special provisions for transgender people and hijras.
Banks and MFIs	Transgender people and hijras should be recognised as creditworthy and hence can become beneficiaries of loans and credits.
General public	Transgender people and hijras are citizens who have certainly contributed to the society, and they will be able to continue to do so only if we support them to live meaningful lives. Harassing, stigmatising and discriminating the transgender people and hijras in workplaces and during other activities can push them to opt for paths that are not beneficial to society

Departments of Human Resources and Labour	Transgender people and hijras need to be considered as a special category when it comes to education, skill enhancement and employment.
<b>Allies</b>	<b>Building Alliances</b>
Like-minded advocates, Civil society forums and watchdogs and NGOs	Discussions to sensitise them on the issues and the needs of the transgender and hijra communities.
Donor organizations	Harnessing support and commitment for specific activities
Media, political figures, celebrities and legal systems	Promoting their engagement on issues concerning themselves. Endorsement of the same. Sensitive and respectful representations on issues related to transgender people and hijras.
Gurus and Nayaks	Partnership and promotion of rights of the hijras.
Collectives of the transgender and hijra communities	Leadership for increasing access of services to the communities of transgender people and hijras. Document, flag and bring visibility when access to services is denied; generate human rights violation reports for the same.
Family	Partnership on the cause.
	Support in the issuing of government orders, letters, instructions, and best practice documents to be disseminated.

## Social Protection

### PROBLEMS OF EXCLUSION AND IMPACT OF THE SAME ON THE TRANSGENDER AND HIJRA COMMUNITIES

1. Many transgender people are in need of social safety nets.
2. Transgender people are found begging on the streets and often perceived as a public nuisance; hence, not having a proper livelihood option, they are forced to beg to eke out a living.
3. A sizeable proportion of transgender people and hijras use alcohol to deal with the difficulties of life.

### INTERMEDIATE FACTORS

- ☞ Transgender people and hijras do not have access to social protection measures even though they, most often, fit into the selection criteria.
- ☞ Transgender people do not hold relevant identity documents.
- ☞ Government officials are insensitive to and harass transgender people and hijras and hence, despite reaching out for assistance, they are most likely to return without having their purpose fulfilled.

## SELECTED ADVOCACY ISSUE

- ☞ Transgender people and hijras lack access to social protection and other entitlements thus, increasing their vulnerability to HIV and AIDS.

## ADVOCACY GOAL

- ☞ To persuade the state to demonstrate responsiveness to transgender people and hijras and to influence governments to generate mechanisms for including TG people/hijras in socio-political and economic empowerment processes.

## ADVOCACY OBJECTIVES

- ☞ To build strategic partnerships with critical stakeholders for the inclusion of the TG community in social protection and safety nets.
- ☞ To strengthen leadership capacities of the TG/hijra communities to successfully demand and access services.
- ☞ Increased coordination and collaboration among stakeholders, decision makers and TG people/hijras to mitigate the impact and reduce their vulnerability to HIV.
- ☞ To institute redressal mechanisms for the protection of TG people/hijra rights.

## EXPECTED OUTCOMES

- ☞ Needy transgender people and hijras need to have access to at least one social protection scheme.

## STRATEGIES

1. Strategic partnership with the government for the social protection of transgender people and hijras.
2. To make known to the government, successful social protection measures that they could implement.
3. Build comfort among the communities to demand and access the social protection measures and entitlements.

### AUDIENCES

### KEY MESSAGES

Ministries / Departments (Social Welfare, Health, Women and Child Welfare, Rural Development, Minorities, Consumer affairs, food and public distribution, civil supplies)

Social protection is a state mandate, and TG people/hijras have equal rights as citizens.  
Programmes and schemes need to broaden inclusion criteria to expand reach to needy TG people/hijras.  
Transgender people/hijras need to live socially productive and fulfilling lives.

General public

Transgender people/hijras need to live socially productive and fulfilling lives and they need support for that.

Allies	Building Alliances
Mainstreaming units in SACS/DAPCU/DHS	Support in the issuing of government orders, letters, instructions, and best practice documents to be disseminated.
District and Mandal / Administration / Block / Local / Zilla Parishad, ministries and departments, civil society forums and watchdogs	<p>Active partnership to facilitate the process of social protection measures for transgender people and hijras.</p> <p>One to one or group advocacy.</p> <ul style="list-style-type: none"> <li>☞ Using media (TV and Print) and celebrities to generate increased visibility and sensitivity.</li> <li>☞ Presentations (Evidence-based), briefing notes, advocacy briefs, organized discourses and dialogues.</li> <li>☞ Public hearings</li> <li>☞ PIL and Special Justice Litigation</li> </ul>
Media, political figures, celebrities and legal systems	<p>Promoting their engagement on issues of transgender people and hijras.</p> <p>Endorsement of the same.</p> <p>Sensitive and respectful representations on issues related to transgender people and hijras.</p>

# Looking To The Future: A Plan Of Action For The National Transgender / Hijra Collective:

After small group discussions on specific priorities, the participants came together to formulate an action plan. The following guiding principles have been identified.

1. Work towards gender recognition and ensure increased visibility of transgender people – and of the other socio-religious-cultural identities like kinnars, thirunangais, mangal mukhis etc.
2. Acquire and document trans-specific information (i.e. their vulnerabilities and needs) in India.
3. Build alliances and partnerships with MOSJE, UN agencies, bilateral and other stakeholders.
4. Support the development of transgender people and their community-based/led organisations.
5. Develop trans-specific guidelines/policies and documents.
6. Involvement of trans people and trans organizations/networks in community-driven/community-led interventions.

## Recommendations

- ✧ Capacity Building, focusing on fundraising, finances, and resource mobilization, advocacy and political training, personal and leadership development, organizational network building, community mobilization.
- ✧ Consensus and Status: Documents (each paying special attention to historically underdocumented groups of transgender people - kinnars, thirunangais, etc.), focused on 3 key areas:
  - Gender recognition
  - Stigma and discrimination and
  - Health (including guidelines for policymakers and health professionals))
- ✧ Guidelines for policymakers and health professionals.
- ✧ Social media campaign.
- ✧ Alliances with other organizations.

### IN PURSUANCE OF THE TRANSGENDER BILL 2016, THE FOLLOWING MAY BE UNDERTAKEN -

1. Preliminary contact and one-on-one or group consultations with key stakeholders: Including the CM, MLAs, and MPs of the State.
2. Interactions and consultations with individuals and networks representing people living with HIV/AIDS, affected communities and vulnerable populations, and utilize their experience in the advocacy talks with various political leaders, like parliamentarians and bureaucrats, in order to aid in the shaping of the project.
3. Production/collation of materials and diverse communication tools - video films, advocacy

briefs for effective political advocacy - preparation of briefing papers for legislators and Panchayat leaders.

4. Facilitate identification and prioritization of issues for sensitizing the legislators in order to build their capacity for follow-up activities.
5. Identification of influential, community-friendly spokespersons and advocates among the political leadership base.
6. Arrange a meeting of TG community/H representatives with political leaders.
7. Plan and implement relevant guided field visits and sensitization workshops.
8. Monitoring and Evaluation activities: Identification and usage of measurable indicators such as public speeches and references to the TG issues and on HIV; file a parliament question analysis.
9. Mobilization of political support in order to reach out to the elected representatives at the level of the Gram Panchayats.