



TRANSFORMING LIVES, TRANSGENDER-INCLUSIVE INDIA: A FRAMEWORK

TRANSFORMING LIVES, TRANSGENDER-INCLUSIVE INDIA:

A Framework for Conceptualising, Designing
and Implementing Welfare and Well-being
measures for Transgender People



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FOREWORD

The 2030 Agenda for the Sustainable Development Goals (SDGs) embody a powerful commitment to “Leave No One Behind” and ensuring a life of dignity for all, including Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTQ) people. Without inclusive development, we will not be able to sustain the progress we have made on the SDGs. The inclusion of LGBTI people will not only benefit them but will also help them contribute to these goals.

In India, the transgender community faces challenges in accessing healthcare, education, housing, jobs and livelihoods. Majority of the community has to face stigma, discrimination, and violence in their daily lives - often forcing them to remain on the peripheries. They have been invisible – staying away from public discourses, social movements, mainstream media that often overlook their needs and their voices.

However, recent years have ushered in significant changes in the development of the Transgender community, including the 2018 landmark judgement of Supreme Court of India decriminalizing Homosexuality and introduction of the Transgender Persons (Protection of Rights) Act 2019 and Rules 2020. Under the Transgender Persons (Protection of Rights) 2019 Act, provisions have been made for the welfare of the Transgender community in health, education, skill development, housing, among others.

UNDP has been working with the LGBTI community to ensure their inclusion through partnerships with governments, LGBTQI community-based organization, other civil society organizations, youth organizations, human rights defenders, and the private sector, globally as well as in India. Our efforts to address inequalities experienced by LGBTI people have largely been advanced through the health lens. However, UNDP, along with other UN agencies, recognizes the need to include the LGBTQI rights as part-and-parcel of inclusive development efforts more generally, and not only with respect to HIV.

Keeping this need to shift to a larger focus, UNDP has been working closely with different ministries such as Ministry of Health and Family Welfare (MoHFW), Ministry of Social Justice and Empowerment (MoSJE) for supporting their efforts to strengthen policies, and programmes for the LGBTQI community. We are happy to collaborate with the Humsafar Trust & C-SHaRP to develop a framework document on the welfare measures for the Transgender community. Through this document, we hope to support the MoSJE and other ministries and state governments in the implementation of the welfare measures.

I would like to convey my sincere appreciation to the various state, national and international stakeholders who have provided their valuable inputs during the

consultations. I would like to congratulate the Humsafar & C-SHaRP team for working together with us for preparing this comprehensive and useful document. I take this opportunity to also express my sincere appreciation for the Joint United Nations Programme on HIV/AIDS (UNAIDS) for their partnership in our work on addressing Human Rights issues and increasing access to basic services among the most marginalized communities.

I hope this document will provide a road map to the central and state governments to reach the last mile and ensure equal rights and equal access for the Transgender community in India.

Shoko Noda
Resident Representative
UNDP India

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EXECUTIVE SUMMARY

■ BACKGROUND

In the past decade, India has taken significant strides towards advancing the rights and socio-economic inclusion of transgender persons. In 2014, India's Supreme Court passed the landmark NALSA judgement,¹ which recognised the right to self-affirmation of gender identity of transgender persons and in 2018 the judgement on Section-377 was passed², which decriminalised consensual sex among same-gender adults and put an end to centuries of persecution of gender and sexual minorities. It was followed by the Transgender Persons (Protection of Rights) Act that came into effect in 2019 (and subsequent Rules in 2020) that articulated the rights of transgender people in several sectors (e.g., education, health, workplace) and what can be done to improve welfare of transgender persons³.

United Nations Development Programme (UNDP) has collaborated with The Humsafar Trust (HST) and Centre for Sexuality and Health Research and Policy (C-SHaRP) to develop an evidence-based and participatory framework on a gamut of social welfare measures for the transgender communities by conducting a systematic assessment of current situation, implementation gaps and challenges, and multi-stakeholder consultations. This framework incorporates community needs and aspirations along with good practices within India and across the globe to arrive at broad objectives and specific policy suggestions. It can be used as a policy planning and governance model by Ministry of Social Justice and Empowerment (MoSJE), and other government stakeholders, for implementation of the welfare directives notified in the Transgender Persons (Protection of Rights) Act and Rules.

■ THE PURPOSE OF THE FRAMEWORK DOCUMENT

Almost all policy areas have a direct or indirect effect on transgender people's lives. The purpose of this document is to suggest an evidence-based and community-informed framework for designing and strengthening social welfare schemes and health programmes for transgender people in India. The framework explicitly articulates transgender-specific schemes and programmes that can be implemented by various ministries and departments and suggests how the existing schemes and programmes can be inclusive of transgender people.

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- 1 National Legal Services Authority v. Union of India, Writ Petition (Civil) 400/2012 (Apr. 2014), available at <http://supremecourtindia.nic.in/outtoday/wc40012.pdf>. (accessed on February, 2021)
 - 2 Navtej Singh Johar & Ors. v. Union of India thr. Secretary Ministry of Law and Justice, W. P. (CrL) No. 76 of 2016 Available at <https://barandbench.com/wp-content/uploads/2016/06/NAVTEJ-SINGH-JOHAR-ORS-VS-UNION-OF-INDIA-WRIT-NO.....-OF-2016.pdf> (accessed on February, 2021)
 - 3 <http://socialjustice.nic.in/writereaddata/UploadFile/TG%20bill%20gazette.pdf>

■ METHODOLOGY

The framework document was developed through several strategies: appraisal of the existing policy and programme landscape through desk review (academic and policy literature); multi-stakeholder consultations, including consultations with transfeminine and transmasculine people, and people with intersex variations.

Desk review included review of policies, programmes and schemes for the welfare of transgender people at both central and state government levels.

In parallel with desk review, a series of eight virtual consultations were conducted to get inputs from diverse key stakeholders (e.g., government, community, civil society/ non-governmental, academic) for improving the welfare of transgender people. These included four regional consultations (covering North, West, South and East/North East regions), one consultation exclusively focusing on welfare of transmasculine people, one consultation exclusively focusing on welfare of people with intersex variations. One consultation was conducted with government and community representatives from various countries in the Asia Pacific region and beyond on good practices in transgender welfare programmes. The final consultation was conducted with representatives from various ministries in the central government, in collaboration with NITI Aayog, where findings from the regional consultations were presented and inputs were sought on formulating a national welfare framework. A total of 282 persons attended these consultations, including 57 representatives from the central and state governments (ministries and departments of social justice and welfare, health, education, skill-development, housing, and women and child development); academic and policy experts; and 225 community representatives.

■ FRAMEWORK

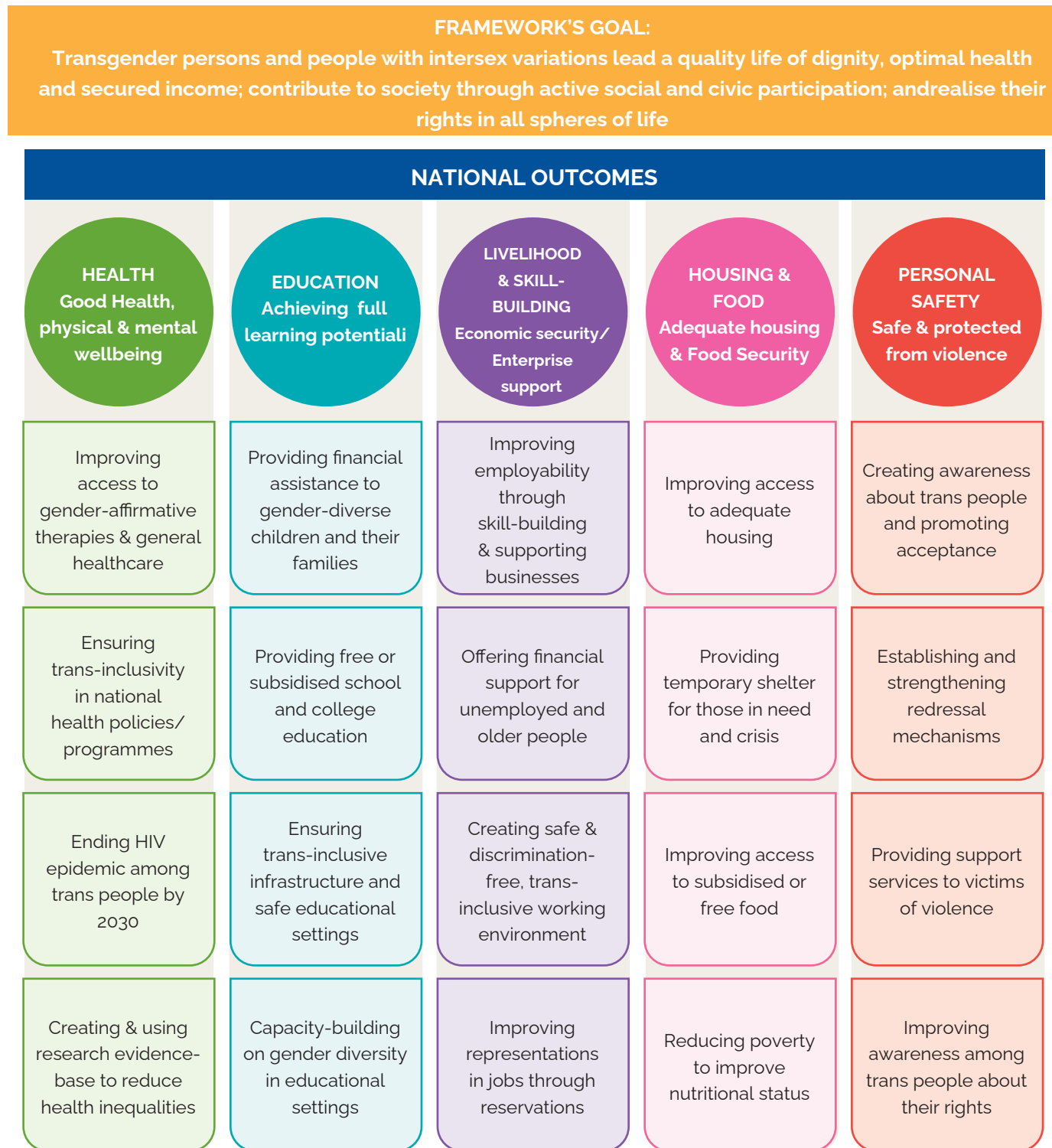
Goal of the Framework

Transgender persons and people with intersex variations lead a quality life of dignity, optimal health and secured income; contribute to society through active social and civic participation; and realise their rights in all spheres of life.

Five national outcomes for transgender people

This Framework has adopted an outcomes approach based on five national outcomes and several objectives in relation to health, education, economic security and skill-building, housing and nutrition, and personal safety (see the Figure 1). These outcomes and objectives are interconnected and reinforcing.

FIGURE 1: A FRAMEWORK FOR SOCIAL WELFARE OF TRANSGENDER PEOPLE IN INDIA



Key Principles

The development of the Framework was guided by the following key principles:

Rights-based: Everyone, including transgender people, has the universal and inalienable right to live with dignity and free of violence and is an active agent in their development as articulated in several human rights documents, including Yogyakarta principles. The framework places the social and economic rights of transgender persons in the centre of policy making and aims to build their capacities.

Equality: Transgender people have diverse experiences, abilities, and identities, which is acknowledged. Throughout the framework, the focus is on reducing inequalities by several means, including affirmative action, as a means of improving outcomes and ensuring that transgender persons realise their socio-economic and political rights as equal citizens.

Evidence-informed: The available evidence base on research, programme implementation experiences from India and other countries, and inputs from experienced community members and experts were considered in the drafting of this framework.

■ HEALTH

Transgender people, like everyone else, has the right to be healthy – physically and mentally. However, they face significant challenges. Free or affordable gender-affirmative care is lacking in government hospitals. Several barriers to using government general health services are still rampant: lack of trans-friendly registration and admission procedures, and negative experiences. HIV programme for transgender people is restricted to transfeminine people, with suboptimal coverage and problems in continuum of care. Funding is scarce to create policy-relevant research evidence to improve transgender health.

To achieve the outcome of 'healthy transgender people', the framework offers the following objectives and activities:

Improving access to gender-affirmative care and general health services

- Providing free or affordable gender-affirmative therapies (medical and surgical) for trans people and clinical management of medically required conditions among people with intersex variations.
- Offering health insurance and financial support
- Training healthcare providers on providing gender-affirmative care and integrating transgender health in medical, nursing and allied health sciences curriculum.
- Enforcing anti-discrimination clauses in the Transgender Persons (Protection of Rights) Act and Rules

- Issuing guidance on trans-sensitive hospital intake forms, ward allocation, restroom accessibility and safety of medical records

Ensuring trans-inclusivity in national health programmes and policies

- Training on trans-inclusivity and trans health needs for personnel in various health programmes
- Including information about and providing services for specific health needs of transgender people in health programmes (e.g., cervical cancer screening for transmasculine persons in national cancer screening programme)

Ending HIV epidemic among trans people by 2030

- Scaling up trans-specific HIV prevention interventions and closing the gaps in HIV prevention and care cascade (95-95-95)
- Providing comprehensive health services, including mental health, for those in HIV programme and beyond
- Scaling up quality HIV biobehavioural surveillance
- Providing HIV-related services to at-risk gender-diverse children and adolescents

Creating & using research evidence-base to reduce health inequalities

- Earmarking funds for transgender health research
- Formulating national agenda for transgender health research
- Gathering gender identity information in national health surveys and Census and conducting periodic national surveys to assess transgender health.

Nodal agency and Stakeholders

By its natural mandate, MoHFW is expected to improve the health of transgender people through trans-inclusive health programmes and services, although it has to closely work with MoSJE, which sponsors and implements health schemes for transgender people. Community agencies working on transgender health need to be partnered with and their capacities strengthened.

■ EDUCATION

Education is a fundamental human right. Gender-diverse children are forced to drop out of schools because of bullying and harassment from co-students and unsupportive faculty. Furthermore, restrictions in accessing restrooms and wearing gender-congruent uniforms, often make it difficult for them to continue education. Lack of financial resources, especially among those gender-diverse children not living with their families, is another reason. For gender-diverse adolescents living in *Deras/Gharanas* (community houses or clans), lack of support of education from their seniors (Gurus) is a major barrier.

The framework proposes following measures to ensure that gender-diverse children are able to access education:

Enabling Inclusive and Supportive learning environment

- Formulation of a national anti-bullying and harassment policy
- Establishing support and grievance-redressal mechanisms in schools and colleges
- Training and sensitising teachers about challenges faced by gender-diverse children and children with intersex variations.
- Development of curricula that is inclusive of gender diversity, in different disciplines.
- Targeted sensitisation programmes for students in schools and colleges on gender, sexuality, challenges faced by gender-diverse students and people with intersex variations and recent legislations concerning transgender persons
- Setting up all-gender-inclusive infrastructure in educational institutions, allowing for exercising one's choice according to their preferred gender expression in dress code, uniforms, hairstyles, accommodation and sports
- Comprehensive data reporting on gender-diverse students and students with intersex variations in schools

Improving access to (and completion of) school and college education

- Introduction of trans-specific schemes to support education of gender-diverse children
- Ensuring that the current and new schemes to support education are made inclusive of gender-diverse children and transgender persons
- Educating and supporting families to facilitate access to education for gender-diverse children

Nodal agencies and stakeholders

The Central Ministry of Education, State Departments of Education, Ministry of Social Justice and Empowerment, State Departments of Social Justice and Empowerment, University Grants Commission (UGC) and National Council for Education Research and Training (NCERT) are some of the agencies that can design and implement these interventions and establish strong coordination mechanisms.

■ **ECONOMIC SECURITY**

In India, transgender persons face exclusion from participation in social and cultural life, education and economic spheres, and political and decision-making processes. Despite the announcement of various state-led schemes and programmes to improve the economic status of transgender persons, still most transgender people are not economically empowered.

An economic empowerment framework that uses a three-pronged strategy to mainstream the communities is described:

Creating a digital footprint to tackle identity- and documentation-related challenges

- National survey on socio-economic situation of trans people that will be used to refine the income security and skill-building programmes and schemes
- Standardizing documentation-related requirements to avail welfare schemes and social entitlements

Holistic advancement of economic opportunity and social protection through access to finance and services

- Inclusion of transgender persons in existing financial assistance schemes
- Dedicated financial assistance schemes for transgender persons
- Sensitisation of stakeholders at all the levels of bureaucracy, including local leaders and Panchayati Raj Institutions (PRI) members on transgender persons' rights and challenges

Promoting alternative livelihoods and improving employability

- Inclusion of transgender persons in current employment and skilling schemes
- Creating employment opportunities for transgender persons in the public sector
- Nurturing entrepreneurship among transgender persons as alternative livelihood options

Creating a safe and discrimination-free, trans-inclusive working environment

- Anti-discrimination policies instituted at the workplace and applied to the processes of hiring, retention, promotion and employee benefits
- Hiring quotas for transgender persons at the workplace, and inclusion of transgender persons in the list of activities which may be included by companies in their Corporate Social Responsibility Policies
- Create awareness in all public and private employment sectors about the Transgender Persons (Protection of Rights) Act, 2019, and penalties and punishments listed in the law for discrimination against a transgender person

Nodal agency and Stakeholders

MoSJE can be the lead agency accountable for economic empowerment of transgender persons. Along similar lines as that of the tribal action plan MoSJE can develop transgender action plan in collaboration with Ministry of Labour and Employment and implement it at state level through state departments of Social Welfare and Labour.

■ HOUSING AND FOOD SECURITY

Most transgender persons experience poverty and are homeless. Transgender persons find it difficult to rent accommodation due to negative societal attitudes and stigma. Food insecurity among transgender persons is connected to, among other factors, housing instability, income insecurity or poverty, lack of targeted policies for vulnerable groups, and inaccessibility to or inadequate coverage in existing food security and housing policies.

The following objectives and activities are aimed at securing the right to housing and access to nutritious food:

Access to safe and affordable housing

- Integration with existing social protection programmes, such as DAY-NULM scheme and Pradhan Mantri Gramin Awaas Yojna (PMAY-G)
- Integration of gender-diverse children with supportive biological families, through family counselling, periodic monitoring of child's safety and ensuring that the child receives adequate support to deal with personal anxiety as well as societal stigma around gender expression and identity
- Robust and sustainable grievance redressal mechanisms to address discrimination faced in accessing accommodation

Access to need-based short-stay shelters

- District-level shelter home schemes to make short-stay shelters available for emergencies and other need-based situations
- Hostel schemes for gender-diverse students enrolled in educational institutions or in skill development courses who do not live with their families or have means to rent accommodation

Improving access to food through addressing policy and implementation gaps in food distribution

- Incorporating transgender persons as a distinct category in the Targeted Public Distribution System, Antyodaya Anna Yojana (Food security schemes for the "poorest of the poor" families) and other state governments' food security schemes
- Designing targeted food distribution programmes for transgender persons living in regions with difficult geographical terrains or armed conflicts.
- Making criteria for obtaining ration cards flexible for transgender persons
- Hiring transgender persons as part of food distribution networks and vigilance and grievance redressal committees of the Targeted Public Distribution System

Ensuring nutrition security

- Targeted awareness, assessment and supplementation programmes to address nutrition insecurity among transgender persons
- Including transgender persons as a special group under the Swachh Bharat Mission to increase household level toilets and Swajal Scheme to increase access to clean drinking water, is essential to nutrition security

Targeting drivers of food and nutrition insecurity

- Integrating food and nutrition security for gender-diverse children and adolescents in the Integrated Child Protection Scheme (ICPS)
- Sensitisation of stakeholders at every level of ICPS
- Targeted cash transfers or ration support during emergency situations, such as pandemics and economic slowdowns.

Nodal agency and Stakeholders

Nodal ministry for access to housing can be the Ministry of Social Justice and Empowerment in partnership with the Ministry of Housing and Urban Poverty Alleviation. Nodal agency for ensuring food and nutrition security can be the Department of Food & Public Distribution under the Ministry of Consumer Affairs, Food and Public Distribution.

■ PERSONAL SAFETY

Right to safety is universal. Evidence shows that transgender persons face violence at multiple levels – family, institutional and societal. Transprejudice (prejudice and hatred towards transgender people) and violence perpetration can be institutional - reflected in policies, laws, and institutional practices that discriminate against transgender people. It can also be societal, which results from rejection and mistreatment of transgender people. It is also manifested in hate crimes against transgender persons. In order to ensure safety from trans-prejudicial violence at every level, this framework suggests the following measures:

Promoting social norms that protect against violence

- Large-scale public campaigns on understanding gender diversity and eliminating negative stereotyping of transgender people
- Empowering and mobilizing bystanders (who witness violence) to create awareness in all walks of life
- Integrating social-emotional learning to address bullying, accept and celebrate differences, and counter pervasive stigma against transgender people, in curricula of various disciplines

- Promoting healthy sexuality and gender expression/identity through curriculum and pedagogical changes at school level as well as in higher education

Empowering transgender persons

- Empowerment-based training and information dissemination on rights among transgender persons
- Programmes to build economic resilience to reduce vulnerability towards violence
- Supporting community initiatives to prevent and mitigate violence

Creating protective environments

- Gender-neutral rape laws to ensure that rape and sexual assault on transgender persons attract similar punishments as those on cisgender women
- Easy reporting and access to law enforcement
- Robust monitoring and redressal mechanisms to ensure timely registration, investigation and prosecution
- Sensitization of judicial, law-enforcement, and correctional officials about the challenges faced by and rights of transgender people and penalties specified under various laws in case of violence victimisation

Supporting Victims/Survivors to minimise harm

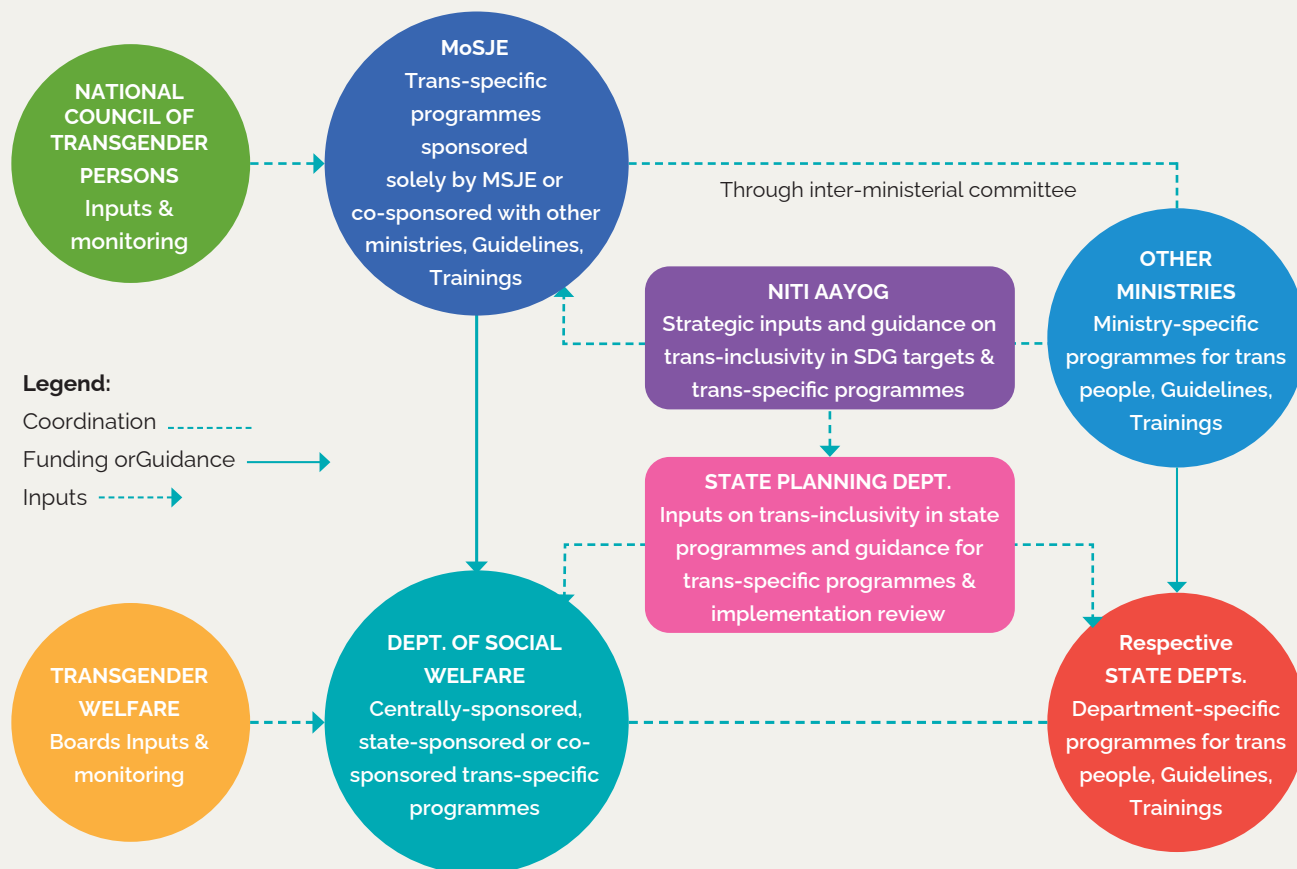
- Victim-centred legal and health care (including mental health), and access to rehabilitation services
- Providing an integrated range of services to transgender persons affected by violence – medical aid, police assistance, legal aid/case management, psychosocial counselling and temporary shelter.
- Sensitive reporting by media on incidents of violence, especially sexual violence
- Financial assistance to victims/survivors of violence to cover legal and healthcare expenses

Nodal agencies and Stakeholders

Ministry of Social Justice and Empowerment can be the nodal agency for new schemes and programmes to address violence and collaborate with other ministries such as the Ministry of Women and Child Development for inclusion of transfeminine persons in existing programmes for women's safety and the Ministry of Home on law enforcement measures and victim compensation programmes.

POTENTIAL IMPLEMENTATION ARRANGEMENTS

FIGURE 2. POTENTIAL IMPLEMENTATION ARRANGEMENTS, AND COORDINATION, COLLABORATION AND CONVERGENCE IN IMPLEMENTING TRANS-SPECIFIC PROGRAMMES AND SCHEMES



An implementation framework is proposed based on two broad approaches towards enhancing welfare of transgender persons: 1) implementing trans-specific programmes and schemes; and 2). ensuring trans-inclusiveness in implementation of mainstream programmes. MoSJE can be the nodal agency for designing and implementing social welfare programmes for transgender people, actively involving other ministries, including health, education, human resources, law and home affairs, through an inter-ministerial committee⁴. NITI Aayog, given its mandate of inter-ministerial coordination and convergence between central and state governments, can facilitate coordination of designing and implementing programmes for transgender people across the various ministries. The National Council of Transgender People (NCT) that has been

constituted under MoSJE, as per its mandate, will provide inputs for the programmes of transgender people and monitor the progress in the implementation of such programmes.

At the state level, similar mechanisms can be instituted. In line with the coordination mechanisms for MoSJE with other ministries, at the state level, the State Department of Social Welfare can serve as a nodal agency for implementation of social welfare programmes, which may be co-sponsored by and co-implemented with other departments, such as Department of Education and Health. The State Transgender Welfare Boards usually have an advisory role and provide inputs and monitor the progress in implementation of programmes.

GLOSSARY OF TERMS

Cisgender: An adjective used to describe a person whose gender identity and gender expression align with sex assigned at birth.

Gender-affirmative surgeries (noted as ‘Sex Reassignment Surgery’ in some government documents): Surgeries to change primary and/or secondary sex characteristics to affirm a person’s gender identity. Gender-affirmative surgeries can be an important part of medically necessary treatment to alleviate gender dysphoria or gender incongruence.⁵

Gender-diverse Children: Children whose gender expression and/or identity differs from the sex assigned to them at birth or society’s gender role expectations.⁶

Gender expression: The presentation of an individual, including physical appearance, clothing choice and accessories, and behaviours that express aspects of gender identity or role.

Gender identity: A person’s deeply-felt, inherent sense of being a boy, a man, or male; a girl, a woman, or female; or an alternative gender (e.g., genderqueer, gender nonconforming, gender neutral) that may or may not correspond to a person’s sex assigned at birth or to a person’s primary or secondary sex characteristics. Since gender identity is internal, a person’s gender identity is not necessarily visible to others.

Gender Transition: Period of time when individuals change from the gender role associated with their sex assigned at birth to a different gender role. For many people, this involves learning how to live socially in another gender role; for others this means finding a gender role and expression that are most comfortable for them. Transition may or may not include feminization or masculinization of the body through hormones or other medical procedures. The nature and duration of transition are variable and individualized.

Hijras: Hijras are mostly those who were assigned male at birth but who reject their ‘masculine’ identity in due course of time to identify either as women, or “not-men”, or “in-between man and woman”, or “neither man nor woman”. Hijras can be considered as the western equivalent of transfeminine persons but Hijras have a long tradition/culture and have strong social ties formalized through a ritual called “reet” (becoming a member of Hijra community). There are regional variations in the use of terms referred to Hijras. For example, Kinnars (Delhi). Hijras may earn through their traditional work: ‘Badhai’ (clapping their hands and asking for alms), blessing new-born babies, or dancing in ceremonies. Some proportion of Hijras engage in sex

5 https://www.wpath.org/media/cms/Documents/SOC%20v7/SOC%20V7_English2012.pdf?t=1613669341

6 <https://www.education.sa.gov.au/sites/default/files/gender-diverse-intersex-children-young-people-support-procedure.pdf?v=1547523013>

work for lack of other job opportunities, while some may be self-employed or work for non-governmental organisations.⁷

Indigenous gender-diverse identities: In addition to the widely known 'hijra' identity, many indigenous gender-diverse people living in various parts of India use diverse self-identification terms. For example, some indigenous gender-diverse identities of transfeminine people in different States are as follows:

Tamil Nadu – Thirunangai

Maharashtra and Karnataka – Jogta, Jogappa, Jogti-hijra

Andhra Pradesh and Telangana: Shiva-Shakthi

Manipur: Nupi-Maanbi

Similarly, some indigenous gender-diverse identities of transmasculine people in different States are:

Tamil Nadu: Thiru Nambi

Manipur: Nupi-Maanba

People with intersex variations: means persons who at birth show variation in their primary sexual characteristics, external genitalia, chromosomes or hormones from the normative standards of male or female body.

Sex (Sex assigned at birth):⁸ Sex is typically assigned at birth (or before during ultrasound) based on the appearance of external genitalia. When the external genitalia are ambiguous other indicators (e.g., internal genitalia, chromosomal and hormonal sex) are considered to assign a sex with the aim of assigning a sex that is most likely to be congruent with the child's gender identity. For most people, gender identity is congruent with sex assigned at birth (see cisgender); for transgender and gender non-conforming individuals, gender identity differs in varying degrees from sex assigned at birth.

Trans*: This is a term used in the discipline of gender studies to refer to all persons whose own sense of gender does not match with the gender assigned to them at birth. Spelt with an asterix, transgender is an umbrella term used to refer to all non-cisgender identities and expressions. This includes transgender, transsexual, male to female (MtF), female to male (FtM), gender queer, third gender, other and so on.⁹

Transgender person: means "a person whose gender does not match with the gender assigned to that person at birth and includes trans-man or trans-woman (whether or not such person has undergone Sex Reassignment Surgery or hormone therapy or laser therapy or such other therapy), person with intersex variations, genderqueer and person having such socio-cultural identities as *kinner*, *hijra*, *aravani* and *jogta*."¹⁰

7 Adapted from: Chakrapani, Dr. V. (2010). Hijras/Transgender Women in India: HIV, Human Rights and Social Inclusion. United Nations Development Programme (UNDP), India.

8 <https://www.apa.org/pi/lgbt/resources/sexuality-definitions.pdf>

9 MoSJE Expert Committee Report, accessed from <http://socialjustice.nic.in/writereaddata/UploadFile/Binder2.pdf>

10 <http://socialjustice.nic.in/writereaddata/UploadFile/TG%20bill%20gazette.pdf>

ABBREVIATIONS AND ACRONYMS

AICTE:	All India Council for Technical Education
AIDS:	Acquired Immuno-Deficiency Syndrome
ASSOCHAM:	The Association Chambers of Commerce and Industry of India
BITE:	Block Institute of Teacher Education
BPL:	Below Poverty Line
CBOs:	Community-based organizations
CBSE:	Central Board of Secondary Education
CII:	Confederation of Indian Industry
CSOs:	Civil Society Organisations
CSR:	Corporate social responsibility
DIET:	District Institute of Education and Training
FICCI:	The Federation of Indian Chambers of Commerce & Industry
	Human Immuno-deficiency Virus
ICMR:	Indian Council of Medical Research
ILO:	International Labour Organization
MNREGA:	Mahatma Gandhi National Rural Employment Guarantee Act
NACO:	National AIDS Control Organisation
NCERT:	National Council for Educational Research and Training
NCFTE:	National Curriculum Framework for Teacher Education
NGOs:	Non-governmental organization
NITI Aayog:	National Institute for Transforming India
PLHIV:	People Living with HIV
PM-JAY:	Pradhan Mantri Jan Arogya Yojana
PMVVY:	The Pradhan Mantri Vaya Vandana Yojana
SCEE:	Socio-Economic Caste Census
SCERT:	State Council for Educational Research and Training
SC, ST, and OBCs:	Scheduled Castes, Scheduled Tribes and Other backward Classes
SDG:	Sustainable Development Goal
SHGs:	Self-help Groups
STI:	Sexually Transmitted Infections
U-DISE:	Unified District Information System for Education
UGC:	University Grants Commission
UNESCO:	United Nations Educational Scientific and Cultural Organisation
WASH:	Water, Sanitation, and Hygiene

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INTRODUCTION

All humans, including transgender people, have the right to live with dignity, and rights to education, fair housing and economic security. While the situation is slowly changing, transgender people in India continue to face stigma and discrimination in various spheres of life and diverse settings – educational and healthcare settings and workplace. They are misunderstood by their own family members and risk facing violence from them. Lack of access to educational and decent job opportunities forces many transgender women to engage in begging and survival sex work. As both these activities are effectively criminalized,¹¹ they have elevated risk of facing violence, harassment and extortion by law enforcement agencies. Transmasculine persons and people with intersex variations are largely invisible in public discourses on transgender persons and hence, under-represented or misrepresented in legal and policy dialogues.

The 2014 Supreme Court of India's 'NALSA judgment', offered unprecedented legal recognition to gender identity of transgender people – their right to choose their self-affirmed gender as a man, woman or transgender. The judgment issued directives to the central and state governments to develop welfare programmes for the transgender community.

The Transgender Persons (Protection of Rights) Act was passed on December 5, 2019. The Act is an anti-discrimination legislation with provisions to protect transgender people from discrimination in various spheres of life. It directs the state to bring trans-sensitive, trans-specific and trans-inclusive welfare schemes. Subsequently, the rules of the Act that came into force on September 25, 2020, have emphasized the need for specific schemes for healthcare, education and social security of transgender people.

The United Nations Development Programme (UNDP) India office has developed a framework for the welfare of transgender people in collaboration with The Humsafar Trust (HST) and Centre for Sexuality and Health Research and Policy (C-SHaRP). The framework document has been prepared after a comprehensive situation analysis and consultations with diverse key stakeholders (e.g., government, community, civil society/non-governmental, academic) from various parts of India. On the basis of available best evidence from research and practices, the document proposes both short-term and long-term welfare measures, aiming at upliftment in the standard of living for transgender persons in all life stages. It also proposes implementation strategies and arrangements for these welfare measures, including naming of key nodal agencies in the central and state governments. It further suggests how existing government schemes and programmes can be inclusive of transgender people. This evidence-based and community-informed framework also aims for involvement of community members in their implementation and monitoring at every stage.

11 Although sex work per se is not criminal, only soliciting is.

This framework incorporates community needs and aspirations along with good practices within India and across the globe to arrive at broad objectives and specific policy suggestions. It can be used as a policy planning and governance model by Ministry of Social Justice and Empowerment (MoSJE) and other government stakeholders, for implementation of the welfare directives notified in the Transgender Persons (Protection of Rights) Act and Rules.

■ METHODS

The proposed framework was based on extensive desk review of academic, policy and practice literature as well as multi-stakeholder consultations across India. A detailed desk review of existing policies, schemes and programmes was conducted. It included a situation analysis of current central and state government programmes and schemes for the general population and transgender people. Barriers faced by the community in accessing these schemes were analysed. The review also involved studying policies, laws, schemes and welfare measures for transgender people in other parts of the world. In addition, relevant academic literature was systematically searched (in academic databases such as PubMed, PsychInfo and relevant peer-reviewed Indian journals) and relevant information were extracted to contribute to the framework.

In order to gain a detailed understanding of barriers faced by the community while accessing the existing welfare measures and gaps deemed by the community in the current gamut of welfare programmes, eight virtual consultations were conducted to get inputs from diverse stakeholders (e.g., government, community, civil society/non-governmental, academic) on improving the welfare of transgender people:

- **Four regional consultations** were conducted for community and external stakeholders working in the North, West, South and East/North East regions of the country. Apart from transfeminine and transmasculine community members and people with intersex variations, participants of the consultations included representatives from the central and state governments, policy experts, academicians, lawyers and representatives from civil society organisations working for the welfare of the transgender community.
- **Two community-specific consultations** were organised on the issues and welfare of transmasculine people and people with intersex variations to deliberate on specific welfare needs of these communities, which are often invisibilized.
- **One Asia Pacific regional consultation** was conducted with government and community representatives from countries in Asia and the Pacific and beyond sharing good practices related to the welfare of transgender people in their countries.
- **One national consultation** was conducted with representatives from various ministries in the central government, in collaboration with NITI Aayog, where findings from the regional consultations were presented and inputs sought on formulating a national welfare framework.

A total of 282 people participated in these consultations, including: 57 representatives from the central and state governments e.g., ministries and departments of Social Justice and Welfare, Health, Education, Skill Development, Housing, and Women and Child Development; academic and policy experts; and 225 community representatives (See Annexure 1) Community representatives invited for the consultation were those who had worked on policy advocacy issues in their respective regions for several years and had rich insights on the needs of the communities. Participants from as many states in a region as possible were invited to ensure cross-pollination of ideas and sharing of good practices in their respective states.

The consultations helped in understanding policy gaps, implementation barriers and challenges faced by the communities. The community members also suggested new interventions required to address their needs and ensure a life of dignity where they can achieve their full potential. The consultations also helped triangulating findings from the secondary research and archives of work done by HST, C-SHaRP and other agencies.

The development and content of the framework are based on the following key principles:

- **Rights-based:** Everyone, including transgender people, has the universal and inalienable right to live with dignity and free of violence and is an active agent in their development. The framework places the social and economic rights of transgender persons in the centre of policy making as articulated in several human rights documents, including Yogyakarta international principles on sexual orientation and gender identity.¹² Accordingly, the framework aims to build the capacities of transgender persons to participate in their own development.
- **Equality:** Transgender people have diverse experiences, abilities, and identities, which are acknowledged. Throughout the framework, the focus is on promotion of reducing inequalities by several means, including affirmative action, as a means of improving outcomes and ensuring that transgender persons can realise their socio-economic and political rights as equal citizens of the country.
- **Evidence-informed:** The available evidence based on research, programme implementation experiences from India and other countries, and inputs from experienced community members and experts were taken into account in drafting this framework.

The welfare measures proposed in the framework are segregated under five thematic areas – Health, Education, Livelihoods and Skill-building, Housing and Food Security, and Personal Safety and Security. These measures include addressing short-term

¹² The Yogyakarta Principles -2006. Principles on the application of international human rights law in relation to sexual orientation and gender identity. http://yogyakartaprinciples.org/wp-content/uploads/2016/08/principles_en.pdf; and The Yogyakarta Principles plus 10 (YP plus 10) -2017: http://yogyakartaprinciples.org/wp-content/uploads/2017/11/A5_yogyakartaWEB-2.pdf

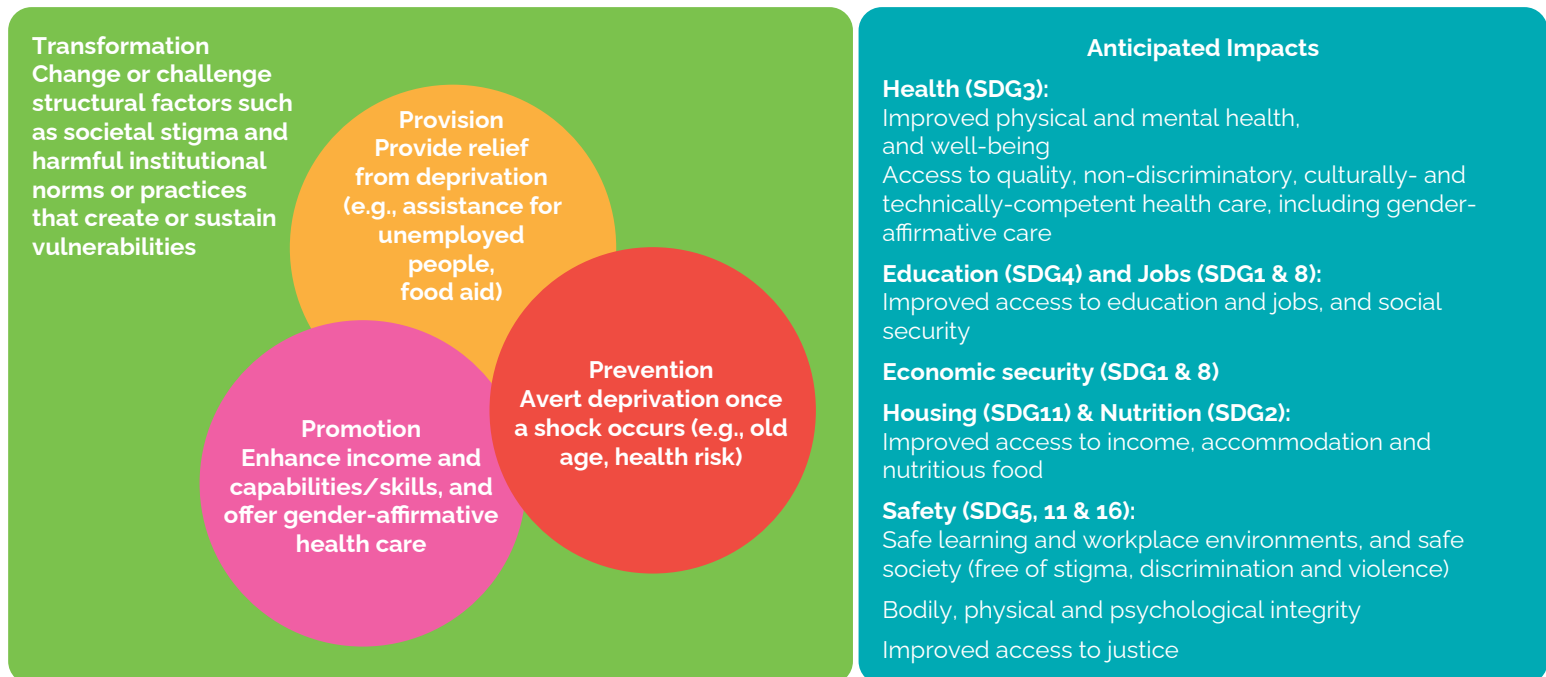
needs through social protection schemes and programmes and anti-discriminatory policies and addressing long-term needs by initiating structural and systemic changes and implementing affirmative actions that aim to bring about sustainable positive change in the lives of transgender persons in India.

■ PRINCIPLES AND APPROACHES

Aims and principles of social welfare framework for transgender people

Given the stigma and marginalisation faced by transgender people across multiple sectors (e.g., education, employment, health), we describe a social welfare approach for transgender people in India, taking into account the directions offered in the Transgender Persons (Protections of Rights) Act, 2019, and its Rules, 2020. Social welfare/protection approach for transgender people needs to ensure a life of dignity and build on key principles such as **distributive justice** to allocate and distribute resources to those who are most in need and marginalised, **affirmative action** in the form of reservations in education and employment, and **social equity/justice** to protect their human rights.¹³

FIGURE 3. A BROADER CONCEPTUAL FRAMEWORK* FOR SOCIAL WELFARE INTERVENTIONS FOR TRANSGENDER PEOPLE AND ANTICIPATED IMPACTS (*BASED ON SABATES-WHEELER & DEVEREUX, 2007¹⁴)



13 Waring, Mukherjee, Reid, & Shivdas (2013). Anticipatory Social Protection: Claiming Dignity and Rights. doi: [10.1080/13552074.2014.934051](https://doi.org/10.1080/13552074.2014.934051)

14 Sabates-Wheeler, R., & Devereux, S. (2007). Social Protection for Transformation. *IDS Bulletin*, 38(3), 23-28.

Accordingly, social welfare programmes need to have components on: **(1) prevention** – aversion of deprivation once a shock occurs (e.g., old age, health risk); **(2) promotion** – to enhance income and capabilities/skills; **(3) protection** – provide relief from deprivation (e.g., food aid, assistance for unemployed people); and **(4) transformation** – to change the structural factors such as societal stigma and harmful institutional norms, ignorance or apathy that create or sustain vulnerabilities of transgender people. Figure 3 summarises this conceptual framework along with anticipated impacts in health, education, economic security, housing and safety. The relevant Sustainable Development Goals (SDGs) are noted in Figure 3 in the anticipated impacts and summarised in Table 1.

TABLE 1. RELEVANT SDGS FOR THIS WELFARE FRAMEWORK DOCUMENT

Thematic Areas of this Framework Document	Relevant SDGs
Health	Ensure healthy lives and promote wellbeing for all at all ages (SDG3)
Education	Ensure inclusive and equitable quality education (SDG4)
Economic security	End poverty in all its forms everywhere (SDG1) Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all (SDG8)
Housing and Nutrition	End poverty in all its forms everywhere (SDG1) Make cities and human settlements inclusive, safe, resilient and sustainable (SDG11) End hunger, achieve food security and improved nutrition and promote sustainable agriculture (SDG2)
Personal safety and Violence	Achieve gender equality (SDG5) Make cities and human settlements inclusive, safe, resilient and sustainable (SDG11) Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels (SDG16)

The framework also draws from the legal responsibilities towards welfare placed on the state as enshrined in the Constitution of India and the legal and legislative reforms that have taken place over the years to hold the state accountable to its constitutional obligations (See Box 1).

Box 1. Constitutional and legal reforms that pave the way for welfare of transgender persons

The fundamental rights under PART III of Indian Constitution have been expanded and elaborated by Courts to include a range of socio-economic rights. One such judicial interpretation sought to expand the understanding of "life" in Article 21 of the and ruled that "life" does not connote merely physical existence but embraces something beyond that, namely "the right to live with human dignity and all that goes along with it, namely, the bare necessities of life such as adequate nutrition, clothing and shelter".¹⁵ Based on this interpretation, health and sanitation have been held to be an essential facet of the right to life. The NALSA judgment of 2014, too interpreted Articles 14 (right to equality), 19 (right to freedoms) and 21 (right to life and liberty) in the context of transgender persons and passed specific directives to the Centre and State Governments to take proper measures to provide medical care in hospitals, separate public toilets, operate separate HIV/Sero-surveillance measures, provide transgender persons various social welfare schemes, treat the community as socially and economically backward classes and extend reservation in educational institutions and for public appointments. Centre and State Governments were also asked to take steps to create public awareness to better help incorporate transgender persons into society and end their treatment as untouchables; take measures to regain their respect and place in society; and address the problems such as fear, shame, gender dysphoria, social pressure, depression, suicidal tendencies and social stigma. Part IV of the Constitution of India lays down Directive Principles of State policy which aim to establish social and economic democracy through a welfare state as enumerated in Articles 38 (duty to provide welfare and a just social order and address inequalities); 39 (f) (children and youth –freedom and dignity and protection against abandonment) 39A (equality and justice in legal redressal); 41 (right to work, education and public assistance); 46 (promotion of educational and economic interests of SC, ST and weaker sections of society. Although Directive Principles are not on the text of the Constitution enforceable by any court, they are "nevertheless fundamental in the governance of the country and it shall be the duty of the State to apply these principles in making laws".¹⁶ The Supreme Court has incorporated into fundamental rights some of the Directive Principles, such as those imposing an obligation on the state to provide a decent standard of living¹⁷, a minimum wage¹⁸, just and humane conditions of work¹⁹, and to raise the level of nutrition and of public health.²⁰ It is due to such judicial interpretations that some socio-economic rights have been made living realities for the indigent and downtrodden segments of society and offer a solid foundation for welfare measures for transgender persons in India.

15 Francis Coralie Mullin v. Union Territory of Delhi, (1981) 1 SCC 608.

16 The Constitution of India, Art. 37.

17 The Constitution of India, Art. 47.

18 The Constitution of India, Art. 43.

19 The Constitution of India, Art. 42.

20 The Constitution of India, Art. 47.

Life course approach in designing and implementing social welfare programmes for transgender people

Social protection for transgender people needs to be rights-based, gender sensitive, transformative (addresses discrimination and inequities) and anticipatory (e.g., anticipates economic vulnerabilities and risks at particular stages in life). Accordingly, a transformative and anticipatory framework for social protection for transgender people, based on a life stage approach is presented in Figure 4.²¹ The approach detailed below is not meant to be comprehensive or exhaustive, but to indicate possible strategies and activities that can be implemented in different sectors by governments and other stakeholders. Theme-specific frameworks in relation to areas such as health, education and employment, based on this broader framework, are proposed in the subsequent portions of this document. A transformative framework, which emphasizes reduction of stigma, discrimination and violence against transgender people, is appropriate given evidence that social exclusion and discrimination against sexual and gender minorities, including transgender people, negatively affect economic development in India,²² and evidence is available for the connection between gender minority status and poverty²³

Taking into account the 'Operational Social Protection' definition used by Devereux and Sabates-Wheeler (2004),²⁴ social welfare/protection for transgender people needs to cover all formal and informal initiatives across the life course that provide:

- Social assistance (e.g., old age pension, unemployment assistance for working-age people)
- Social services (e.g., assistance in getting entitlements, financial assistance for gender-affirmative procedures or management of intersex conditions)
- Social insurance to protect people against the risks and consequences of livelihood shocks and health risks (e.g., self-help groups, health insurance)
- Social equity to protect people against social risks such as discrimination and abuse (e.g., formal redressal mechanisms and anti-discrimination laws)

Childhood

Due to lack of family acceptance and problems faced in schools, many trans-identified or gender-diverse children and adolescents are forced to leave their family of origin

21 Based on: Chakrapani, V., Newman P.A., & Noronha, E. (2018). Hijras/Transgender Women and Sex Work in India: From Marginalization to Social Protection. In Nuttbrock (Ed.). *Transgender Sex Work & Society*. New York: Harrington Park Press.

22 Badgett, MVL. 2014. *The Economic Cost of Stigma and the Exclusion of LGBT People : A Case Study of India*. World Bank, Washington, DC: World Bank.

23 Dhall, P. and Boyce, P. (2015) *Livelihood, Exclusion and Opportunity: Socioeconomic Welfare among Gender and Sexuality Non-normative People in India*, IDS Evidence Report 106, Brighton: IDS

24 Devereux and Sabates-Wheeler (2004). *Transformative social protection*. IDS Working Paper 232

and abandon their education. Thus, educational and counselling interventions to promote acceptance of gender-variant children/youth among family members, and school students and staff are needed. Programmes to promote understanding of trans people among school/college authorities and students may support acceptance of trans people, thus removing a barrier to completion of education. Non-discrimination policies on gender-diverse children and youth should be enacted and monitored to strengthen these sensitisation and educational initiatives. Financial assistance to complete education, in the form of cash transfers to parents, waiver of educational fees and other assistance need to be provided.

Adolescence/youth and working age

Transgender people should be provided adequate job opportunities that are in line with their qualifications and abilities. Additionally, they should be supported to build their capacities and skills to meet the requirements of their desired employment. Non-employment benefits (stipend for unemployed—both able-bodied and differently-abled persons) and reservations in jobs (affirmative action) should also be considered in line with this broader emerging trend in some states (e.g., Tamil Nadu²⁵). Assistance to individual trans people and to self-help groups of trans people for starting and running small-scale business enterprises (as in the initiatives of the Tamil Nadu Transgender Welfare Board)²⁶ may provide important support to those seeking self-employment or group employment. Furthermore, implementation of official mechanisms for redress (e.g., complaints officer as mandated in the Act/Rules) and measures to ensure accountability for workplace issues in the formal and informal work sector may be integral to preventing workplace discrimination and thereby to promoting sustained employment of trans people.

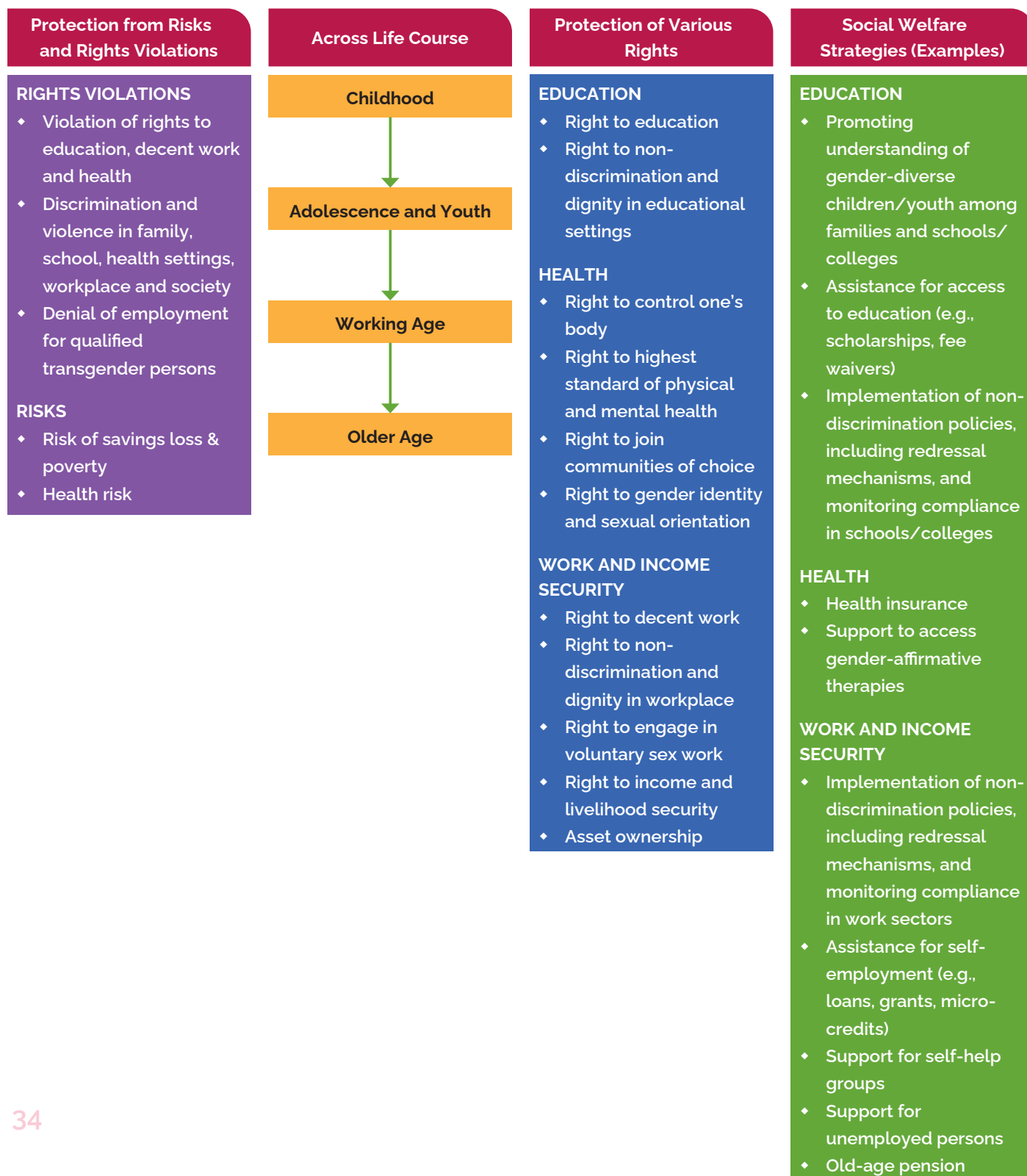
Older age

Older transgender people, like any other older persons, need to be supported by universal pension schemes that provide adequate monetary support. However, the starting age at which the pension needs to be offered need to be relaxed. Several state governments have started providing old age pension for transgender people, primarily transfeminine people (e.g., Delhi, Tamil Nadu, Kerala, Odisha), which needs to be extended to transmasculine people as well.

25 <https://www.thehindu.com/news/national/tamil-nadu/transgenders-entitled-to-reservations-under-mbc-quota-govt-tells-hc/article27944656.ece>

26 Chakrapani, V. (2012). The Case of Tamil Nadu Transgender Welfare Board: Insights for Developing Practical Models of Social Protection Programmes for Transgender People in India. UNDP India: Delhi.

**FIGURE 4. LIFE-COURSE APPROACH TO SOCIAL WELFARE PROGRAMMES FOR
TRANSGENDER PEOPLE IN INDIA**



1

ADVANCING THE HEALTH AND WELL-BEING OF TRANSGENDER PEOPLE

OBJECTIVES

Objectives for advancing health and well-being:

- Improving access to and use of gender-affirmative healthcare services
- Improving access to and use of discrimination-free general healthcare services
- Ensuring trans-inclusivity in national health policies and programmes
- Accelerating efforts to end HIV epidemic among transgender people by 2030
- Creating and using research evidence-base to reduce health inequalities

SDG 3:
HEALTH
Ensure
healthy lives
and promote
wellbeing for all
at all ages

■ INTRODUCTION

Transgender people in India face disproportionate health burden. Societal stigma and discrimination faced by transfeminine and transmasculine people has been shown to lead to depression, anxiety, self-stigma and suicidal ideation.^{27, 28} For example, a multi-site study²⁹ among 300 transgender women reported that 43% had moderate/severe depression, 84% had ever experienced physical or sexual violence (victimisation), and 37% reported frequent use of alcohol. This pattern is consistent with minority stress theory that states that gender minority stressors contribute to negative mental health outcomes.³⁰ Prevalence of HIV among transfeminine people is high as well (a national average of 3.4%,³¹ when compared to 0.22%³² in general population). Several social-structural factors contribute to this increased HIV risk. Many transfeminine people leave their parental homes due to family violence and thus lack adequate education and thus employment opportunities. Consequently,

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- 27 Chakrapani, V., et al. (2017). Understanding How Sexual and Gender Minority Stigmas Influence Depression Among Trans Women and Men Who Have Sex with Men in India. *LGBT Health*, 4(3), 217-226. doi: 10.1089/lgbt.2016.0082
- 28 Chakrapani, V., Scheim, A.I., Newman, P.A. et al. (2021). Affirming and negotiating gender in family and social spaces: Stigma, mental health and resilience among transmasculine people in India. *Culture, Health & Sexuality*. <https://doi.org/10.1080/13691058.2021.1901991>
- 29 Chakrapani, V., Newman, P. A., Shunmugam, M., Logie, C. H., & Samuel, M. (2017). Syndemics of depression, alcohol use, and victimisation, and their association with HIV-related sexual risk among men who have sex with men and transgender women in India. *Glob Public Health*, 12(2), 250-265. doi: 10.1080/17441692.2015.1091024
- 30 Delozier AM, Kamody RC, Rodgers S, Chen D. Health Disparities in Transgender and Gender Expansive Adolescents: A Topical Review From a Minority Stress Framework. *J Pediatr Psychol*. Sep 1 2020;45(8):842-847.
- 31 NACO. (2017). *HIV Sentinel Surveillance: Technical Brief, India 2016-17*. New Delhi: NACO, MoHFW.
- 32 National AIDS Control Organization (2020). *Sankalak: Status of National AIDS Response (Second edition)*. New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.

many transfeminine people engage in sex work for survival. Limited studies among transmasculine people in India too have reported that everyday discrimination experiences in diverse settings (family, schools and workplace) contributed to psychological distress.³³³⁴ Addressing these social determinants of health (stigma, discrimination and violence) of transfeminine and transmasculine people are equally important in addition to providing preventive and clinical health services.

In order to adequately address the health-related clauses mentioned in the Transgender Persons (Protection of Rights) Act, 2019, and TGP (PoR) Rules, 2020 (See Box 2), a pragmatic framework for addressing the health needs of transgender people is summarised here under five broad objectives:

1. Improving access to and use of gender-affirmative healthcare services
2. Improving access to and use of discrimination-free general healthcare services
3. Ensuring trans-inclusivity in national health policies and programmes
4. Accelerating efforts to end HIV epidemic among transgender people by 2030
5. Creating and using research evidence-base to reduce health inequalities

Box 2. Health care-related clauses in the Transgender Persons (Protection of Rights) Act, 2019, and TGP (PoR) Rules, 2020

ACT

15. The appropriate Government shall take the following measures in relation to transgender persons, namely: —

- (a) to set up separate human immunodeficiency virus Sero-surveillance Centres to conduct sero-surveillance for such persons in accordance with the guidelines issued by the National AIDS Control Organisation in this behalf;
- (b) to provide for medical care facility including sex reassignment surgery and hormonal therapy;
- (c) before and after sex reassignment surgery and hormonal therapy counselling;
- (d) bring out a Health Manual related to sex reassignment surgery in accordance with the World Profession Association for Transgender Health guidelines;
- (e) review of medical curriculum and research for doctors to address their specific health issues;
- (f) to facilitate access to transgender persons in hospitals and other healthcare institutions and centres;

33 Chakrapani, V., et al., 2021. Ibid. <https://doi.org/10.1080/13691058.2021.1901991>

34 Sanyal, D., & Majumder, A. (2016). Presentation of gender dysphoria: A perspective from Eastern India. *Indian J Endocrinol Metab*, 20(1), 129-133.

- (g) provision for coverage of medical expenses by a comprehensive insurance scheme for Sex Reassignment Surgery, hormonal therapy, laser therapy or any other health issues of transgender persons.

RULES

- (3) The appropriate Government shall formulate educational, social security, health schemes and welfare schemes and programmes as specified in Annexure-II in a manner to be transgender sensitive, non-stigmatising and non-discriminatory to transgender persons
- (5) The appropriate Government shall create institutional and infrastructure facilities, including but not limited to...separate human immunodeficiency virus sero-surveillance centres, separate wards³⁵ in hospitals and washrooms in the establishment, within two years from the date of coming into force of these rules...
- (7) The appropriate Government shall also provide for sensitisation of institutions and establishments under their purview, including: -...(b) sensitization of healthcare professionals...
- (g) ...choice of male, female or separate wards in hospitals and washrooms in the establishment within two years from the date of coming into force of these rules...

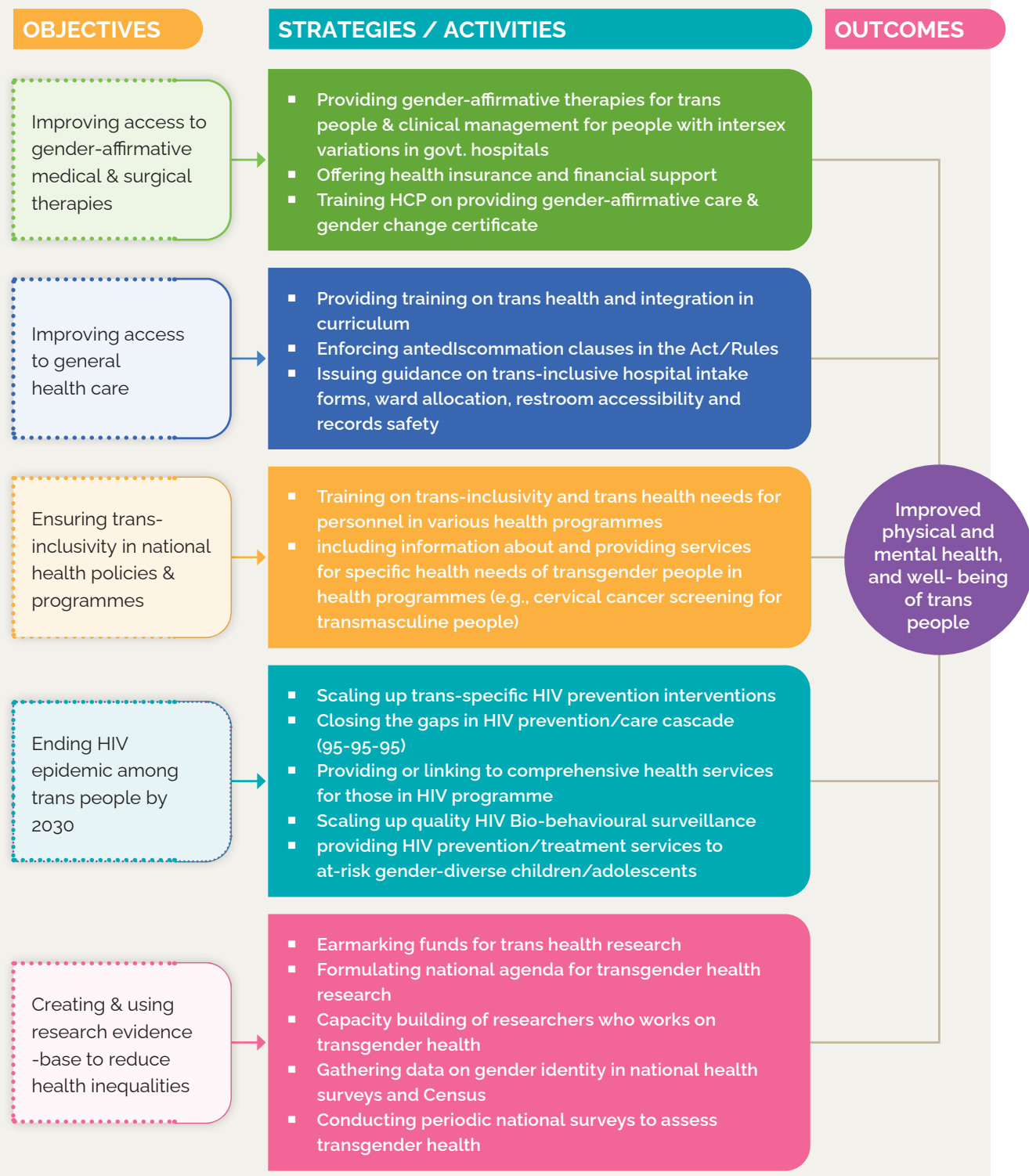
Annexure – II. Suggested list of welfare schemes to be considered:

1. Access to health
 - a) At least 1 government hospital in every State shall be equipped to offer safe and free gender affirming surgery, counselling and hormone replacement therapy to the transgender community, including all Male to Female (MTF) and Female to Male (FTM) procedures.
 - b) State medical insurance shall cover procedures of SRS, hormonal therapy, laser therapy, counselling and other health issues of transgender persons at private hospitals
 - c) medical insurance/aogyashri cards.
 - d) All healthcare facilities should ensure that that there are separate wards³⁶ for transgender persons.

35 This statement apparently is stated differently than the more clear wording in clause-10.g, which states "choice of male, female or separate wards in hospitals"

36 This statement apparently is stated differently than the more clear wording in clause-10.g, which states "choice of male, female or separate wards in hospitals"

FIGURE 5. OVERALL OBJECTIVES AND STRATEGIES TO IMPROVE HEALTH OUTCOMES OF TRANSGENDER PEOPLE



■ OBJECTIVES

1. Improving access to and use of gender-affirmative medical and surgical therapies

Gender affirmation through medical or surgical procedures is a crucial need for many transgender people, and is a medical necessity. Not all transgender people need gender-affirmative medical or surgical procedures, but they should be made available to those who desire. Gender-affirmative hormonal therapy is probably the most common gender-affirmative care need; however, it is not available in public hospitals despite the low costs and the availability of expertise³⁷ to prescribe and monitor hormonal therapy in government hospitals.³⁸ Inclusion of feminising and masculinising hormonal medications (e.g., pills, injections, patches) under 'National Essential Medicines List' will help improving access to these medications in government hospitals. In absence of free or affordable quality gender-affirmative surgeries in government hospitals and lack of coverage in health insurance schemes, transgender people will not be able to access quality gender affirmative care.³⁹ Some transfeminine people go to unqualified medical practitioners ('quacks') with serious post-surgical complications and some transfeminine and transmasculine people pay exorbitant fees in private hospitals to access gender-affirmative care. To save money for gender-affirmative procedures, hijras in sex work have been documented to engage in HIV risk behaviours (as some clients are willing to pay more for condom-less sex).

The TGP(PoR) Act states that "...appropriate government...(b) to provide for medical care facility including sex reassignment surgery and hormonal therapy; (c) before and after sex reassignment surgery and hormonal therapy counselling" (See Box 2). Currently, PM-JAY, the central government health insurance scheme, and available Chief Minister's health insurance schemes (e.g., in the state of Tamil Nadu) do not cover the costs related to gender-affirmative therapies such as gender-affirmative surgeries and hormonal therapy for feminisation or masculinisation (See Table 2 on gender-affirmative medical and surgical procedures). Thus, it is critical that quality gender-affirmative are available at free or subsidized costs in public hospitals, and costs are covered or reimbursed in government or private health insurance schemes. The TGP(PoR) Rules, 2020, states: "At least 1 government hospital in every State shall be equipped to offer safe and free gender

37 Primary care physicians can be easily trained on providing hormonal therapy. Furthermore, most district government hospitals or tertiary care centres have internal medicine physicians, endocrinologists and gynecologists who can prescribe and/or monitor gender-affirmative hormonal therapy.

38 Singh, Y., Aher, A., Shaikh, S., Mehta, S., Robertson, J., & Chakrapani, V. (2014). Gender Transition Services for Hijras and Other Male-to-Female Transgender People in India: Availability and Barriers to Access and Use. *International Journal of Transgenderism*, 15(1), 1-15.

39 For example, in one study, out of 17 trans men who reported seeking guidance on gender-affirmative surgeries, 10 people reported barriers to surgeries, especially financial. (Ref.: Transcend Project Team. *Situation and needs assessment of transgender people in three major cities in India*. Mumbai: The Humsafar Trust, 2018)

affirming surgery, counselling and hormone replacement therapy to the transgender community, including all Male to Female (MTF) and Female to Male (FTM) procedures". To fulfil this directive, the state governments can identify one or more of the major tertiary care level state government hospitals that can provide a multi-disciplinary model of gender-affirmative medical and surgical procedures for transgender people. Similarly, the central government can identify suitable hospitals among those that are empanelled under PM-JAY and Rashtriya Swasthya Bima Yojana (RSBY) to provide gender-affirmative medical and surgical procedures. The central government can identify at least one centre of excellence centre for transgender healthcare in each of the five regions in India, probably through the AIIMS colleges.

Objective-1. Improving access to gender-affirmative medical and surgical therapies for transgender people and competent care for people with intersex variations by:

- Providing quality gender-affirmative therapies (using national guidelines adapted from WPATH international standards of care) for transgender people,⁴⁰ and providing respectful care for people with intersex variations using international guidelines (e.g., Cools et al's consensus statement)⁴¹
- Supporting gender-affirmative therapies such as hormonal therapy and surgeries (including operative and post-operative care costs, and follow-up surgeries) undertaken in private sector (private health insurance, subsidised/co-financed by government)
- Training a cadre of healthcare providers in identified government hospitals who can provide an inter-disciplinary gender-affirmative care (surgical, medical and psychosocial support) to transgender people, and clinical and psychosocial care for people with intersex variations
- Training doctors on providing gender change certificate by following the procedures stated in per the TGP(PoR) Act/Rules

Gender-affirmation therapies, including gender-affirmative surgeries

Only in a very few government hospitals gender-affirming health services for transgender people, including gender-affirming surgeries (noted as 'sex reassignment surgeries' in the TGP(PoR) Act/Rules) are provided.⁴² For example, two government

40 Note that WPATH guidelines focuses on transgender people, and do not cover care of people with intersex variations

41 Cools, M., Nordenstrom, A., Robeva, R., Hall, J., Westerveld, P., Fluck, C., . . . Pasterski, V. (2018). Caring for individuals with a difference of sex development (DSD): a Consensus Statement. *Nat Rev Endocrinol*, 14(7), 415-429.

42 Singh, Y., Aher, A., Shaikh, S., Mehta, S., Robertson, J., & Chakrapani, V. (2014). Gender Transition Services for Hijras and Other Male-to-Female Transgender People in India: Availability and Barriers to Access and Use. *International*

hospitals (one in Chennai and another in Madurai) in Tamil Nadu have been identified for provision of gender-affirmative care.⁴³ Expertise on carrying out certain surgeries (e.g., phalloplasty and metoidioplasty) for transmasculine persons are limited in both government and private hospitals, because such surgeries often need multi-speciality collaborations (urology, plastic surgery, general surgery, gynaecology).

For gender-affirmative therapies such as gender-affirmative surgeries, hormonal therapy, and other procedures (e.g., laser facial hair removal, voice therapy), the TGP(PoR) Act, 2019 states that WPATH (World Professional Association for Transgender Health) Standards of Care (SOC)⁴⁴ be followed. WPATH SOC version-7 states that people with "persistent, well-documented gender dysphoria" are candidates for gender-affirmative hormones or surgeries. WHO's International Classification of Diseases (ICD-11) has officially placed 'Gender Incongruence' under sexual health chapter (removing it from the 'mental and behavioural disorders' chapter).⁴⁵ ICD-11 officially comes into force from 2022. The central/state governments can develop with standard operating procedures for providing gender-affirmative therapies, including surgeries, in government hospitals. Furthermore, guidelines are also needed on prevention of forced and coercive sterilizations affecting reproductive health and rights of transgender people and people with intersex variations. Gamete banking (storage of sperms and ova) facilities need to be available and accessible to transgender people before removal of reproductive organs.

Gender-affirmative surgeries, sometimes occur in several stages or sessions. Therefore, the government insurance or financial support schemes need to cover all such needed procedures as well as the post-operative care costs for relevant periods. For example, Kerala government has announced a financial aid of up to 2 lakhs for gender-affirmative surgery⁴⁶ and support for post-operative care (INR 3000/month for 1 year).⁴⁷ Furthermore, the healthcare providers in the government hospitals need to be trained on how to provide gender change certificate after providing gender-affirmative services, which are detailed in the TGP(PoR) Rules⁴⁸.

Journal of Transgenderism, 15(1), 1-15.

43 but during the stakeholder consultations, a community representative reported that those centres were not functional due to COVID-19.

44 Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... Zucker, K. (2012). Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. *Int. Journal of Transgenderism*, 13(4), 165-232.

45 WHO/Europe brief – transgender health in the context of ICD-11. <https://www.euro.who.int/en/health-topics/health-determinants/gender/gender-definitions/whoeurope-brief-transgender-health-in-the-context-of-icd-11>

46 Social Justice Department, Kerala. Financial aid to Transgenders for Sex Reassignment Surgery. http://sjd.kerala.gov.in/scheme-info.php?scheme_id=IDE1MHNWOHVxUjN2eQ==

47 Social Justice Department, Kerala. http://sjd.kerala.gov.in/scheme-info.php?scheme_id=MTUwc1Y4dXFSI3Z5

48 The Rules, under the procedure for issue of a certificate of identity for change of gender, state that "If a transgender person undergoes medical intervention towards a gender affirming procedure, either as a male or female, such person may apply in the Form – 1, along with a certificate issued to that effect by the Medical Superintendent or

TABLE 2. GENDER-AFFIRMATIVE THERAPIES (MEDICAL AND SURGICAL PROCEDURES) FOR TRANSGENDER AND GENDER-DIVERSE PEOPLE

Needs and procedures	Transfeminine people	Transmasculine people
Counselling needs	<ul style="list-style-type: none"> Proper counselling about options available in relation to medical and surgical gender-affirmation Proper post-operative follow-up counselling and support 	
Surgical procedures	<ul style="list-style-type: none"> Neovagina creation (construction of vagina) Removal of external genitalia (penectomy and orchidectomy) Clitoroplasty (construction of clitoris) Breast augmentation (breast enlargement) Rhinoplasty (nose reshaping) and other facial gender-affirmative surgery Hair transplants 	<ul style="list-style-type: none"> Bilateral mastectomy (chest reconstruction) Hysterectomy (removal of uterus) Oophorectomy (removal of ovaries) Metoidioplasty & Phalloplasty (construction of penis) Facial gender-affirmative surgery
Hormonal & other nonsurgical procedures	<ul style="list-style-type: none"> Female hormone (feminisation) therapy Hair removal: Electrolysis and laser therapy Voice modulation: Vocal therapy 	<ul style="list-style-type: none"> Male hormone (masculinisation) therapy Voice modulation: Vocal therapy

Reference: Adapted from Table 10.1. of Chapter 10. 'Access to Healthcare: General Health Services (Physical / Mental), and Gender Transition Services (including Sex Reassignment Surgery)'. Report of the Expert Committee on the issues relating to transgender persons. 2014. MoSJE. <http://socialjustice.nic.in/writereaddata/UploadFile/Binder2.pdf>

Medical and surgical care for people with intersex variations

For children with intersex variations, as directed by the Madras High Court and Delhi Commission for Protection of Child Rights Act recommendations, medically unnecessary and nonemergency surgical procedures need to be avoided. Delaying such nonessential surgeries during the childhood gives the individuals to take time to understand their condition and preferences and take an informed decision once they

Chief Medical Officer of the medical institution in which that person has undergone the said medical intervention, to the District Magistrate for the issue of a revised certificate of identity."

become legal major. An international clinical review reported gender dysphoria in 8.5% to 20% among people with intersex variations;⁴⁹ i.e., a majority were cisgender persons. It is crucial that both policymakers and healthcare providers need to understand this point to avoid conflating the issues of transgender people and cis-gender people with intersex variations. Where required, for the clinical management of people with intersex variations, the available international medical guidelines (such as Cools et al consensus statement)⁵⁰ need to be followed, taking into account the diversity in intersex conditions. For whom it is medically indicated, advanced surgical and medical care needs to be provided in at least tertiary level care hospitals, and basic surgical and medical care needs to be offered in district level hospitals.

Box 3. International good practice: 'Gender Wellbeing Clinic' by the government of Malta in European Union

In 2018, the government of Malta opened a 'Gender Well Being Clinic'. The Clinic provides gender-affirmative health-care services, tailored to the needs of the users by a multidisciplinary team, including psychosocial and medical professionals. Hormonal therapy and gender-affirmative surgeries are offered by this multi-disciplinary team. The government has released a 'Transgender Healthcare' policy document⁵¹ and allocated dedicated funding for health services for transgender people. Gender-affirmative therapies other than surgeries are available free or at subsidized costs. WHO lauds that the development of health services for transgender people in Malta⁵² and notes that it could be due to several aspects: a high level of political commitment, the strong leadership of the Minister of Health and the adoption of a human rights-based, gender-responsive approach.

49 Furtado, P. S., Moraes, F., Lago, R., Barros, L. O., Toralles, M. B., & Barroso, U. (2012). Gender dysphoria associated with disorders of sex development. *Nature Reviews Urology*, 9(11), 620-627

50 Cools M, Nordenstrom A, Robeva R, et al. Caring for individuals with a difference of sex development (DSD): a Consensus Statement. *Nat Rev Endocrinol*. Jul 2018;14(7):415-429.

51 Ministry for Health, Malta: Transgender Healthcare. 2018: <https://deputyprimeminister.gov.mt/en/Documents/National-Health-Strategies/Transgender%20Healthcare.pdf>.

52 WHO. Participatory approaches to reaching the Sustainable Development Goals: MALTA. Leaving no one behind – participatory development of policy on health services for transgender people. Copenhagen, Denmark: WHO Europe Office; 2019: https://www.euro.who.int/_data/assets/pdf_file/0010/398431/20190328-h1715-sdg-topic-malta.pdf

2. Improving access to and use of discrimination-free general healthcare services

Objective-2. Improving access to and use of discrimination-free general healthcare services by:

Training healthcare providers and integrating transgender health in curriculum.

- Training for healthcare providers and other healthcare staff on health needs of transgender people and people with intersex variations
- Incorporating information on health needs of transgender people and people with intersex variations in the undergraduate and postgraduate medical, nursing and allied health sciences curricula

Implementing steps to eliminate anti-discrimination.

- Implementing anti-discrimination guidelines (as stated in the TGP(PoR) Act/Rules) and enforcement of those rules/guidelines, and oversight
- Issuing guidance on trans-sensitive intake/registration forms, hospital accommodation (ward allocation), restroom accessibility and records maintenance (safety/confidentiality).

Transgender people, in addition to trans-specific healthcare needs such as gender-affirmative services, also have the same kind of health needs as that of the general population. This means, ideally, they need to have access to general healthcare services as well – in relation to physical, mental and sexual and reproductive health services.⁵³ However, previous experiences of discrimination and anticipated stigma (fear of discrimination) prevent many trans people in accessing government health services. Providers' lack of adequate knowledge about transgender people and their insensitivity in interacting with trans people (e.g., misgendering, verbal abuse) have been well documented in academic and grey literature.⁵⁴ Lack of information about transgender people in the medical, nursing and paramedical curriculum, and lack of training programs on providing culturally-competent non-judgemental services to transgender people are other reasons responsible for the current situation. Accordingly, some of the strategies that can be considered to improve access to general healthcare services for transgender people include:

a. Offering training for healthcare providers and other healthcare staff on health needs of transgender people and people with intersex variations

53 Chakrapani V, Newman PA, Shunmugam M, Dubrow R. Barriers to free antiretroviral treatment access among kothi-identified men who have sex with men and aravanis (transgender women) in Chennai, India. *AIDS Care*. Dec 2011;23(12):1687-1694.

54 *Ibid.*

These training programs⁵⁵ need to provide general information about transgender people (who are trans people and people with intersex variations, what is the current medical knowledge about gender identity and gender incongruence, and intersex variations), address any negative attitudes and misconceptions, and impart skills required to provide culturally-competent, non-discriminatory/non-judgemental quality health care. Training manuals and modules on the same need to be made prepared or adapted from existing quality sources.

b. Incorporating information on health needs of transgender people and people with intersex variations in the undergraduate and postgraduate medical, nursing and paramedical curriculum

National medical commission (NMC) can issue guidelines and directives for inclusion of transgender-specific curriculum in the medical, nursing and paramedical curriculum not only to central and state government-supported medical institutions, but also to private-run medical institutions. The content of the curriculum needs to be tailored to the different categories of healthcare providers and healthcare staff, and should be aimed to impart knowledge and skills and address misconceptions.

c. Stigma reduction-related activities at multiple levels

Stigma faced by trans people can be reduced or eliminated by taking actions at multiple levels. At the structural level, as part of implementation of the Act/Rules, redressal mechanisms need to be established in healthcare settings. Awareness needs to be created among healthcare providers that discrimination against trans people is not tolerated. In addition to punitive actions, proactive steps to prevent discriminatory incidents in the healthcare settings and to promote an enabling environment for trans people in accessing and using public healthcare settings need to be created. Model non-discrimination policies for hospitals need to be developed and shared by relevant health authorities. Such policies need to provide guidance on the gender categories listed in outpatient and in-patient intake/registration forms, ward allocation and restroom accessibility for trans people, and how to maintain trans people's records (e.g., details about assigned gender, birth name, current gender identity and gender-congruent name) in a safe and confidential manner. The TGP(PoR) Act/Rules directs to appoint a complaints officer⁵⁶ in hospitals for redressal. Similarly, to address complaints of those living with HIV, including transgender people living with HIV, the HIV/AIDS Act, 2017,

55 MOSJE, through National Institute of Defence, is preparing online courses to educate healthcare providers primarily on the Transgender Persons Act.

56 The HIV/AIDS Rules, 2018, states that: "The Complaints Officer shall inform the complainant of the action taken in relation to the complaint and of the complainant's right to approach the Ombudsman or to any other appropriate legal recourse in case the complainant is dissatisfied with the action taken." (See the clause 11. (3))

and HIV/AIDS Rules, 2018, directs the government to appoint a complaints officer at establishments, including healthcare institutions.

3. Ensuring trans-inclusivity in national health policies and programmes

MoHFW has several national health programmes (e.g., national health mission) and several national health policies (e.g., national mental health policy). It is crucial to ensure that these health programmes and policies are inclusive of the health needs of trans people. Accordingly, a 'trans-inclusivity' audit can be done – similar to the 'gender audit', which usually focuses on whether a particular policy or programme is sensitive to and addressing the needs of women. Based on a quick needs-assessment of the general and specific training needs of officials and staff in various health programmes, tailored trainings need to be conducted to improve knowledge and understanding about transgender people and their health needs. For example, counsellors in national health mission need to be equipped with basic skills to provide mental health counselling to transgender people as well.

Objective-3. Ensuring that health programmes and policies (e.g., Non-communicable diseases; National Mental Health Policy; programmes on children/adolescents' health) are inclusive of transgender people by:

- Training personnel in different health programmes on trans-inclusivity and transgender-specific health needs (audit on 'trans-inclusivity' of policies and programmes)
- Tailoring training to meet the needs of the healthcare staff: e.g., training counsellors on mental health challenges faced by trans people
- Including information about specific challenges needs of transgender people in health programmes (e.g., cervical cancer screening for trans men, breast cancer screening among transfeminine people on feminising hormones)

Many healthcare providers may not be aware of trans-specific health needs in their respective field. For example, gynaecologists or STI physicians may not be aware that for trans men with cervix, cervical cancer screening is needed (See Table X). Trainings that provide these kinds of trans-specific health information and impart skills to offer these services are needed as part of the ongoing training programmes for healthcare providers.

TABLE 3. EXAMPLES OF TRANS-SPECIFIC INFORMATION, SCREENING AND SERVICES IN GENERAL HEALTH SERVICES

Transgender people	Screening and vaccinations
Transfeminine people	
Who are on hormonal therapy (for >5 years) or between ages 50 and 69	Screening for breast cancer every two years ⁵⁷
Who engage in receptive anal sex	Hepatitis-B vaccination (with a prior negative HBsAg test) ^{58 59}
Adolescents, and vaccination through age 26 years for those who were not adequately vaccinated previously	HPV vaccination ⁶⁰
Transmasculine people	
Aged 50 to 69, even if have undergone top surgery	Screening for breast/chest cancer ⁶¹
Those who have not undergone hysterectomy as well as those who have undergone supracervical hysterectomy	Screening for cervical cancer ⁶²
Adolescents, and vaccination through age 25 years for those who were not adequately vaccinated previously	HPV vaccination ⁶³

- 57 Canadian Cancer Society. Trans women and breast cancer screening. <https://www.cancer.ca/en/prevention-and-screening/reduce-cancer-risk/find-cancer-early/screening-in-lgbtq-communities/trans-women-and-breast-cancer-screening/?region-on>
- 58 Poteat, T. Transgender people and sexually transmitted infections (STIs). <https://transcare.ucsf.edu/guidelines/stis>
- 59 National LGBT Health Education Center. Addressing HIV and Sexually Transmitted Infections among LGBTQ People: A Primer for Health Centers. 2019. https://www.lgbtqihealtheducation.org/wp-content/uploads/2019/05/TFI-53_Addressing-HIV-STI-for-LGBTQ-People-Brief_final.pdf
- 60 Meites E, Kempe A, Markowitz LE. Use of a 2-Dose Schedule for Human Papillomavirus Vaccination — Updated Recommendations of the Advisory Committee on Immunization Practices. *MMWR Morb Mortal Wkly Rep* 2016;65:1405–1408.
- 61 Canadian Cancer Society. Trans men and chest cancer screening. <https://www.cancer.ca/en/prevention-and-screening/reduce-cancer-risk/find-cancer-early/screening-in-lgbtq-communities/trans-men-and-chest-cancer-screening/?region-on>
- 62 Weyers, S., Garland, S. M., Cruickshank, M., Kyrgiou, M., & Arbyn, M. (2020). Cervical cancer prevention in transgender men: a review. *BJOG*. doi: 10.1111/1471-0528.16503
- 63 Meggetto, O., Peirson, L., Yakubu, M., Farid-Kapadia, M., Costa-Fagbemi, M., Baidoobonso, S., . . . Muradali, D. (2019). Breast cancer risk and breast screening for trans people: an integration of 3 systematic reviews. *CMAJ Open*, 7(3), E598-E609. doi: 10.9778/cmajo.20180028

4. Intensifying efforts to end HIV epidemic among transgender people by 2030

National AIDS Control Organisation (NACO) is responsible for managing HIV programme in the country, including prevention interventions for transgender people, which caters exclusively to transfeminine people. From the beginning of the fourth phase of National AIDS Control Programme (2012), NACO explicitly listed transfeminine people in the operational guidelines and in annual reports, mostly using the term "hijra/transgender people" (or "H/TG people"). Compared to other divisions of MoHFW, NACO is relatively advanced in its approach to transfeminine persons. Previously NACO used to combine interventions for transfeminine persons with men who have sex with men. Now, NACO has scaled up trans-specific HIV prevention interventions in various parts of India and claimed to have a coverage of 67% (47000 persons) in 2019-20,⁶⁴ although the denominator for calculating the coverage probably comes from a 17-state study⁶⁵ that estimated about 62137 (53280 to 74297) transfeminine people. Recently, in 2020, NACO proposed to introduce a holistic package for HIV prevention and treatment for transfeminine people and has commissioned a pilot multi-level intervention to reduce discrimination faced by transgender people in healthcare settings. Although there is an apparent reduction in the HIV prevalence among transfeminine people, HIV surveillance in new geographical areas and among diverse subgroups of transfeminine people need to be expanded as suggested in the TGP(PoR) Act and Rules. Transmasculine persons may also be at-risk for HIV and require information to protect themselves against HIV risk.

Objective- 4. End HIV epidemic among transgender people by 2030:

- Scaling up trans-specific HIV prevention interventions to increase coverage
- Closing the gaps in HIV prevention and care cascade
- Introduce & scale-up HIV pre-exposure prophylaxis (PrEP) interventions as part of combination HIV prevention strategy
- Ensuring provision of or linkage to comprehensive health services for those reached in HIV programme
- Scaling up quality HIV bio-behavioural surveillance
- Providing HIV-related services for legal minors who are trans-identified or gender-diverse children/adolescents

64 National AIDS Control Organization (2020). Sankalak: Status of National AIDS Response (Second edition, 2020). New Delhi: NACO, Ministry of Health and Family Welfare, Government of India.

65 Subramanian, T., Chakrapani, V., Selvaraj, V., Noronha, E., Narang, A., & Mehendale, S. (2015). Mapping and Size Estimation of Hijras and Other Trans-Women in 17 States of India: First Level Findings. *International Journal of Health Sciences and Research*, 5(10).

To achieve ending HIV epidemic, including among transgender people, by 2030 as stated in the National AIDS Control Programme-V (and as part of Sustainable Development Goal-3), NACO needs to considerably scale up the HIV intervention projects in various states. Currently, transfeminine people are covered through 41 exclusive trans-specific targeted interventions and 153 core composite interventions.⁶⁶ NACO also needs to reconsider the denominator that is being used currently to estimate the national coverage of transfeminine people. In the NACO-supported HIV interventions only those transfeminine people who are at least 18 years old are supported. Given the high risk faced by young gender diverse children and trans-identified adolescents, it is important to provide HIV prevention, treatment and care services for legal minors who are trans-identified or gender-diverse children/adolescents.⁶⁷

In addition to scaling up behavioural interventions, another effective strategy would be provision of HIV pre-exposure prophylaxis (PrEP), i.e., providing antiretroviral medicines for preventing HIV among HIV-negative people. The World Health Organization recommends PrEP for individuals at "substantial risk", including transfeminine people. ICMR is initiating PrEP demonstration projects in two Indian cities. However, NACO can accelerate provision of PrEP for at-risk transfeminine people at least through its partner agencies.

NACO aims to achieve the 95-95-95⁶⁸ targets related to SDGs by 2024 itself, as stated in its national strategic plan (2017-2024).⁶⁹ Although gaps in the HIV care cascade are not explicitly articulated by NACO, it acknowledges that HIV care cascade needs to be improved by linking those living with HIV to treatment and ensuring adherence to suppress viral load below detectable levels.⁷⁰ To ensure providing holistic care to transfeminine people reached through targeted HIV interventions and antiretroviral treatment centres, the services need to be expanded to include adequate attention on addressing mental health; provision of gender affirmation-related information, counselling and referrals; and referrals and linkages to social welfare schemes.

5. Creating and using research evidence-base to reduce health inequalities faced by transgender people

Most of the published research among transgender people in India are primarily on HIV-related research among transfeminine people. A recent scoping review on

66 NACO, Sankalak 2020. Ibid.

67 This point was stressed upon by many trans community participants in the consultations organised by UNDP and the Humsafar Trust in January and February 2021.

68 95% of those living with HIV in India know their status, 95% of those who know their status are on treatment and 95% of those who are on treatment have undetectable viral load.

69 NACO. National Strategic Plan for HIV/AIDS and STIs (2017-2024). <http://www.naco.gov.in/national-strategic-plan-hiv-aids-and-sti-2017-24>

70 NACO, Sankalak 2020. Ibid.

transmasculine people's health found only two peer-reviewed articles from India.⁷¹ As part of operations research and monitoring and evaluation, NACO collects HIV sero-surveillance data from sentinel sites – partly fulfilling a clause mentioned in the TGP(PoR) Act/Rules. NACO has conducted integrated bio-behavioural surveillance studies among transfeminine people and commissioned a few studies on transgender people. Academic research on health of transgender people, other than HIV-related topics (e.g., mental health, non-communicable diseases, and sexual and reproductive health and rights), are largely absent – possibly reflecting the lack of funding for conducting health-related research on topics other than those related to HIV and sexually transmitted infections. Indian Council of Medical Research (ICMR) under the Department of Health Research (DHR) of MoHFW periodically announces funding for HIV-related research in which sometimes transgender people (mostly interpreted as 'transfeminine' people in those announcements) are listed as one of the populations of interest. A dedicated funding or a scheme that focuses on transgender health (e.g., understanding and explaining the factors that influence transgender health, designing and evaluating interventions to improve transgender health) is absent.

Objective-5. Creating and using research evidence-base to reduce health inequalities among transgender people through:

- Earmarked health research funding on transgender health
- Formulation of national agenda for transgender health research
- Capacity building of researchers who work on transgender health
- Guidance/Support for collection of gender identity information in relevant national health surveys
- Guidance/Support for conducting periodic transgender community-specific national surveys to assess the situation of transgender health

To create a comprehensive evidence-base on transgender health to guide health policies and programmes, DHR under MoHFW needs to make available a dedicated funding scheme on policy-oriented research on transgender health and build the capacity of investigators who are currently working on or want to work on transgender health issues. ICMR/DHR can constitute an expert advisory group that can offer guidance to government agencies on how to sensitively collect accurate information on gender identity and sexual orientation in national surveys (e.g., Census, National Family Health Surveys). ICMR/DHR can commission or undertake periodic national level surveys that assess the situation of transgender health and its social determinants (stigma and discrimination). Those survey findings will provide crucial evidence

71 Scheim A, Kacholia V, Logie C, Chakrapani V, Ranade K, Gupta S. Health of transgender men in low-income and middle-income countries: a scoping review. *BMJ Global Health*. 2020;5(11):e003471-13.

for guiding health promotion and stigma reduction programmes and for assessing effectiveness of health promotion and stigma reduction interventions. A priority task that can be led by ICMR/DHR, in collaboration with civil society agencies, is to draft a national agenda on transgender health research with the overall aim to improve transgender people's physical and mental health, and well-being.

■ POTENTIAL IMPLEMENTATION ARRANGEMENTS

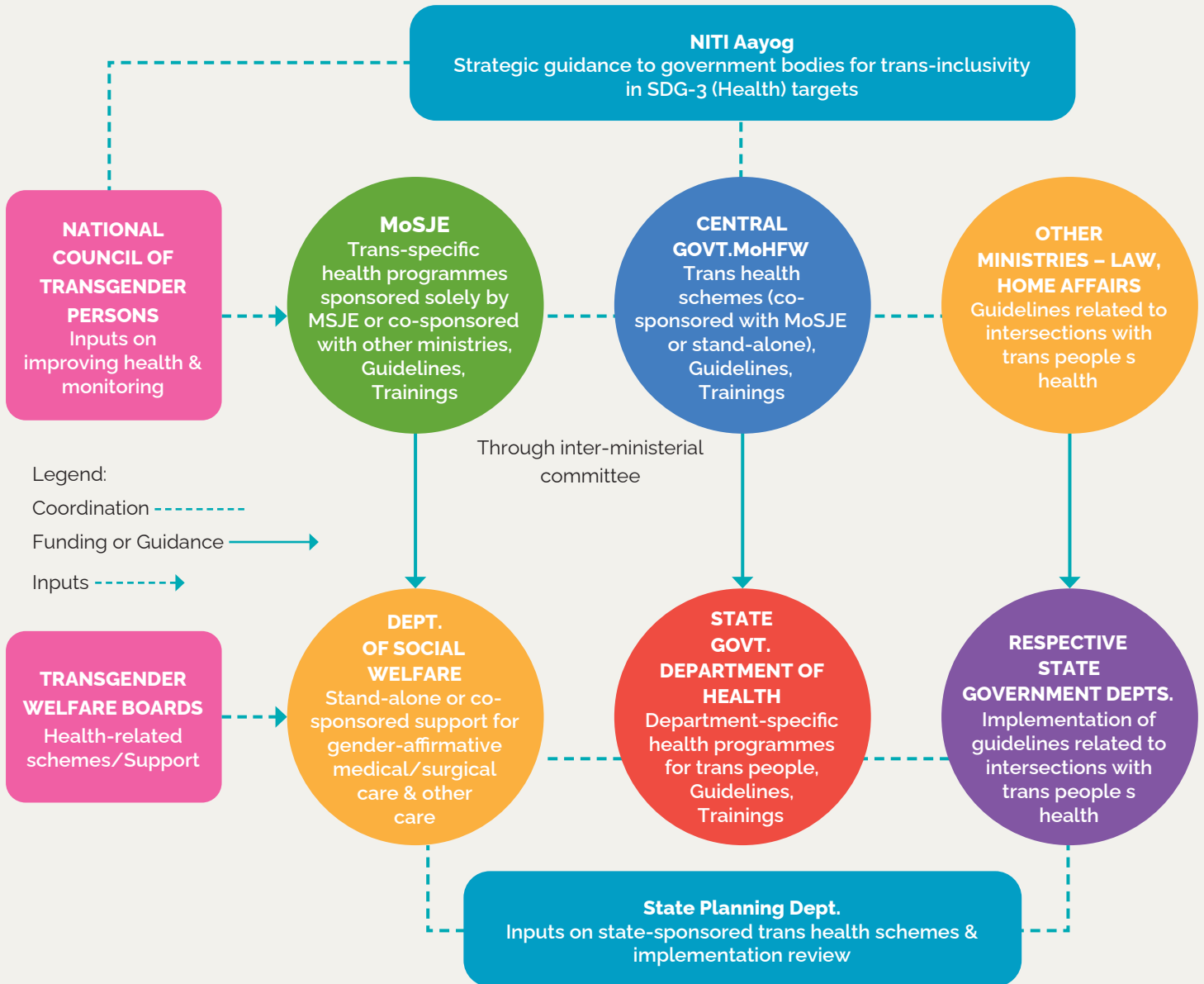
Close coordination of the Ministry of Health and the Ministry of Social Justice and Empowerment (and other pertinent ministries) is needed for improving the health of transgender people. Table 4 below summarises the strategies/tasks that can be taken up by the different divisions of MoHFW and by the counterparts at the state governments. Potential arrangements between MoHFW and State Departments of Health with other pertinent ministries and departments that are concerned with health issues are summarised in Figure 6. The Ministry of Railways and the Ministry of Defence have established medical services and medical colleges as well. Their roles are not explicitly stated in Table 4, but similar strategies can be implemented by them through their relevant divisions.

TABLE 4. POTENTIAL ALLOCATION OF IMPLEMENTATION OF STRATEGIES TO IMPROVE HEALTH AMONG RELEVANT CENTRAL AND STATE GOVERNMENT BODIES

Strategies / Activities	Central Government (MoHFW)	State Governments
<p>Training, curriculum and surveys</p> <ul style="list-style-type: none"> Curriculum on health of trans people and people with intersex variations Trainings (including virtual) and manuals on gender-affirmative care and trans-inclusive general healthcare User-friendly tools for providers Capturing gender identity in national health surveys Trans-specific national health surveys 	Medical Education Division and other relevant divisions	Directorate of Medical Education Division and other relevant divisions
<p>Hospital administrative guidelines for trans-inclusivity</p> <ul style="list-style-type: none"> Trans-inclusive/-sensitive intake forms and procedures Policies and guidelines for hospital accommodation and restroom access Enforcement of anti-discrimination policies and guidelines Quality improvement measures and studies 	Medical Services Division	Medical Services Division

Strategies / Activities	Central Government (MoHFW)	State Governments
<p>Insurance</p> <p>Inclusion of gender-affirmative therapies (especially hormonal therapy and gender-affirmative surgeries) in PM-JAY and CM health insurances</p>	Insurance Division	Insurance Division
<p>Trans-inclusivity in health programmes</p> <ul style="list-style-type: none"> Trans-specific health programmes Trans-inclusive mainstream health programmes Audit on how the existing health programmes are including/excluding trans people, & what can be done 	Health programmes under MoHFW	Health programmes under DoH & FW
<p>HIV</p> <p>HIV prevention, treatment and care for transgender people, including legal minors</p>	NACO	SACS
<p>National guidelines and health manual</p> <ul style="list-style-type: none"> Formulation of national guidelines on transgender care in accordance with WPATH guidelines Formulation of national guidelines on care for people and children with intersex variations in accordance with international guidelines Preparation of a national health manual for transgender people 	<p>Department of Health Research, ICMR</p> <p>Medical Education Division and other relevant divisions</p>	<p>Department of Health</p> <p>Directorate of Medical Education Division and other relevant divisions</p>
<p>Health research</p> <ul style="list-style-type: none"> Formulating transgender health research agenda Allocation of funding for transgender health research Training of investigators on conducting research on transgender health Gender-based analysis of research studies, to check for inclusion of transgender people (where appropriate) 	Department of Health Research, ICMR	Department of Health

FIGURE 6. POTENTIAL ARRANGEMENTS BETWEEN THE CENTRAL MINISTRY OF HEALTH AND STATE DEPARTMENTS OF HEALTH AS WELL AS PERTINENT MINISTRIES, DEPARTMENTS AND INSTITUTIONS



2 ENHANCING ACCESS TO EQUITABLE AND INCLUSIVE EDUCATION

OBJECTIVES

Objectives for enhancing access to equitable and inclusive education:

- Enabling Inclusive and Supportive learning environment
- Improving access to (and completion of) school and college education

SDG4: EDUCATION

Ensure inclusive and equitable quality education

■ INTRODUCTION

Transgender persons in India face several barriers in completing their education, with several of them dropping out due to unsupportive environment in educational institutions.⁷² The 2011 census⁷³ showed a literacy rate of 56% among transgender people, considerably lower than the national average of 74%. A socio-economic assessment study of trans women based in three metropolises revealed that only 14% of the study participants had completed their education up to 12th grade.⁷⁴ These gaps, however, are not indicative of lack of constitutional and policy provisions. The Right of Children to Free and Compulsory Education Act or Right to Education Act (RTE), which was enacted in 2009 puts the onus on the central and state governments to implement the fundamental right to education as enshrined in the Article 21A of the Constitution.⁷⁵ Despite these provisions, gender-diverse students experience several economic and social barriers, and discrimination, forcing them to drop out of the school.

The Transgender Persons (Protection of Rights) Act 2019 and its Rules (See Box 4), and Right of Children to Free and Compulsory Education Act 2009 and 2010 (See Box 5) place the obligation on the state to make specific schemes for the welfare of transgender people, including steps to reduce barriers to their education. In line with the National Education Policy 2020, a comprehensive framework has been proposed under the following broad objectives to create an equitable and inclusive education for gender-diverse students:

1. Enabling inclusive and supportive learning environment
2. Improving access to (and completion of) school and college education

72 Menon, Chakrapani & Jadav (2019) UNESCO: Be a Buddy, Not a Bully! Experiences of sexual and gender minority youth in Tamil Nadu Schools. ISBN: 978-81-89218-39-3.

73 www.census2011.co.in

74 Situation and Needs Assessment of Transgender People in Three Major Cities In India, Project TRANScend, 2018

75 www.india.gov.in

**Box 4. Education-related clauses in the Transgender Persons
(Protections of Rights) Act, 2019, and Rules, 2020**

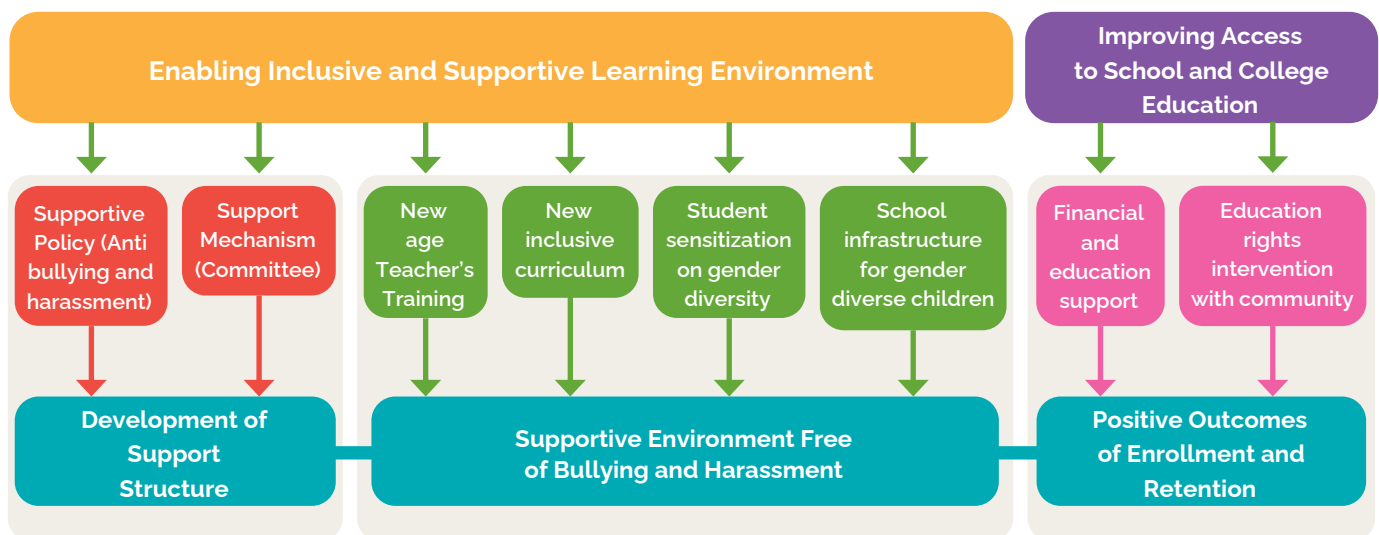
ACT

- 3. No person or establishment shall discriminate against a transgender person on any of the following grounds, namely:
 - (a) the denial, or discontinuation of, or unfair treatment in, educational establishments and services thereof; ...
- 13. Every educational institution funded or recognised by the appropriate Government shall provide inclusive education and opportunities for sports, recreation and leisure activities to transgender persons without discrimination on an equal basis with others.

RULES

- 10. Welfare measures, education, social security and health of transgender persons by appropriate Government-...
- (7) The appropriate Government shall also provide for sensitisation of institutions and establishments under their purview, including: -
 - (a) sensitization of teachers and faculty in schools and colleges, changes in the educational curriculum to foster respect for equality and gender diversity;
- (8) All educational institutions shall have a committee which shall be accessible for transgender persons in case of any harassment or discrimination, with powers to ensure that transgender students do not have to be affected by the presence of the persons bullying them, including teachers.

**FIGURE 7. PROPOSED FRAMEWORK FOR EQUITABLE AND INCLUSIVE EDUCATION
FOR GENDER-DIVERSE CHILDREN**



■ OBJECTIVES

1. Enabling inclusive and supportive learning environment

Bullying and harassment in educational institutions from co-students and lack of support from teachers and other school staff create an overall non-conducive atmosphere for gender-diverse children. Such an atmosphere forces gender-diverse children to discontinue education, skip classes, experience drop in academic performance, develop low self-esteem and even leads to severe mental health issues. According to a UNESCO report on abuse faced by gender and sexual minorities in Tamil Nadu, 65% of gender-diverse children feel unsafe in schools.⁷⁶

While the National Education Policy (NEP), 2020, spells out a broad policy framework with a directive to the states towards its implementation, many long-term policy changes and interventions at the state and Union Territory level are required for inclusion and retention of gender-diverse children in schools and colleges.

a. Formulation of a national anti-bullying and harassment policy

Most gender-diverse student drop out of education at the school level itself as a result of extreme bullying, harassment and discrimination. The Department of School Education and Literacy under the Ministry of Education needs to formulate a comprehensive national policy to address bullying and harassment in schools similar to anti-ragging regulations by the University Grants Commission⁷⁷, All India Council for Technical Education (AICTE) and the Medical Council of India.⁷⁸ Such a policy needs to be formulated in consultation with educators, child rights bodies and CBOs working with sexual and gender minorities and take cognizance of bullying, harassment and discrimination in both physical and virtual spaces.

b. Establishing support and grievance-redressal mechanisms

The Central Board for Secondary Education's directive in 2015,⁷⁹ Transgender Persons (Protection of Rights) Act, 2019, and the National Education Policy, 2020, mandates setting up of anti-bullying and anti-harassment committees. The Ministry of Education can share detailed Standard Operating Procedures for these committees to report bullying and harassment, address stigma and discrimination, and direct the District Child Protection Unit to monitor violation of children's rights in schools.

76 Menon, Chakrapani & Jadav (2019) UNESCO: Be a Buddy, Not a Bully! Experiences of sexual and gender minority youth in Tamil Nadu Schools. ISBN: 978-81-89218-39-3.

77 <https://www.ugc.ac.in/oldpdf/ragging/minuterag230409.pdf>

78 <https://indianlawwatch.com/practice/anti-ragging-laws-in-india/>

79 <https://timesofindia.indiatimes.com/city/allahabad/cbse-directs-schools-to-form-anti-bullying-committee/articleshow/46521102.cms>, March 10, 2015

c. Training of New-age Teachers

As teachers and other staff may also contribute to the negative experiences of gender-diverse children, training and sensitising them are. As mandated by the Transgender Persons (Protection of Rights) Rules, 2020, MoSJE can develop specific modules to sensitise teachers and faculty in schools and colleges about challenges faced by gender-diverse children and children with intersex variations.

As directed by NEP, 2020, Ministry of Education needs to develop a new training curriculum for teachers at the level of State Councils of Educational Research and Training (SCERTs), District Institutes of Education and Training (DIETs) and Block Institute of Teacher Education (BITEs). This training curriculum needs to incorporate the principles laid in NEP, 2020, for transforming the school culture (See Box X). A step in this direction has been made by the Delhi State Curriculum of Education Research and Training (DSCERT) in 2019, which has included transgender people's issues in the DIET curriculum.

Box 5. National Education Policy, 2020

6.19. All the above policies and measures are absolutely critical to attaining full inclusion and equity for all SEDGs [Socio-Economically Diverse Groups] - but they are not sufficient. What is also required is a change in school culture. All participants in the school education system, including teachers, principals, administrators, counsellors, and students, will be sensitized to the requirements of all students, the notions of inclusion and equity, and the respect, dignity, and privacy of all persons. Such an educational culture will provide the best pathway to help students become empowered individuals who, in turn, will enable society to transform into one that is responsible towards its most vulnerable citizens. Inclusion and equity will become a key aspect of teacher education (and training for all leadership, administrative, and other positions in schools); efforts will be made to recruit more high-quality teachers and leaders from SEDGs in order to bring in excellent role models for all students.

d. Development of inclusive curricula in various disciplines

Currently the discourses and terms used in the curricula, especially that of languages, social sciences and biology, refer to gender binaries, leaving no scope for discussion of gender diversity or challenge gender role stereotypes. Lack of understanding about gender diversity contributes to stigma and discrimination faced by gender-diverse children from co-students and school staff. Steps need to be taken to understand the concept of gender diversity within the classrooms. Infusing relevant content into lectures and reading materials is important to bring this change.⁸⁰

80 Kim A Case: 2009: Transgender across curriculum: A psychology for inclusion

In order to be truly inclusive, the Indian school and college level curricula have to be revised to incorporate the available scientific information on the gender diversity along with the legislative changes on rights of transgender persons. The National Education Policy, 2020, too mandates that by 2021, a new and comprehensive National Curriculum Framework for Teacher Education (NCFTE), will be formulated by the National Council for Teacher Education (NCTE) in consultation with National Council of Educational Research and Training (NCERT), based on the principles of this National Education Policy, 2020. This is a window of opportunity for making curricula at all levels inclusive.

e. Sensitising students on gender diversity

In addition to curricula changes, students need to be sensitised by targeted programmes that initiate dialogues on gender, sexuality and challenges faced by gender-diverse students and people with intersex variations. Some schools in the recent past have been taking such initiatives. Tagore International School, New Delhi, through its campaign 'Breaking Barriers', a school outreach program about the inclusion of LGBTQI+ community, has reached out to 3500 students across 30 schools in the last eight years. However, it is important to institutionalise such initiatives. MoSJE in coordination with the Ministry of Education and state Departments of Education can institutionalize sensitisation programmes for students in order to foster an inclusive and safe school environment.

f. School infrastructure for gender-diverse children

Another major obstacle, which leads to gender-diverse students discontinuing education is the lack of gender-inclusive infrastructure in educational institutions. Generally, educational institutions have only male or female toilets and there are specific rules of hairstyle and dress code based on binary gender categories. This often makes school an uncomfortable place for gender-diverse children⁸¹ Recognising the needs of gender-diverse students and students with intersex variations, the Ministry of Education can issue guidelines to establish gender-inclusive infrastructure in educational institutions. Guidelines may direct all the educational institutions to establish gender-inclusive or gender-neutral toilets along with male and female toilets, giving students the option to use any of them. The guidelines should allow the children to wear gender-congruent uniform, and allow hairstyle that is consistent with their self-expression and gender presentation. Given the problems faced by gender-diverse students and students with intersex variations in sports, guidelines need to be developed for schools and colleges to allow children to play in the sports team of their preferred gender. Such guidelines can include provisions for hostel accommodation of gender-diverse students. An example of such an initiative is construction of toilets for gender-diverse children within the campus of Panjab University.⁸²

81 <https://www.theguardian.com/commentisfree/2018/oct/03/public-bathrooms-are-gender-identity-battlefields-what-if-we-just-do-it-right>

82 Panjab University introduces separate toilet for transgenders: let's look at why they need it.

Under NEP, 2020, para 6.8 of the policy, the government will “constitute a ‘Gender-Inclusion Fund’ to build the nation’s capacity to provide equitable quality education for all girls as well as transgender students”. This fund can be utilised for developing such an infrastructure. The policy further states that “the fund will be available to States to implement priorities determined by the Central government, critical for assisting female and transgender children in gaining access to education (such as the provisions of sanitation and toilets, bicycles, conditional cash transfers, etc.)”.

g. Database on gender-diverse students and children with intersex variations

Over and above, there is a need to have a comprehensive database on gender-diverse students and students with intersex variations in schools and colleges. Scope of District Information System for Education (DISE)⁸³ needs to be widened to include indicators on enrolment, retention and learning outcomes of gender-diverse students along with capturing data on instances of bullying and harassment and resolution of such instances by the school administration. Since this data is aimed at a decentralised planning, management, monitoring and feedback on interventions made at school level, this will allow the Ministry of Education and State Departments of Education to undertake data-driven measure to create a conducive learning environment for gender-diverse students and students with intersex variations. It is important to ensure the confidentiality and security of data collected on gender-diverse students. All personal information should be treated as confidential and not be shared with any person or organization save in the manner and circumstances provided by law.

See Figure 8 on next page

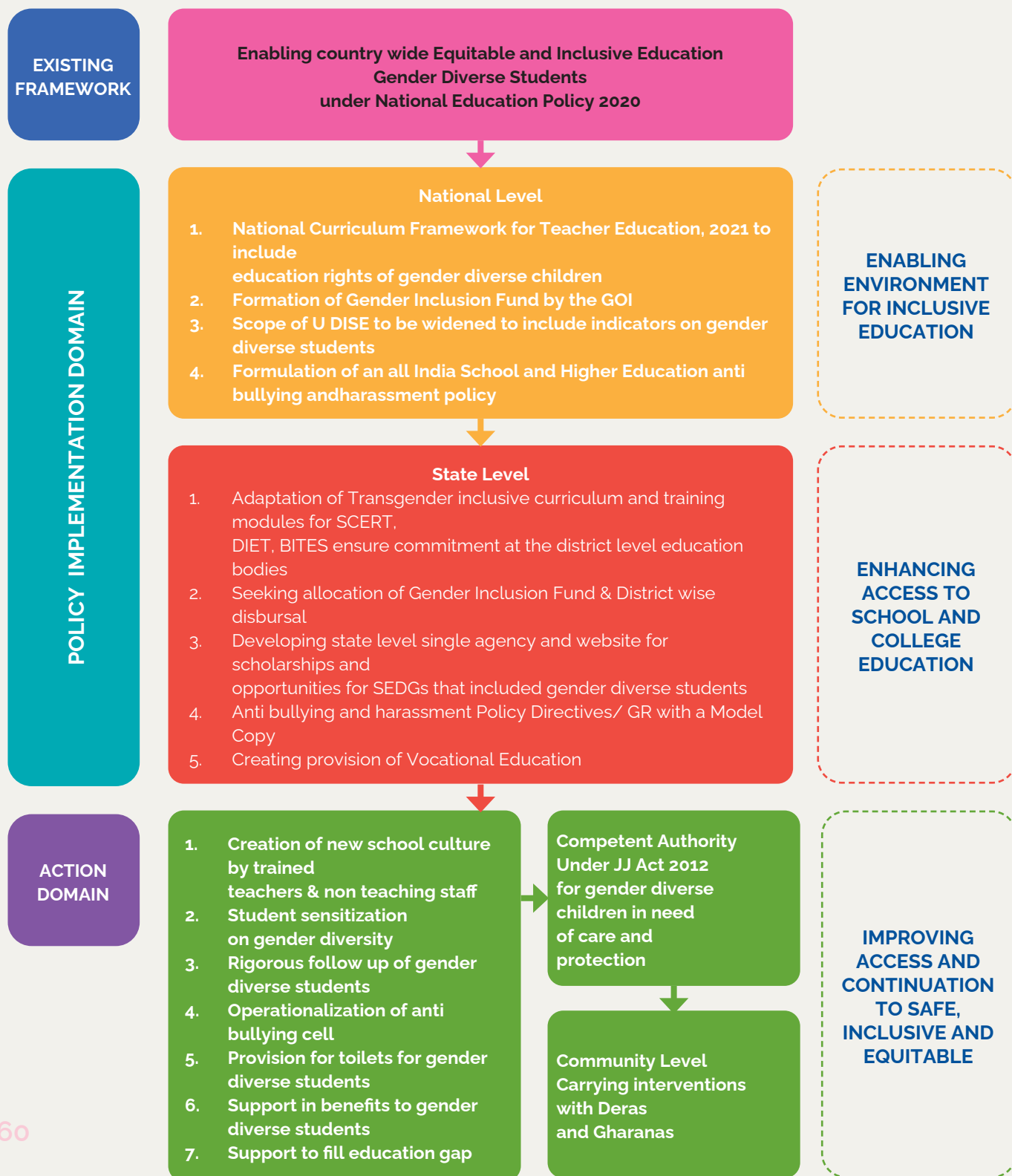
2. Improving access to (and completion of) school and college education

In addition to anti-discrimination initiatives, for to ensure that gender-diverse children access and continue formal education, other steps that are needed include affirmative action and creating support structures to prevent violence outside schools and colleges, especially at homes. The current legal and policy landscape (see Box 6) offers immense scope for the same. The National Education Policy 2020 also envisions ‘full equity and inclusion’ besides focusing on the universal access to education besides the appropriate learning and skill-related outcomes. the policy also reaffirms that bridging the social category gaps in access, participation, and learning outcomes in school education. The policy also sets the tone for inclusion of transgender students as socio-economically diverse group (SEDG).

Read more at: <https://yourstory.com/2017/05/panjab-university-builds-transgenders-toilets>

83 <http://udise.schooleduinfo.in>

FIGURE 8. OPERATIONAL FRAMEWORK FOR IMPLEMENTATION OF STRATEGIES WITHIN THE NATIONAL EDUCATION POLICY, 2020



In line with these provisions, the following measures can be taken:

a. Introduction of specific schemes to support education of gender-diverse children

Financial reasons are often the biggest obstacle in children dropping out of schools in India.⁸⁴ Due to the discrimination gender-diverse children face in their homes, they are often the first ones whose education is discontinued in case of family undergoing financial hardship. Also, in many cases, gender-diverse children are abandoned and disinherited by their own family, which makes it difficult for them to continue education. Hence, it is crucial that targeted schemes are rolled out to address these specific vulnerabilities.

NEP, 2020, states that all scholarships and other opportunities and schemes available to students from SEDGs will be coordinated and announced by a single agency and website to ensure that all students are aware of, and may apply in a simplified manner on such a 'single window system', as per eligibility. MoSJE, in coordination with the Ministry of Education, can accelerate implementation of this action.

Some of the potential schemes that can be implemented by the various ministries, especially MoSJE and the Ministry of Education are given below:

MoSJE along with nodal departments at state level can introduce a scheme for one-time assistance to gender-diverse children who have completed schooling to pursue higher education.

Kerala government runs a scheme under which INR 4000/- are provided to "transgender children" for hostel accommodation. A centrally sponsored scheme on these lines can be initiated to assist families to pay for the hostel accommodation of their gender-diverse children.

Several states across the country have schemes for bicycles, books, uniforms and laptops to girls from Below Poverty (BPL) families; such schemes can be extended to gender-diverse children

The Ministry of Education can make the admission process easier for gender-diverse children and transgender-identified youth in open schools and universities to provide avenues of education to those who dropped out of education. Government schools and universities across the country can be directed to waive off fees for gender-diverse children. Bhim Rao Ambedkar University of Gujarat, Manonmanian Sundaranar University of Tirunelveli⁸⁵ and Panjab University in Chandigarh have already taken this step and made education free for gender-diverse students.⁸⁶

NEP, 2020, aims to overcome the social status hierarchy associated with vocational education and requires integration of vocational education programmes into

84 Arun N.R.Kishore and K.S.Shaji School Dropouts: Examining the Space of Reasons

85 <https://newsable.asianetnews.com/tamil-nadu/tn-university-to-be-the-first-in-india-to-provide-free-education-for-transgenders>

86 <https://timesofindia.indiatimes.com/entertainment/events/chandigarh/panjab-university-is-waiving-off-fee-for-the-transgender-students/articleshow/70172931.cms>

mainstream education in all education institutions in a phased manner. The policy is aimed at early exposure to vocational education in middle and secondary schools, and to integrate quality vocational education smoothly into higher education. As gender-diverse children experience gaps in education, special attention can be provided to impart vocational skills, if they desire.

The Ministry of Education and State Department of Education need to ensure that gender-diverse children receive all the benefits of the Right to Education Act, including 25% seat reservation in private schools for free education till 8th grade.

Further, it is important that the intersectionalities of caste, religion, language and region within gender-diverse children are acknowledged and taken into account while formulating financial assistance schemes and programmes. The NEP, 2020, also acknowledges disparities at multiple levels (see Box 7) and sets the tone for differentiated interventions for children who stand at the intersections of these disparities.

Box 7: National Education Policy 2020 - Equitable and Inclusive Education

6.2. While the Indian education system and successive government policies have made steady progress towards bridging gender and social category gaps in all levels of school education, large disparities still remain - especially at the secondary level - particularly for socio-economically disadvantaged groups that have been historically underrepresented in education. Socio-Economically Disadvantaged Groups (SEDGs) can be broadly categorized based on gender identities (particularly female and transgender individuals), socio-cultural identities (such as Scheduled Castes, Scheduled Tribes, OBCs, and minorities), geographical identities (such as students from villages, small towns, and aspirational districts), disabilities (including learning disabilities), and socio-economic conditions (such as migrant communities, low income households, children in vulnerable situations, victims of or children of victims of trafficking, orphans including child beggars in urban areas, and the urban poor). While overall enrolments in schools decline steadily from Grade 1 to Grade 12, this decline in enrolments is significantly more pronounced for many of these SEDGs, with even greater declines for female students within each of these SEDGs and often even steeper in higher education.

b. Ensuring that the current and new schemes to support education are made inclusive of gender-diverse children and transgender persons

Presently, at the central level, Government of India runs pre-matric and post-matric scholarship schemes for gender-diverse children. The schemes provide financial assistance for education, including hostel fees. At the state level, the Government of Kerala runs a scheme that supports gender-diverse children for hostel accommodation.

However, multiple documents⁸⁷ are required to avail these schemes, which pose barriers to accessing these schemes. Abandonment by the family leaves gender-diverse children and transgender persons with little or no documents. MoSJE and other nodal ministries need to work towards making the eligibility criteria flexible for transgender persons and gender-diverse children. Simultaneously, the Unique Identification Authority of India⁸⁸ needs to facilitate easier access to Aadhar card with minimum requirements.

c. Educating and supporting families to facilitate access to education for gender-diverse children

A key strategy towards ensuring that gender-diverse children do not fall off the grid of education system, is to sensitise and support their families. MoSJE can roll out schemes to provide financial assistance to families, along with family counselling support to understand gender diversity better, enable a supportive environment for gender-diverse children and deal with societal stigma and discrimination. These schemes can also include legal assistance to deal with instances of discrimination towards gender-diverse children.

Those adolescents who have already fallen off the grid, especially trans-identified or hijra-identified adolescents living in Deras/Gharanas need to receive support from their trans community guardians for continuing education. As discussed in the consultations as part of this project⁸⁹ and revealed from the archives of experiences of CSOs working towards welfare of transgender persons, these adolescents are dependent on the Gurus in their respective Deras/Gharanas for social and financial support. While the Gurus are to be appreciated for providing support to gender-diverse children, they are also accountable for ensuring that trans-identified youth in their Deras realise their universal right to education. At the time of door-to-door survey of potential students to be enrolled, Deras and Gharanas need to be included and a competent authority under Right to Education Act needs to ensure that any child under the age of 14 years residing in the Deras and Gharanas is enrolled in a recognised school in the neighbourhood.

Any gender-diverse child “who has been or is being or is likely to be abused, tortured or exploited for the purpose of sexual abuse or illegal acts; or who is found vulnerable and is likely to be inducted into drug abuse or trafficking; or who is being or is likely to be abused for unconscionable gains”,⁹⁰ needs to be brought under the ambit of Juvenile Justice (Care and Protection of Children) Act, 2015. All authorities involved in care and protection of the child need to be sensitised on gender-diversity and guidelines need

87 e.g., residence proof, Aadhar card, last class pass certificate, copy of bank account in the name of student linked with Aadhar, proof of annual income of parents/guardians

88 <https://uidai.gov.in/about-uidai/unique-identification-authority-of-india/about.html>

89 A series of eight virtual consultations were conducted as part of this project with diverse key stakeholders between 15th January 2021 to 10th February 2021

90 <http://cara.nic.in/PDF/JJ%20act%202015.pdf>

to be issued by Ministry of Women and Child Development to establish appropriate infrastructure in Children's Homes and Facilities deemed fit to take care of children as per the JJ Act 2015.

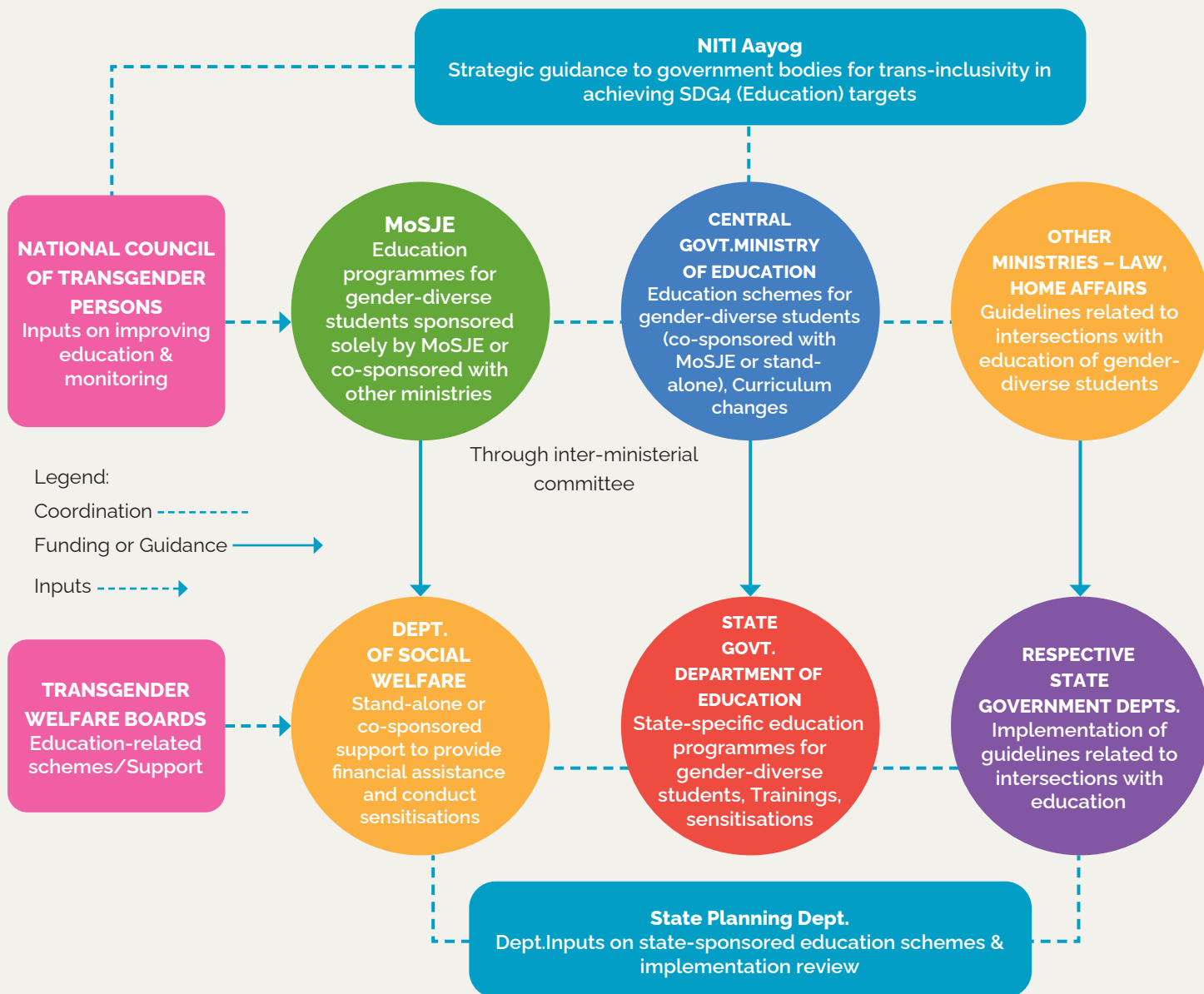
POTENTIAL IMPLEMENTATION ARRANGEMENTS

Close coordination between the Ministry of Education and the Ministry of Social Justice and Empowerment (and other pertinent ministries) is needed for enhancing access to inclusive and equitable education for gender-diverse students. Table 5 below summarises the strategies/tasks that can be taken up by both the ministries and their counterparts at the state governments. Potential arrangements between the Ministry of Education and State Departments of education with other nodal agencies that are concerned with education and welfare of transgender persons are summarised in Figure 9.

Table 5. Potential allocation of implementation of strategies to enhance access to inclusive and equitable education among pertinent central and state government bodies

STRATEGIES / ACTIVITIES	CENTRAL GOVERNMENT	STATE GOVERNMENTS
<p>Formulation of a national anti-bullying and anti-harassment policy</p> <p>Establishing support and grievance-redressal mechanisms in schools and colleges</p> <p>Training and sensitising teachers about challenges faced by gender-diverse children and children with intersex variations</p> <p>Development of curricula that is inclusive of gender diversity, in various disciplines</p> <p>Establishing all-gender-inclusive infrastructure in educational institutions, allowing for exercising one's choice according to their preferred gender expression in dress code, uniforms, hairstyles, accommodation and sports</p> <p>Comprehensive data reporting on gender-diverse students and students with intersex variations in schools and colleges</p>	Ministry of Education	State Departments of Education
<p>Targeted sensitisation programmes for students in schools and colleges on: gender, sexuality, challenges faced by gender-diverse students and people with intersex variations, and recent legislations concerning transgender persons</p> <p>Introduction of trans-specific schemes to support education of gender-diverse children</p> <p>Ensuring that the current and new schemes to support education are made inclusive of gender-diverse children and transgender persons</p> <p>Educating and supporting families to facilitate access to education for gender-diverse children</p>	MoSJE (in collaboration with Ministry of Education)	State Social Welfare Departments (in collaboration with State Departments of Education)

FIGURE 9. POTENTIAL ARRANGEMENTS FOR INCLUSIVE EDUCATION BETWEEN THE CENTRAL MINISTRIES, STATE DEPARTMENTS AND OTHER INSTITUTIONS



3

INCREASING ECONOMIC SECURITY

OBJECTIVES

Objectives for increasing economic security:

- Creating a digital footprint to tackle identity and documentation-related challenges
- Holistic advancement of economic opportunity and social protection
- Promoting alternative livelihoods and improving employability
- Creating a safe and discrimination-free, trans-inclusive working environment

SDG1: POVERTY ALLEVIATION:

End poverty in all its forms everywhere

SDG 8: ECONOMIC SECURITY:

Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Transgender persons, including those who are part of hijra and other indigenous gender-diverse communities, are one of the most marginalised social groups in the country. Due to widespread stigma and discrimination from their families and society, transgender persons face varied challenges including lack of access to basic education and skill-trainings resulting in limited job opportunities and access to financial resources for a better life. Consequently, many transfeminine people who are part of indigenous trans communities make a living by begging or engaging in sex work. Access to employment and a discrimination-free workplace continue to be a challenge for transgender and other gender-diverse persons. Poor livelihood options compound their vulnerability to harassment and discrimination making it a vicious cycle to marginalization and isolation from the mainstream. Despite some recent progressive measures by the government, the community's social mainstreaming and access to rights and entitlements remain shrouded in challenges, as voiced in the multi-stakeholder consultations conducted as part of the project (See Box 8)

Box 8. Voices of Transgender persons from consultations held in January & February 2021

High levels of unemployment and income insecurity

- Restricted mobility within blocks and districts in a State with regards to economic opportunity and access to financial markets
- Inadequate access to and participation in government schemes
- Poor access to credit and resources from financial institutions
- Social issues – domestic violence faced by transgender persons, stigma and discrimination continue to be key drivers of social and economic exclusion
- Lack of respect at the family and society levels

In line with the Transgender Persons (Protections of Rights) Act, 2019 (see Box 9), a model Transgender Persons Economic Empowerment, with five key principles (see Box 10), a multi-pronged strategy for mainstreaming welfare of transgender people is proposed. Based on these models, the following objectives are elaborated:

- Creating a digital footprint to tackle identity and documentation-related challenges
- Holistic advancement of economic opportunity and social protection by improving access to finance and services
- Enabling alternative livelihoods and improving employability
- Creating a safe and discrimination-free, trans-inclusive working environment

Box 9. Economic Security-related clauses in the Transgender Persons (Protections of Rights) Act, 2019, and Rules, 2020

ACT

3. No person or establishment shall discriminate against a transgender person on any of the following grounds, namely: —
 - (a) the denial, or discontinuation of, or unfair treatment in, educational establishments and services thereof;
 - (b) the unfair treatment in, or in relation to, employment or occupation;
 - (c) the denial of, or termination from, employment or occupation;
 - (d) the denial or discontinuation of, or unfair treatment in, healthcare services;
 - (e) the denial or discontinuation of, or unfair treatment with regard to, access to, or provision or enjoyment or use of any goods, accommodation, service, facility, benefit, privilege or opportunity dedicated to the use of the general public or customarily available to the public;
 - (f) the denial or discontinuation of, or unfair treatment with regard to the right of movement;
 - (g) the denial or discontinuation of, or unfair treatment with regard to the right to reside, purchase, rent, or otherwise occupy any property;
 - (h) the denial or discontinuation of, or unfair treatment in, the opportunity to stand for or hold public or private office; and
 - (i) the denial of access to, removal from, or unfair treatment in, Government or private establishment in whose care or custody a transgender person may be.
9. No establishment shall discriminate against any transgender person in any matter relating to employment including, but not limited to, recruitment, promotion and other related issues.

14. The appropriate Government shall formulate welfare schemes and programmes to facilitate and support livelihood for transgender persons including their vocational training and self-employment.

RULES

11. Provisions for non-discrimination. –
 - (1) The appropriate Government shall take adequate steps to prohibit discrimination in any Government or private organisation or establishment including in the areas of education, employment, healthcare, public transportation, participation in public life, sports, leisure and recreation and opportunity to hold public or private office.
12. Equal opportunities in employment. - (1) Every establishment shall implement all measures for providing a safe working environment and to ensure that no transgender person is discriminated in any matter relating to employment including, but not limited to, infrastructure adjustments, recruitment, employment benefits, promotion and other related issues
 - (2) Every establishment shall publish an equal opportunity policy for transgender persons.
 - (3) The establishment shall display the equal opportunity policy, including the details of the complaints officer, preferably on their website, failing which, at conspicuous places in their premises.
 - (4) The equal opportunity policy of an establishment shall, inter alia, contain details of-
 - (a) infrastructural facilities (such as unisex toilets), measures put in for safety and security (transportation and guards) and amenities (such as hygiene products) to be provided to the transgender persons so as to enable them to effectively discharge their duties in the establishment.
 - (b) applicability of all rules and regulations of the company regarding service conditions of employees;
 - (c) confidentiality of the gender identity of the employees;
 - (d) complaint of the officers.

Box 10: Guiding principles: Transgender persons Economic Empowerment (TEE)

Principle 1: Increase the voice of Transgender persons in the trans/hijra households, in the society, in economic institutions and in political spaces

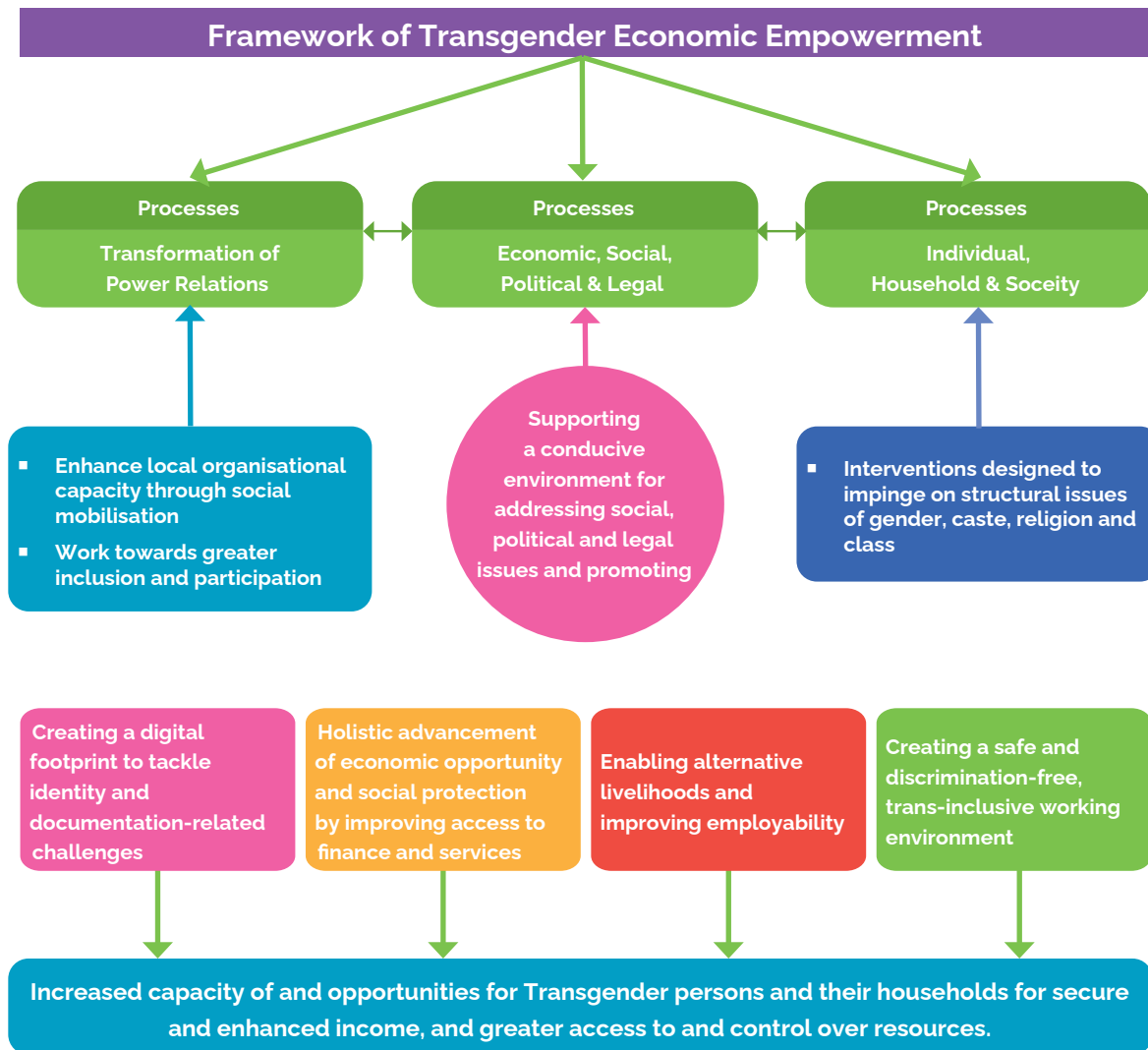
Principle 2: Take a systems approach to overturn the barriers to realising transgender persons economic rights

Principle 3: Harness multiple entry points to ensure meaningful TEE and support empowerment more broadly

Principle 4: Build partnerships that embed ownership in local systems

Principle 5: Strengthen internal capacity to ensure programme quality

FIGURE 10: A MULTI-PRONGED STRATEGY TO MAINSTREAM TRANSGENDER PERSONS



1. Creating a digital footprint to tackle identity and documentation-related challenges

Unavailability of information about welfare schemes in the public domain significantly affects their uptake. Similarly, limited public information is available on the number of users, and funding and expenditure on welfare programmes for transgender persons. Lack of data disaggregated by state, gender or social group means that information on uptake cannot be traced even for those schemes, where transgender persons are listed as intended stakeholders or 'beneficiaries'. Furthermore, accurate identification of transgender persons has been a major challenge and that the implementation of the "Scheme for Transgender Persons" is suboptimal. The Transgender Persons

(Protections of Rights) Act, 2019, and Rules, 2020, have defined a process of obtaining identity document for transgender persons. However, its implementation is yet to take place on a wider scale. Challenges pertaining to limited awareness in the bureaucracy and historically poor access to information and services among transgender persons remain to be addressed.

Some of the action points to address challenges related to identification of transgender persons are described below.

a. National survey on socio-economic situation of trans people

Basic socioeconomic information about transgender persons is available from Census 2011, although it is not segregated by gender (transfeminine or transmasculine). To strengthen income generation programmes, it is critical that detailed socioeconomic information, nature of jobs and working conditions of trans people are available. To get a detailed information on socio-economic situation of self-identified transgender persons, MOSJE can conduct or support a national survey. Some of the information can be collected during Census 2021. A separate survey similar to the Socio-Economic Caste Census (SCEE) can be conducted periodically. Gender identity-related information can also be collected in other relevant national surveys.

b. Standardising documentation-related requirements

Process of availing welfare schemes in terms of eligibility criteria, documentation needed, process of application, can be standardized through the national transgender portal and setting up of facilitation helpdesks at NGOs, similar to the citizen facilitation centres, an experimental concept that is being implemented in some cities in India.⁹¹ At present, citizens, including transgender persons, spend a lot of time in moving from one office to another or from one table to another in the same office to submit their application and documents, making enquiries about their case, and completing other related formalities. A Citizen Facilitation Centre, in this context, can be a one-stop service centre for transgender persons who have to visit government offices for certificates, permits, authentication, affidavits and other services. It can be established by the state government in each district which will act as a 'bridge' to connect the administration with the transgender persons and general public. Such a centre can be modelled on a donor-supported NGO project, Agency for Socio-Legal Protection (ASLP),⁹² implemented by SAATHII and supported by NACO and UNDP. ASLP included assessment of pre-intervention and post-intervention status of socio-legal protection for PLHIV and most at-risk populations (such as MSM, trans women, people who inject drugs and female sex workers) and aimed to increase their access to public services, government schemes and legal aid.

91 Satbir Singh, V., SETU: A Citizen Facilitation Centre in India, accessed from <http://www.egov4dev.org/success/case/setu.shtml>

92 <http://www.saathii.org/taxonomy/term/19>

2. Holistic advancement of economic opportunity and social protection through access to finance and services

Inability to access social protection is a major factor contributing to economic exclusion and income insecurity of transgender people. This inability results from lack of social entitlement documents and limited access to social benefits, such as poor access to credit and resources from financial institutions. In line with the recommendations made by an expert committee formed by MOSJE to discuss the challenges faced by transgender people (See Box 11), the following action points for improving trans people's access to social protection programmes are suggested:

Box 11. MOSJE Expert Committee Recommendations

"The Committee is of the view that inclusive approach should be the bedrock of Government's strategy to mainstream the transgender Community. The Ministry of Social Justice & Empowerment should take up with all concerned Ministries/Departments of Government of India and State Governments to include development of transgender community in their policies, programmes and schemes".⁹³

a. Inclusion in existing financial assistance schemes

Countrywide financial assistance schemes (e.g., old age pension schemes), must ensure the inclusion of transgender people as well since they have been framed for the vulnerable sections of the society. The Pradhan Mantri Vaya Vandana **Yojana** (PMVVY) a Pension Scheme announced by the Government of India exclusively for the senior citizens aged 60 years and above can be inclusive of transgender persons above 60 years of age ensuring better coverage. The MoSJE, in partnership with Women and Child Welfare Ministry, can also undertake a gender budgeting exercise on the coverage of transgender persons under various schemes, such as those for poverty alleviation, housing, and pension.

An MOU may be signed by MoSJE with all central ministries on inclusion of transgender persons as a priority target group in their flagship schemes. For example, the Ministry of Agriculture and Farmers' Welfare, through the National Cooperative Development Corporation (NCDC)⁹⁴, targets cooperatives organised and operationalised by marginalised groups and weaker sections such as SC, ST, and OBCs to provide economic and technical assistance. This scheme may also prioritise peri-urban and rural transgender people.

93 Page 36, Report of expert committee on issues related to transgender persons. Accessed on 12th Feb 2021.

94 Ministry of Agriculture & Farmers' Welfare, GOI, NCDC, Last accessed on 24th Jan 2020

Box 12. Model schemes for inclusion of transgender persons (SC, ST and OBC schemes)

1. The Ministry of Rural Development, through the Attappady Comprehensive Tribal Development and PVTG Development Project in Kerala, has operationalized mobilization of 10,000 families to formulate four-tier institutional platforms for the development of self-sustaining community institutions. The project targets holistic growth by facilitating skill-training, bridge schooling, and community interventions through SHGs to address issues regarding nutrition, health, sanitation, justice delivery and so on. This intervention project that can be used as a model for tribal development across the country, can also be adapted for transgender people, especially in those states with large transgender populations (e.g., UP, Maharashtra) as per the Census 2010 data.
2. The Ministry of Science and Technology, through the Resource Management and Development for the Empowerment of Scheduled Caste Project, is carrying out a coordinated programme in partnership with 45 NGOs to promote holistic development in several villages. The programme targets areas such as micro-enterprises, livestock rearing and training for livelihood along with promoting WASH (Water, Sanitation and Hygiene), social rights and generating awareness about societal issues, such as substance abuse and discrimination.

b. Dedicated financial assistance schemes for transgender persons

Currently, under the National pension scheme for transgender persons, transgender persons aged 40 to 60 years are eligible to receive INR 1000 per month. Under this scheme, 75% of the costs are borne by the central government and the rest by the respective state governments. This scheme can be expanded to cover transgender persons of all age groups.

Welfare schemes aiming at gender-diverse children can be implemented by the Ministry of Women and Child Development or nodal state departments of Women and Child Development. An example is a scheme of the Odisha government scheme that provides allowance (INR 1000 per month) to the parents of gender-diverse children,⁹⁵ in successfully bringing up their transgender children against societal intolerance, stigma, discrimination, and violence. It can also act as a feeder program for the component of pre- and post-matric scholarships.

An umbrella scheme can be rolled out by MoSJE for transgender people consisting of: a) Scholarship scheme; b) Loan with subsidy for taking up self-employment activities; c) Pension scheme; and d) Grant-in-aid to NGOs/CBOs to provide vocational training.

95 Sweekruti: The New Transgender Programme Initiated by the Odisha Government in India.

c. Sensitisation of stakeholders

In order to increase the uptake of existing and new schemes, it is imperative that stakeholders at all the levels of bureaucracy, including local leaders and Panchayati Raj Institutions (PRI) members be sensitised on transgender persons' rights and challenges. The state and district welfare mechanisms need to ensure participation of CBOs, NGOs, and other stakeholders at the grass root level to reach out to hidden and unreached trans populations.

3. Promoting alternative livelihoods and improving employability

Major problems faced by transgender persons as evident from the community consultations and desk review (see Annexure X) are: lack of livelihood options due to skills and education deficit, gender expression/identity-based discrimination at workplace. These problems restrict transgender people's opportunities to get loans or similar financial assistance from banks. Moreover, transgender people often lack collateral requirements as they are denied property rights from their families. Evidence from the Transgender Survey 2015 conducted in Kerala also supports this inference. Under these circumstances, microfinance can be considered as an alternative. A study conducted in Odisha⁹⁶ talks about how microfinance can help in reducing gender inequality and can benefit transgender communities. It further states that transgender persons are denied the microfinance facilities due to various reasons, such as lack of identity proof, financial literacy and awareness of schemes and applications processes.

a. Inclusion in current employment and skilling schemes

Mahatma Gandhi Rural Employment Guarantee Act (MNREGA) includes transgender groups as a priority beneficiary. National Rural Livelihood Mission and National Urban Livelihood Mission also talk about financial inclusion of transgender persons through self-help groups (SHGs). Transgender people's SHGs have been formed in Odisha under the latter. For transgender persons to access these schemes, the state welfare boards can create and regularly update employment database for transgender persons by District Employment Officer and issue/endorse certificates of approval to the transgender persons for jobs. It is further important that loans for self-employment and funds to start SHGs are provided and all procedures and formalities are simplified for transgender persons to access services from financial institutions.

The MoSJE, in partnership with the Ministry of Skill Development and Entrepreneurship's Pradhan Mantri Kaushal Vikas Yojana (PMKVY), can take further the prioritized flagship sub-scheme for skill development to transgender persons (especially youth) to undertake short-term training (STT) and Recognition for Prior Learning (RPL) through accredited/affiliated partners/centres. These kinds of trainings are provided through

96 Barik & Sharma, 2018. Exclusion of Transgender from Microfinance Market: Field Study from Odisha, India

state partnership and central guidance, imparting holistic skill-training to promote inclusive growth and economic development.

The Ministry of Rural Development, through Deen Dayal Upadhyay Grameen Kaushalya Yojana (DDU-GKY)⁹⁷, targets rural youth (between 18 and 35 years) belonging to marginalized and vulnerable backgrounds such as SC, ST, and OBC to provide a comprehensive skill-development to improve livelihood and employment opportunities. Similar programme can be envisaged for transgender persons as well.

The Ministry of Textiles, through Samarth Scheme, covers the entire value chain of the textile sector – except for spinning and weaving – to promote upgradation of skills across the traditional sectors and facilitate sustainable livelihood opportunities for marginalised and vulnerable populations. Since its inception, as of 2017-18, the programme has trained 11.14 lakh workers in different sectors, such as jute, apparel and textiles. The programme covered all sections of the society across 33 states and UTs, with women beneficiaries possessing the largest share at 71%, and SC/ST/Persons with Disability accounting for the remainder.

The Ministry of Labour and Employment, through National Career Centres for SC/ST, provides services such as coaching, counselling and training programmes to SC/ST job-seekers registered with employment exchanges. Primarily, these centres seek to render vocational guidance and mobilize economic upliftment of SC/STs. In collaboration with key stakeholders, a transgender-focused national career centre can be developed to provide guidance and training, and facilities placement of educated transgender job-seekers.

b. Employment opportunities for transgender persons in the public sector

Respective nodal ministries at the central and state government levels can promote recruitment of transgender persons in specific sectors, including police/traffic police and fire fighters, nurses, teachers, lectures, airhostess, community health workers, government bus drivers and conductors, railways ticket inspectors, railway catering service, Integrated Counselling and Testing Centre counsellors, and clerical staff in Transgender Welfare Boards.

c. Nurturing entrepreneurs

In the light of limited availability of mainstream jobs that are economically viable for transgender persons, nurturing entrepreneurship is likely to yield much better outcomes in terms of sustainable alternative livelihood options. Currently, the Ministry of Micro, Small and Medium Enterprises, through National Scheduled Caste and Scheduled Tribe Hub (NSSH), endeavours to mentor, support and handhold transgender entrepreneurs to increase their participation in public procurement along with other initiatives. The hub seeks to achieve this by information diffusion, capacity building, vendor development through collaboration with transgender CBOs and

NGOs/SHGs. Similar initiatives can be undertaken by the Ministry of Finance, through Pradhan Mantri Mudra Yojana (PMMY). PMMY seeks to provide credit and financing to small business owners who belong to marginalised backgrounds (SC, ST, OBC, women), as these small enterprises find it difficult to procure formal credit. Through PMMY, access to credit (without collaterals) can be facilitated to small enterprises owned by transgender persons through Member Lending Institutions (MLI) such as Non-Banking Financial Companies (NBFCs) and Microfinance institutions (MFIs).

North-eastern states, owing to their geographical topology, have often found socio-economic growth challenging. The Ministry of Development of North-East Region (DoNER) seeks to address this developmental gap through concerted efforts across the spectrum. The North-East Venture Fund (NEVF),⁹⁸ for instance, seeks to stimulate development and growth by providing funding to different activities and enterprises across the north-east region to benefit entrepreneurs across the strata of society, including the marginalised sections. NEVF provides funding across areas such as healthcare, agriculture and allied activities, education, tourism, logistics, entertainment and food processing across the North-East Region through collaborations between DoNER and North Eastern Development Finance Corporation Ltd. The NEDFC, in collaboration with the transgender welfare boards in the North-eastern states, may make investments on enterprises led by and managed by transgender persons.

The Ministry of Finance, through Stand-Up India Scheme,⁹⁹ seeks to promote entrepreneurship for the marginalised sections of SC, ST and women to promote growth by providing credit to set-up green-field enterprises in manufacturing, trading and services sector. Under the scheme, it is mandated to accord loans on priority to SC/ST and women applicants to serve the sector and promote inclusion. This scheme can be extended to transgender entrepreneurs as well.

4. Creating a safe and discrimination-free, trans-inclusive working environment

Hiring biases, privacy violations, harassment, and even physical and sexual violence on the job are common, and experienced at high levels by transgender persons.¹⁰⁰ Many report changing jobs to avoid discrimination or the risk of discrimination. Despite new non-discrimination protections in the Transgender Persons (Protection of Rights) Act, 2019,¹⁰¹ many transgender persons are still subject to uniquely discriminatory and baseless workplace practices and policies. For example, there is across-the-board exclusion of medically necessary gender transition-related support from employers

98 Ministry of Development of North-Eastern Region, GOI, NEVF, Last accessed on 7th Feb 2020

99 Ministry of Finance, GOI, Stand-Up India, Last accessed on 17th Apr 2020

100 Godrej: Trans inclusion manifesto. <https://indiaculturelab.org/assets/Uploads/Godrej-India-Culture-Lab-Trans-Inclusion-Manifesto-Paper.pdf>

101 <https://www.serein.in/legal-insights/2020/9/23/the-transgender-persons-act-in-the-indian-workplace>

and limited career progression avenues. Absence of government guidelines for central/state level job centres and employment and training programs to prevent discrimination against transgender persons, further contributes to job insecurity. Below are some of the action points to create a safe and discrimination-free, trans-inclusive working environment.

The MoSJE can work with the Ministry of Labour and Employment and international bodies such as International Labour Organization (ILO) and business networks and associations such as Federation of Indian Chambers of Commerce & Industry (FICCI), Confederation of Indian Industry (CII) and Associated Chambers of Commerce and Industry of India (ASSOCHAM) to ensure implementation of affirmative action policies at workplaces, in relation to the processes of hiring (e.g., quotas), retention and promotion, and employee benefits. Another affirmative action can be inclusion of transgender persons in the list of activities that may be included by companies in their Corporate Social Responsibility Policies as per the Companies Act, 2013.

Create awareness in all public and private employment sectors about the Transgender Persons (Protection of Rights) Act, 2019, and Rules, 2020, Further, awareness need to be created on penalties and punishments listed in the law for workplace discrimination against transgender persons, including matters related to recruitment and promotion.

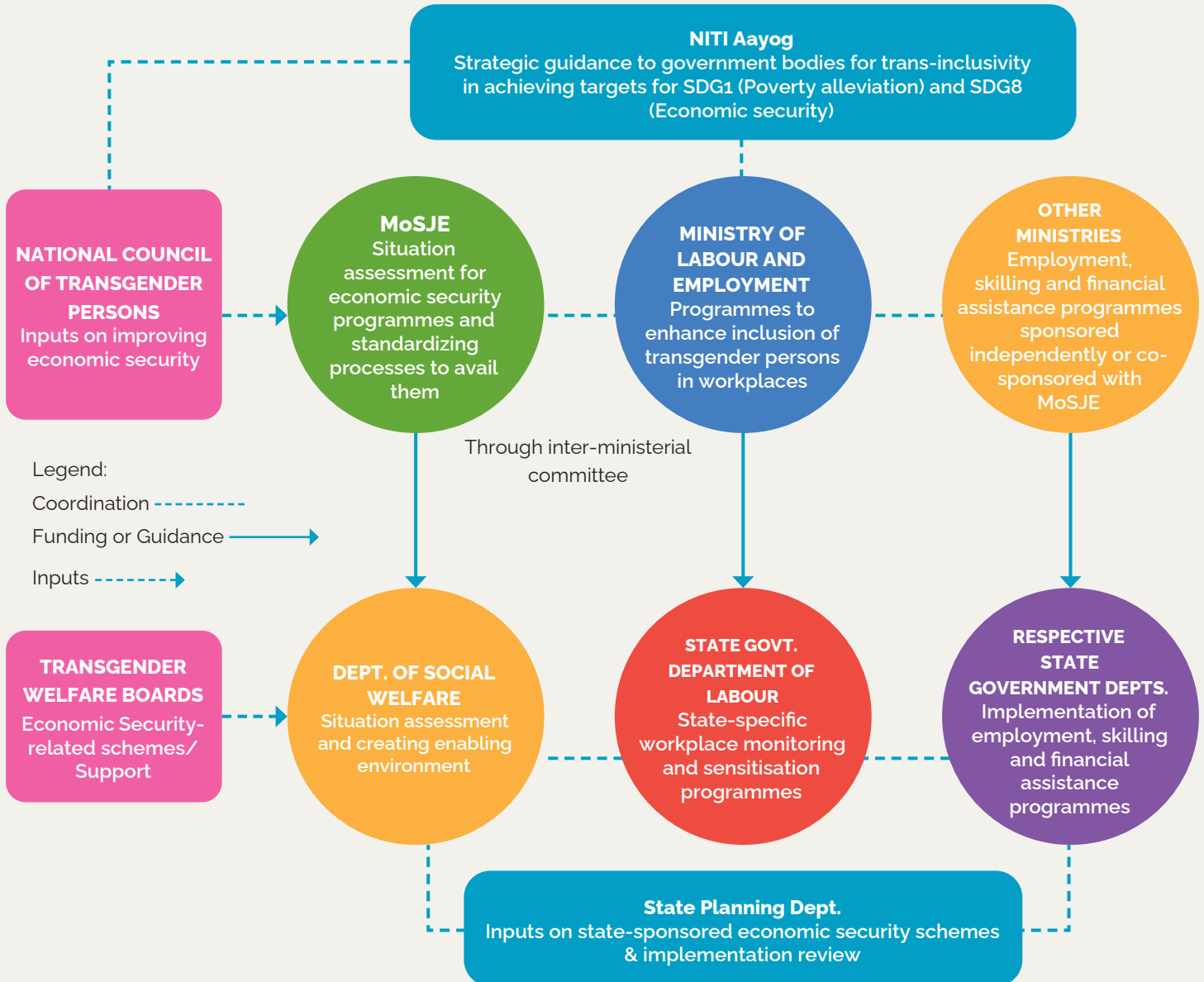
POTENTIAL IMPLEMENTATION ARRANGEMENTS

Several existing programmes on economic security through provision of financial assistance, generation of employment and skill-building are being implemented by Ministry of Finance, Ministry of Women and Child Development, Ministry of Agriculture and Farmers' Welfare, Ministry of Rural Development, Ministry of Skill Development and Entrepreneurship, Ministry of Textiles and Ministry of Labour and Employment. MoSJE, as the nodal ministry for transgender people's welfare, can conduct a situation and analysis and ensure that these programmes are extended to transgender persons through an inter-ministerial committee (See Figure 11). The ministry can also set up standardised processes and conduct sensitisation of bureaucracy to ensure wider coverage of trans people through these programmes.

TABLE 6. POTENTIAL ALLOCATION OF IMPLEMENTATION OF STRATEGIES TO ENHANCE ECONOMIC SECURITY AMONG PERTINENT CENTRAL AND STATE GOVERNMENT BODIES

Strategies / Activities	Central Government	State Governments
<p>National survey on socio-economic situation of trans people that will be used to refine the income security and skill-building programmes and schemes</p> <p>Standardising documentation-related requirements to avail welfare schemes and social entitlements</p>	MoSJE	State Social Welfare Departments
<p>Inclusion of transgender persons in existing financial assistance schemes</p> <p>Dedicated financial assistance schemes for transgender persons</p>	Respective central government ministries that offer financial assistance to marginalised groups	Respective state departments that offer financial assistance to marginalised groups
<p>Sensitisation of stakeholders at all levels of bureaucracy, including local leaders and Panchayati Raj Institutions (PRI) members on transgender persons' rights and challenges</p>	MoSJE (in collaboration with Ministry of Personnel, Public Grievances and Pensions)	State Social Welfare Departments (in collaboration with state personnel departments)
<p>Inclusion of transgender persons in current employment and skill-building schemes</p> <p>Creating employment opportunities for transgender persons in the public sector</p> <p>Nurturing entrepreneurship among transgender persons as alternative livelihood options</p>	Respective central government ministries that run programmes on skill-building and employment	Respective state departments that run programmes on skilling and employment
<p>Creating a safe and discrimination-free, trans-inclusive working environment</p> <p>Anti-discrimination policies instituted at the workplace and applied to the processes of hiring, retention, promotion and employee benefits</p> <p>Hiring quotas for transgender persons at the workplace, and inclusion of transgender persons in the list of activities which may be included by companies in their Corporate Social Responsibility Policies</p> <p>Create awareness in all public and private employment sectors about the Transgender Persons (Protection of Rights) Act, 2019, and penalties and punishments listed in the law for discrimination against a transgender person</p>	MoSJE (in collaboration with Ministry of Labour and Employment)	State Social Welfare Departments (in collaboration with state Labour Departments)

FIGURE 11. POTENTIAL ARRANGEMENTS TO ENHANCE ECONOMIC SECURITY BETWEEN THE CENTRAL MINISTRIES, STATE DEPARTMENTS AND OTHER INSTITUTIONS



4

ENSURING HOUSING AND
FOOD SECURITY

OBJECTIVES

Objectives for ensuring housing and nutrition security:

- Access to safe and affordable or free housing
- Access to need-based short-stay shelters
- Improving access to food
- Ensuring nutrition security
- Targeting drivers of food and nutrition insecurity

SDG1: POVERTY ALLEVIATION

End poverty in all its forms everywhere

SDG2: END HUNGER

Achieve food security and improved nutrition

SDG 8: ECONOMIC SECURITY

Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

SDG 11: SAFE CITIES AND HOUSING

Make cities and human settlements inclusive, safe, resilient and sustainable

Most transgender persons experience poverty and homelessness as a result of eviction from their parental homes. A baseline study undertaken by The Humsafar Trust (HST) under the Project TRANScend102 that explored socio-economic needs of transgender persons in India highlighted that only 17% of trans women and hijra individuals lived with their biological families, and the rest lived with hijra gurus or chelas (disciples), lived alone or lived with friends, romantic partners or spouse. Transgender persons face further difficulties to find rented accommodation due to societal attitudes and stigma towards them. As per the TRANScend study, 58% trans women and 44% trans men found it difficult to rent a house. The uncertainty involved in finding and maintaining accommodation, is a major contributing factor for high levels of food insecurity among transgender persons, along with income insecurity, poverty, lack of targeted housing schemes and inadequate coverage in existing housing schemes.

In order to secure the right to residence as mentioned in the Transgender Persons (Protections of Rights) Act and Rules (See Box 13), and to ensure food and nutrition security, a pragmatic framework is summarised here under the following broad objectives:

- Access to safe and affordable or free housing
- Access to need-based short-stay shelters
- Improving access to food
- Ensuring nutrition security
- Targeting drivers of food and nutrition insecurity

102 Situation and needs assessment of transgender people in three major cities in India. Mumbai: The Humsafar Trust, 2018

**Box 13. Clauses related to access to housing in the Transgender Persons
(Protections of Rights) Act, 2019, and Rules, 2020**

ACT

3. No person or establishment shall discriminate against a transgender person on any of the following grounds, namely: —
 - (e) the denial or discontinuation of, or unfair treatment with regard to, access to, or provision or enjoyment or use of any goods, accommodation, service, facility, benefit, privilege or opportunity dedicated to the use of the general public or customarily available to the public;
 - (g) the denial or discontinuation of, or unfair treatment with regard to the right to reside, purchase, rent, or otherwise occupy any property;
12. (1) No child shall be separated from parents or immediate family on the ground of being a transgender, except on an order of a competent court, in the interest of such child.
- (2) Every transgender person shall have—
 - (a) a right to reside in the household where parent or immediate family members reside;
 - (b) a right not to be excluded from such household or any part thereof; and
 - (c) a right to enjoy and use the facilities of such household in a non-discriminatory manner.
- (3) Where any parent or a member of his immediate family is unable to take care of a transgender, the competent court shall by an order direct such person to be placed in rehabilitation centre.

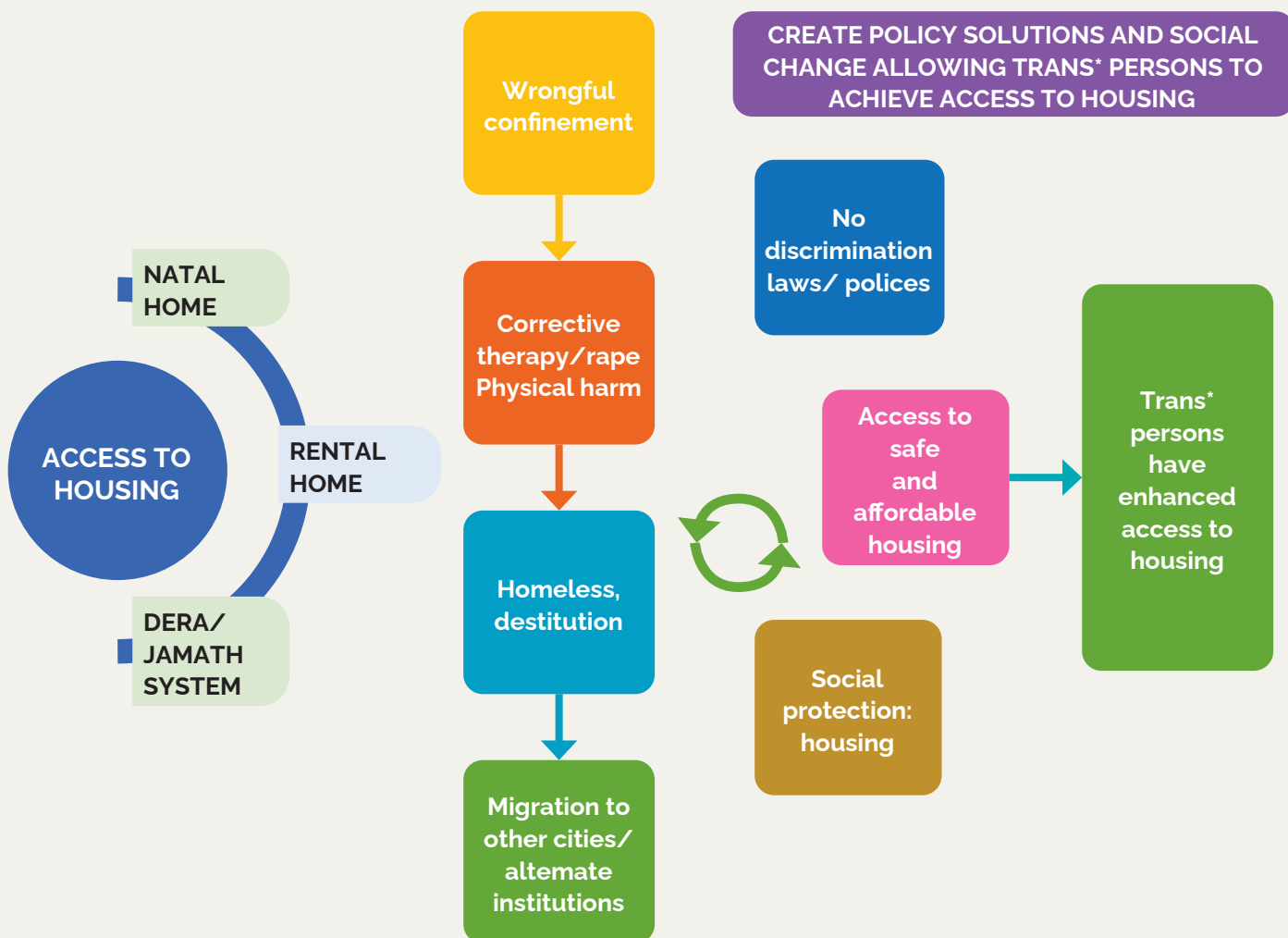
RULES

10. Welfare measures, education, social security and health of transgender persons by appropriate Government-
 - (5) The appropriate Government shall create institutional and infrastructure facilities, including but not limited to, rehabilitation centre referred to in sub-section (3) of section 12 of the Act
 - (9) The appropriate Government shall create institutional and infrastructure facilities, including but not limited to, temporary shelters, short-stay homes and accommodation
11. Provisions for non-discrimination. –
 - (5) Every State Government shall set up a Transgender Protection Cell under the charge of the District Magistrate in each District and under Director General of Police in the State to monitor cases of offences against transgender persons and to ensure timely registration, investigation and prosecution of such offences.

■ ACCESS TO HOUSING

Although there is no legal right in India that guarantees adequate housing, the courts in India, especially the Supreme Court, has expanded the scope of Article 21 of the Constitution to include the right to housing. Transgender persons often face extensive rights violations within the domain of housing and home. This includes discrimination in the rental market; denial of housing; segregation into poorly resourced neighbourhoods; violence and harassment (from landlords, neighbours, family and police); and homelessness.¹⁰³

FIGURE 12: ACCESS TO HOUSING WELFARE FRAMEWORK



103 Access to housing report: Vidhi legal center

1. Improving access to safe and affordable or free housing

a. Integration with existing social protection programmes

Due to structural poverty and lack of livelihood opportunities, most transgender persons are unable to access safe and affordable housing. Even when they have the economic capacity to afford better housing, transgender persons are often effectively segregated into localities that lack basic amenities. These locations can be far away from public transport, sanitation, clean water, healthcare, and employment opportunities.

Integration into existing social protection programmes can help alleviate this situation. The Ministry of Housing and Urban Affairs, through Deendayal Antyodaya Yojana-National Urban Livelihoods Mission (DAY-NULM) Scheme,¹⁰⁴ comprehensively targets poverty alleviation, utilising seven different components to address urban poor across the spectra of marginalised communities (e.g., people with disabilities, homeless, street children, beggars) through skill development, employment, shelters, capacity building, mobilization. The Ministry of Rural Development, via Pradhan Mantri Gramin Awaas Yojna (PMAY-G), focuses on providing shelter to rural households to address homelessness and replace kuccha housing, with a particular focus on marginalized. These schemes can prioritise transgender persons as eligible groups. States of Rajasthan and Karnataka have reserved 2% of houses for transgender persons under all housing schemes. A national advisory on similar grounds can be introduced to state planning departments and departments of housing.

b. Integration with family

Transgender persons are vulnerable to homelessness as they are often forced to leave their family homes due to conflict within the family, violence or threats of violence. The Ministry of Women and Child Development is the nodal government body that works on formulation and implementation of programmes to help secure the safety of vulnerable children through the Integrated Child Protection Scheme (ICPS). There is a need to formulate targeted programmes under ICPS to help gender-diverse children integrate with their families through family counselling, periodic monitoring of child's safety and ensuring that the child receives adequate support to deal with personal anxiety as well as societal stigma around gender expression and identity. It is important to ensure that in case of abuse or violence from biological families, child is put into the custody of an appropriate authority under ICPS, which is sensitised towards the needs of gender-diverse children.

Counselling for families of transgender adults who have been separated from their families can also be integrated in the National Mental Health Programme under

104 A central-government scheme to reduce poverty and vulnerability of the urban poor households by enabling them to access gainful self-employment and skilled wage employment opportunities

Ministry of Health and Family Welfare. Additionally, transgender persons can be provided legal support on inheritance of family property. For transfeminine persons, legal support can be integrated into HIV targeted interventions. District Legal Services Authorities and State Legal Services Authorities can work with transmasculine and transfeminine persons to provide legal assistance.

c. Robust and sustainable grievance redressal mechanism

There are multiple sites of discrimination faced by transgender persons in the context of housing. Property owners and landlords often discriminate against transgender persons, by assuming that they are involved in illegal activities such as sex work. Prejudice against them frequently results in denial of rental accommodation, and targeted harassment and abuse resulting in voluntary or forced eviction from their homes and accommodation. Transgender activists have been evicted at times in retaliation for their activism.¹⁰⁵ Landlords who rent to transgender persons often charge higher rentals than other tenants. Trans women and hijra persons who are living with HIV too face risk of eviction from their family homes or deras, in case their HIV status is disclosed.

To address housing-related discrimination faced by transgender people, a well-defined grievance-seeking and redressal mechanism will be timely reporting of incidents of discrimination to the Transgender Protection Cell¹⁰⁶. All cases of discrimination handled by the Transgender Protection Cells must be monitored yearly by the MoSJE in consultation with the National Council for Transgender Persons.

2. Increasing access to need-based short-stay shelters

a. Short-stay shelters for emergencies and other need-based situations

Transgender persons frequently encounter threats to their personal safety and security from family members, landlords and neighbours. Violence in the family can take the form of physical force (including honour killings), sexual violence, wrongful confinement, forced marriage, and involuntary institutionalization (which may include corrective therapies). The precarious economic and physical conditions faced by transgender persons may also lead them to choose sex work and begging, despite the risk of criminal prosecution, as a means to meet their basic needs. This further exposes them to hostility and abuse and frequent evictions from rented accommodation.

Ministry of Social Justice and Empowerment may set up district-level shelter home schemes aimed at providing shelter for those transgender persons who are homeless, have been evicted from their family homes, have been forced to run away or are in

105 Rajkot case transgender: <https://timesofindia.indiatimes.com/city/rajkot/transgender-artist-forced-to-remove-clothes-on-road/articleshow/81096082.cms>

106 The Transgender Persons (Protection of Rights) Act Rules specify setting up Transgender Protection Cell under the charge of the District Magistrate in each District and under Director General of Police in the State.

need of safe, clean housing while undergoing medical and social transitioning and in post-operative phase. The shelter home scheme can also include an old age home for older transgender persons in need of medical and social support. The Maintenance and Welfare of Parents and Senior Citizens Act, 2007, gives directives to the state governments to establish old age homes, and to reserve a minimum of 150 beds for indigent people. Senior transgender persons can be included in the definition of indigent or beds can be reserved for transgender persons.

Transmasculine people who are dejected by their families, or face violence and forced marriages, need separate shelter spaces. Shelter homes for transmasculine persons need to focus on the specific vulnerabilities and challenges faced by them due to being assigned female at birth. Legal, healthcare and other support services offered in conjunction with shelter support need to take into account factors like forced marriages or potential violence from partners (if already married), sensitisation of healthcare professionals on transition-related needs and sensitisation of potential employers on transmasculine identities. Since most transgender persons do not have support structures and generally experience difficulty in getting short-term accommodation these short-stay shelters can also be used as safe spaces to stay in case of non-emergency situations, such as accessing healthcare services in a different city, appearing for job interviews or participating in a short-term skill-building program.

b. Hostel schemes for gender-diverse students

Some state governments have rolled out specific shelter home schemes. The Kerala government's Department of Social Justice has started A hostel scheme for transgender persons for those enrolled in educational institutions or in skill development courses, along the lines of Chattrawas Yojana for Scheduled Caste students by MoSJE. The Gujarat government's Pandit Din Dayal Upadhyay Awas Yojana¹⁰⁷ seeks to provide and promote housing for marginalised sections, such as SC, ST and OBCs, by providing direct financial assistance of Rs.1.2 lakhs. This model can be expanded for gender-diverse students enrolled in educational institutions or in skill development courses, who do not live with their families or have no means to rent accommodation.

POTENTIAL IMPLEMENTATION ARRANGEMENTS

In order to ensure access to housing for transgender persons, MoSJE will need to work in close coordination with Ministry of Housing and Urban Affairs and Ministry of Women and Child Development. Table 7 below summarises the strategies/tasks that can be taken up by the different ministries and by their state counterparts. Potential arrangements between MoSJE and State Departments of Social Welfare with other pertinent ministries and departments summarised in Figure 13 (on next page).

FIGURE 13. POTENTIAL ARRANGEMENTS TO ENSURE ACCESS TO HOUSING BETWEEN THE CENTRAL MINISTRIES, STATE DEPARTMENTS AND OTHER INSTITUTIONS

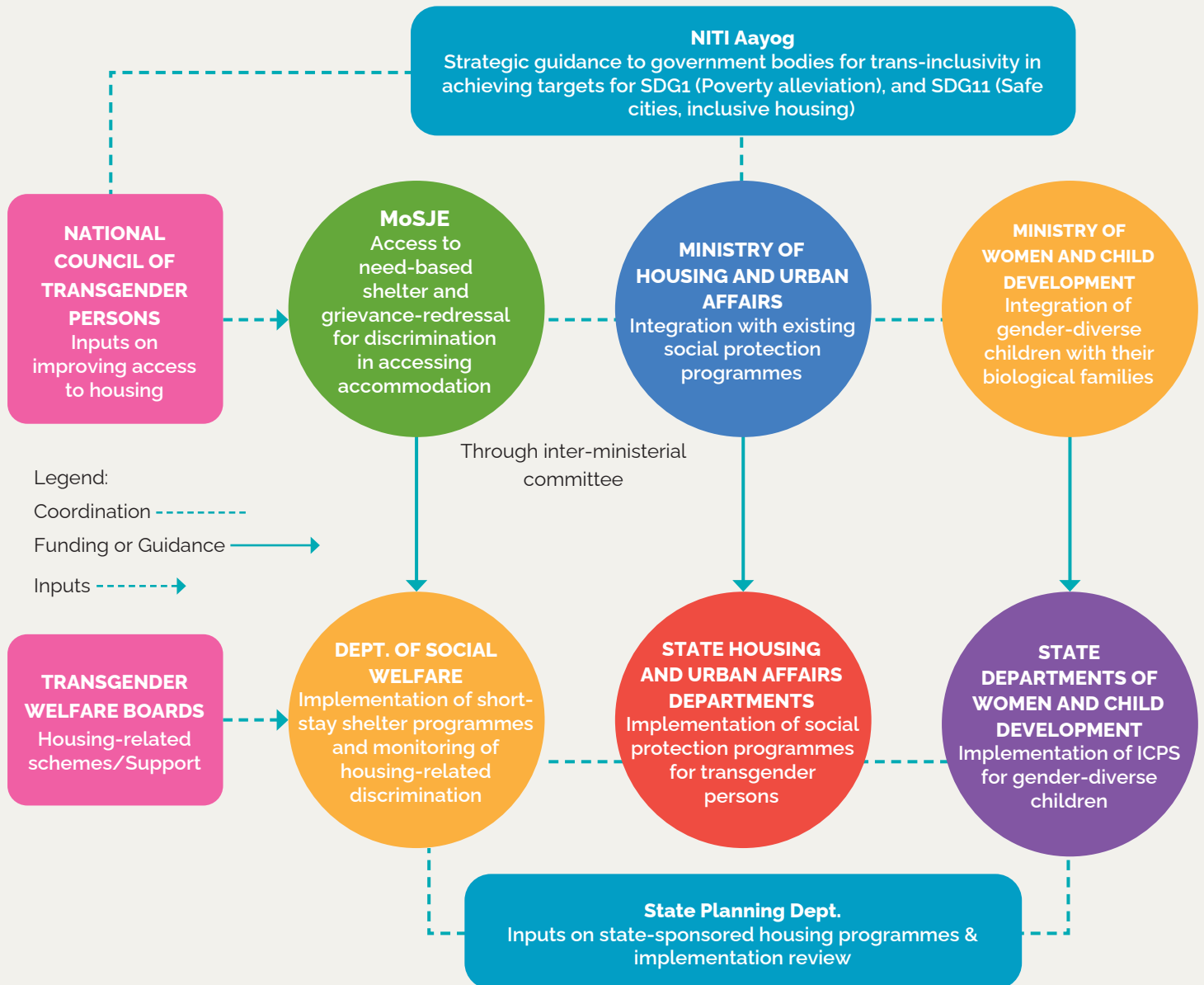


TABLE 7. POTENTIAL ALLOCATION OF IMPLEMENTATION OF STRATEGIES TO ENSURE ACCESS TO HOUSING AMONG PERTINENT CENTRAL AND STATE GOVERNMENT BODIES

Strategies / Activities	Central Government	State Governments
Integration with existing social protection programmes, such as DAY-NULM scheme and Pradhan Mantri Gramin Awaas Yojna (PMAY-G)	Ministry of Housing and Urban Affairs	State Housing and Urban Affairs Departments
Integration of gender-diverse children with supportive birth families	Ministry of Women and Child Development	State Departments of Women and Child Development
Robust and sustainable grievance redressal mechanisms to address discrimination faced by trans people in accessing accommodation	MoSJE (in consultation with National Council for Transgender Persons)	State Social Welfare Departments (in collaboration with state Transgender Welfare boards)
District-level shelter home schemes to make short-stay shelters available for emergencies and other need-based situations	MoSJE	State Social Welfare Departments
Hostel schemes for gender-diverse students enrolled in educational institutions or in skill development courses who do not live with their families or have no means to rent accommodation	MoSJE	State Social Welfare Departments

■ ADDRESSING FOOD INSECURITY

Food insecurity is increasingly being linked with gender justice.^{108,109} A plethora of factors are linked to gender inequality that also contribute to food insecurity among transgender persons. Studies indicate that stress from homelessness, unemployment and underemployment, inadequate food supplies, and discrimination contribute to food insecurity, resulting in poor physical and mental health.^{110,111}

108 ADB and FAO (2013), 'Gender equality and food security: women's empowerment as a tool against hunger', Philippines: Asian Development Bank www.adb.org/sites/default/files/pub/2013/gender-equality-and-food-security.pdf

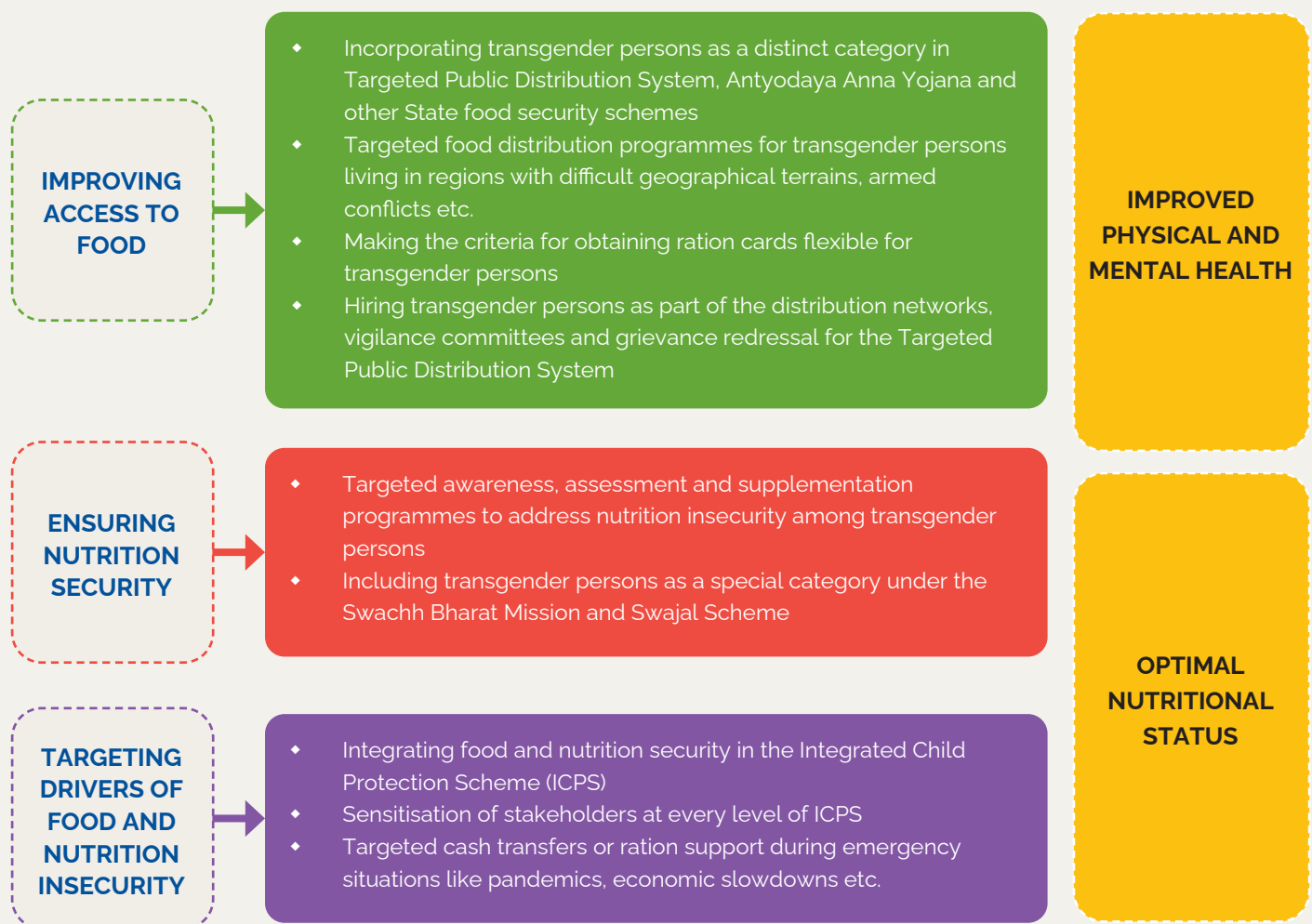
109 Agarwal, B. (2013) 'Food Security, productivity and gender inequality', in Handbook of Food, Politics and Society, New York: Oxford University Press

110 Jennifer Russomanno, Joanne G. Patterson, and Jennifer M. Jabson. (2019), 'Food Insecurity Among Transgender and Gender Nonconforming Individuals in the Southeast United States: A Qualitative Study', Transgender Health, pp. 89-99.

111 James SE, Herman JL, Rankin S, et al. (2016), 'The Report of the 2015 U.S. Transgender Survey', Washington, DC: National Center for Transgender Equality

The Government of India implements food security programmes under the National Food Security Act (NFSA), 2013, which aims to ensure food and nutrition security for the most vulnerable and access to food a legal right. However, these programmes have several lacunae in reaching out to those most in need, resulting in leakage and diversion.¹¹² These lacunae disproportionately impact transgender persons already living on the margins of the society. Addressing food insecurity for transgender persons will involve redefining the problem of food insecurity as a social injustice problem and looking at the contributing factors holistically from a systems-thinking approach.

FIGURE 14: FRAMEWORK TO ADDRESS FOOD AND NUTRITION INSECURITY



112 Neetu Abey George and Fiona H. McKay (2019), 'The Public Distribution System and Food Security in India', International Journal of Environmental Research and Public Health, 16(17): 3221

1. Improving access to food

a. Addressing policy gaps

Although the National food security programme aims for universal coverage, there is a need to include transgender persons as a target group under the Targeted Public Distribution Scheme (TPDS) and Antyodaya Anna Yojana (AAY) or Food security scheme for the “poorest of the poor” families so that specific steps can be taken to address the vulnerabilities specific to the community and ensure enhanced access to the programmes. Department of Food and Public Distribution under the Ministry of Consumer Affairs, Food and Public Distribution is the nodal body for this programme. Additionally, state departments of food security and food supplies can extend state-level food security schemes to transgender persons. Furthermore, it is important to tailor targeted food distribution programmes for transgender persons living in North Eastern states and other remote regions, given the region-specific barriers related difficult geographical terrains and armed conflicts.

b. Addressing implementation gaps

Explicitly including transgender persons as target or eligible populations in policies and programmes is a necessary first step, followed by taking steps to address implementation barriers. Every transgender person, irrespective of whether they have transgender certificate/identity card or a BPL status, should be able to obtain a ration card and have access to Public Distribution System. It is crucial to create awareness about challenges faced by transgender persons in the bureaucracy. Additionally, inclusion of transgender persons in the distribution network, vigilance committees and grievance redressal components of TPDS will further ensure wider coverage and ensure that food security reaches the harder to reach sections of the community.

2. Ensuring Nutrition Security

A critical component of food security is nutrition security. Studies show that people who are food insecure are often unable to access or are unaware about balanced diet and adequate nutrition and tend to have cheaply processed, energy-dense foods (e.g., refined grains, added sugars, and added saturated fats). The dietary deficiencies are likely to lead to diet-related chronic diseases, including hypertension, heart disease, and diabetes.^{113,114} The TRANScend study showed that 43% of trans women and 25% of trans men participants in Bangalore, Delhi and Mumbai reported diet-related chronic health conditions, such as bone density depletion, high cholesterol and obesity, high blood pressure, diabetes or a diagnosed heart, kidney or liver condition.¹¹⁵

113 Seligman HK, Laraia BA, Kushel MB. (2010), 'Food insecurity is associated with chronic disease among low-income NHANES participants', *J Nutr*, 140 (2), pp. 304–310.

114 Gregory CA, Coleman-Jensen A. (2017), 'Food Insecurity, Chronic Disease, and Health Among Working-Age Adults', Washington, DC: United States Department of Agriculture, Economic Research Service

115 Situation and needs assessment of transgender people in three major cities in India. Mumbai: The Humsafar Trust, 2018

a. Targeted awareness, assessment and supplementation programmes to address nutrition insecurity

There is a need to increase awareness among the transgender communities on nutrition and balanced diet through IEC and targeted programs. National HIV interventions that reach out to trans women and hijra populations need to integrate nutrition counselling and supplement support for transgender persons who are immunocompromised, have co-morbidities, undergoing gender transition or have other specific nutritional needs. Also, such IEC and supplementation programmes need to be tailored to geography, cultural context, income status, age and dietary preferences. Furthermore, these programmes can include a component of physical assessment of nutritional status. Similar programmes for transmasculine persons can be rolled out by the Ministry of Health and Family Welfare.

b. Safe water, sanitation and hygiene

Safe water, sanitation and hygiene (WASH) are considered essential to nutritional security.¹¹⁶ Only 50% of trans women in Mumbai, Bangalore and Delhi reported having bathrooms and toilets inside their houses. Little less than half (47%) of trans women participants in these cities had access to drinking water within premises. Ministry of Jal Shakti, the nodal ministry in charge of overall policy, planning, funding and coordination of programmes of drinking water and sanitation in the country, can include transgender persons as a special category under the Swachh Bharat Mission¹¹⁷ and Swajal Scheme¹¹⁸ to ensure access to funding for construction of individual household level toilets and clean drinking water, respectively.

3. Targeting drivers of food and nutrition insecurity

a. Addressing food insecurity due to homelessness

Food insecurity caused due to homelessness needs to be addressed differently at different life-stages. The Ministry of Women and Child Development can be the nodal government body to work on formulation and implementation of programmes to address food insecurity faced by gender-diverse children. Food and nutrition security of gender-diverse children facing homelessness needs to be part of the Integrated Child Protection Scheme (ICPS) which works to help secure the safety of vulnerable children. Hence, there is a need to increase awareness on gender-diverse children among various stakeholders involved in the ICPS programme and to integrate the needs of gender-diverse children in the existing shelter, education and livelihoods components of the programme. Welfare measure for homelessness faced by

116 Schulte-Herbrüggen, Helfrid & Ddiba, Daniel & Bhattacharya, Prosun & Kimanzu, Ngolia & Andersson, Kim & Dickin, Sarah & Schulte-Herbruggen, Bjorn. (2017). Linking water–sanitation–agricultural sectors for food and nutrition security.

117 http://swachhbharaturban.gov.in/writereaddata/SBM_Guideline.pdf?id=21p7e0nz1uh2jyhx

118 https://jalshakti-ddws.gov.in/sites/default/files/Swajal_guidelines.pdf

transgender adults and senior citizens, and the resulting food insecurity have been discussed earlier.

b. Addressing food-insecurity due to livelihood uncertainty

Immediate measures to address food insecurity faced by transgender persons that emerges from employment uncertainty include monthly pensions, formation of support groups and self-help groups and easy access to credit (detailed in Chapter on Economic Security). In terms of implementation, these measures need to prioritise transgender persons in informal sectors (including begging and sex work), people living with HIV and other co-morbidities, and survivors of gender-based violence. Access to such food security measures along with targeted cash transfers and ration support become crucial during large-scale emergency situations like pandemics and economic slowdowns, as was evident in the COVID-19 pandemic and its disproportionate impact on transgender persons.¹¹⁹ Long-term measures to improve economic resilience and address food insecurity include: creating inclusive workplaces through policies and conducive workplace culture, addressing the skill gaps that pose barriers to finding economically viable employment, and nurturing entrepreneurial ventures.

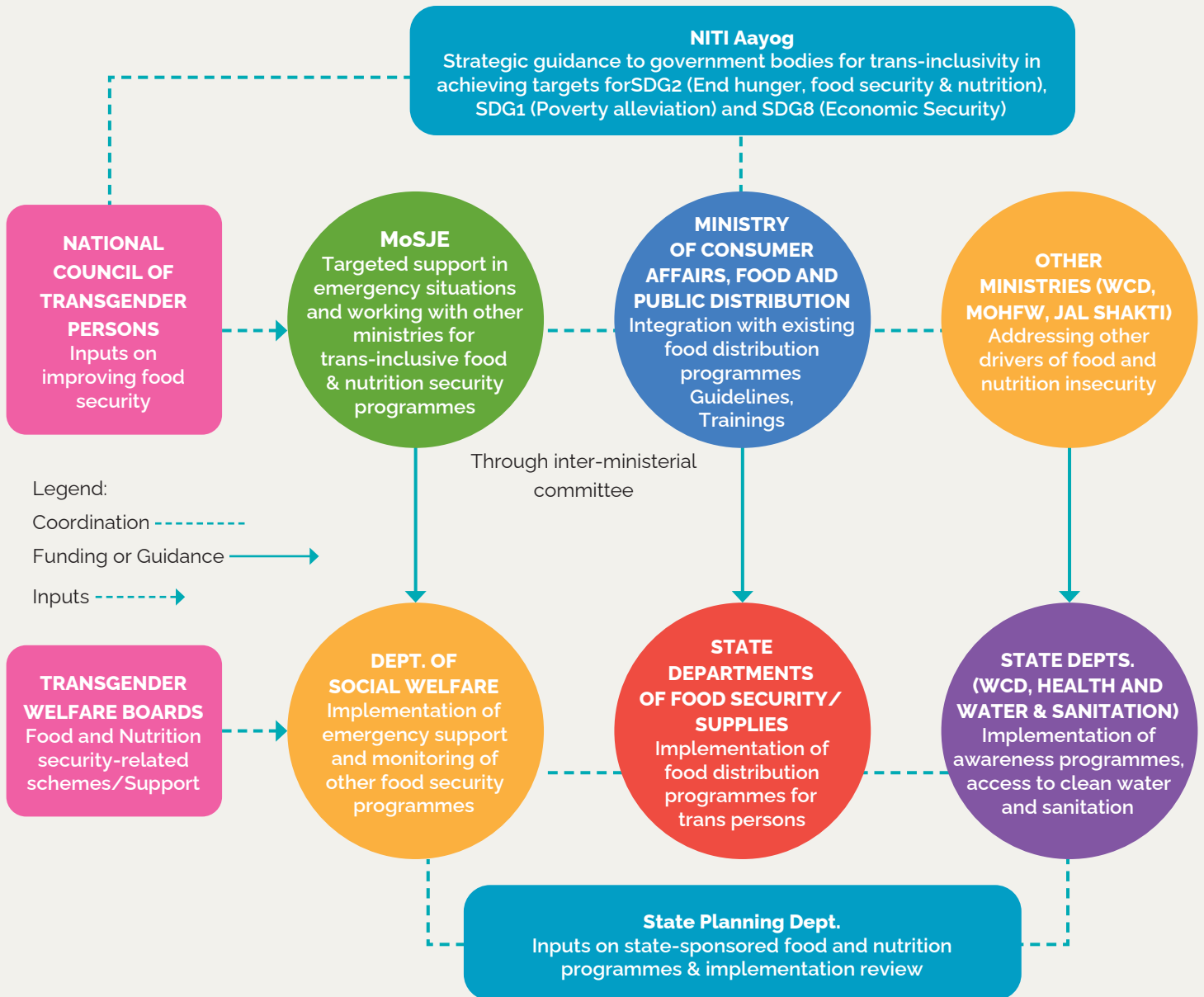
POTENTIAL IMPLEMENTATION ARRANGEMENTS

In order to ensure food and nutrition security for transgender persons, MoSJE can coordinate with Ministry of Consumer Affairs, Food and Public Distribution, Ministry of Health and Family Welfare, Ministry of Women and Child Development and Ministry of Jal Shakti to extend programmes aimed at food and nutrition security to transgender persons and roll out targeted programmes addressing needs specific to transgender persons, as enumerated in Table 8. MoSJE can also be the nodal body responsible for addressing food insecurity in emergency situations. Potential implementation arrangements between these ministries are summarised in Figure 15.

TABLE 8. POTENTIAL ALLOCATION OF IMPLEMENTATION OF STRATEGIES TO ENSURE FOOD AND NUTRITION SECURITY AMONG RELEVANT CENTRAL AND STATE GOVERNMENT BODIES

Strategies / Activities	Central Government	State Governments
<ul style="list-style-type: none"> Incorporating transgender persons as a distinct group in Targeted Public Distribution System, Antyodaya Anna Yojana and food security schemes of state governments Targeted food distribution programmes for transgender persons living in regions with difficult geographical terrains, armed conflicts etc. Making the criteria for obtaining ration cards flexible for transgender persons Hiring transgender persons as part of the distribution networks, vigilance committees and grievance redressal for the Targeted Public Distribution System 	Department of Food & Public Distribution (Ministry of Consumer Affairs, Food and Public Distribution)	State Departments of Food Security and Supplies
<ul style="list-style-type: none"> Targeted awareness, assessment and supplementation programmes to address nutrition insecurity among transgender persons 	Ministry of Health and Family Welfare, National AIDS Control Organisation (for transgender women)	State Departments of Health, State AIDS Control Societies (for transgender women)
<ul style="list-style-type: none"> Including transgender persons as a special group under the Swachh Bharat Mission and Swajal Scheme 	Ministry of Jal Shakti	State Departments of Water and Sanitation
<ul style="list-style-type: none"> Integrating food and nutrition security in the Integrated Child Protection Scheme (ICPS) Sensitisation of stakeholders at every level of ICPS 	Ministry of Women and Child Development	State Departments of Women and Child Development
<ul style="list-style-type: none"> Targeted cash transfers or ration support during emergency situations such as pandemics and economic slowdowns. 	Ministry of Social Justice and Empowerment	State Departments of Social Welfare

FIGURE 15. PPOTENTIAL ARRANGEMENTS TO ENSURE FOOD AND NUTRITION SECURITY BETWEEN THE CENTRAL MINISTRIES, STATE DEPARTMENTS AND OTHER INSTITUTIONS



5

PERSONAL SAFETY AND
SECURITY FROM VIOLENCE

OBJECTIVES

Objectives for ensuring personal safety and security from violence:

- Promoting social norms that protect against violence towards transgender persons
- Empowering transgender persons through awareness on rights and developing support mechanisms
- Creating protective environments
- Supporting Victims/Survivors to minimise harm

SDG 5

Achieve gender equality

SDG 10

Reduce inequalities within and among countries

SDG 11

Make cities and human settlements inclusive, safe, resilient and sustainable

SDG 16

Promote peaceful and inclusive societies for sustainable development

Right to safety is universal. Evidence shows that, in addition to personal and interpersonal violence, transgender persons face violence at structural, institutional, and social-structural levels.¹²⁰ Structural violence is embedded in the social structures in which transgender persons live. It is revealed in the form of expected gender norms and roles, which are based on the rigid notions of binary gender and restrain their agency.¹²¹ Transprejudice (prejudice and hatred towards transgender people) and violence perpetration can be institutional - reflected in policies, laws, and institutional practices that discriminate against transgender people. It can also be societal, which results from rejection and mistreatment¹²² of transgender people. Finally, it can manifest as hate crimes against transgender persons. This section focusses on safety from physical, sexual and psychosocial violence faced by transgender persons in both physical and virtual spaces.

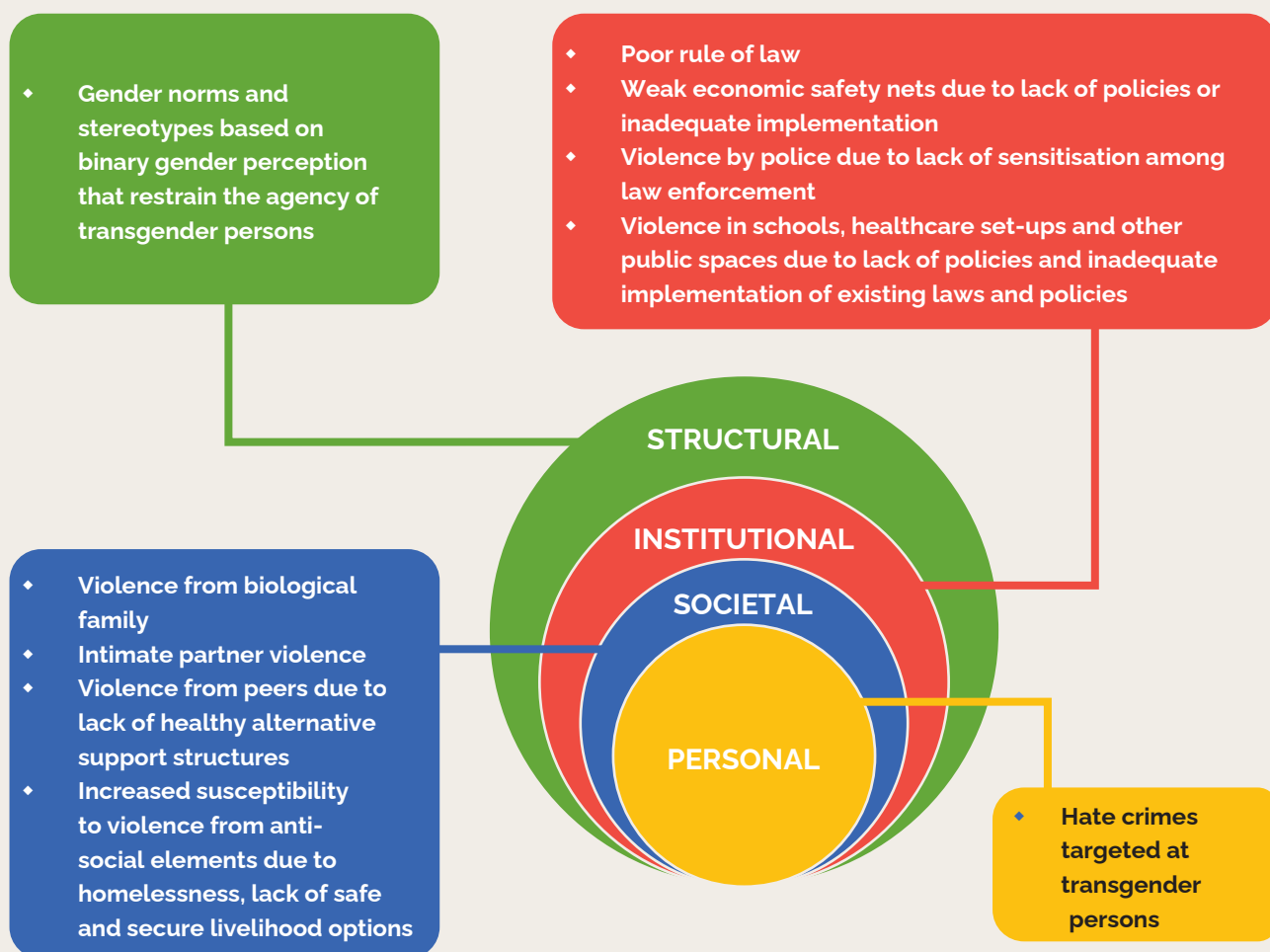
Transgender Persons (Protections of Rights) Act, 2019, and Rules, 2020, (See Box 14) specify penalties for offences against transgender persons and offer directives for establishing redressal mechanisms. In addition to these measures, there is a need to holistically address pervasive transprejudice and violence against transgender persons.

120 https://tgeu.org/wp-content/uploads/2017/04/FortheRecord_FINAL.pdf

121 Allsop, J. (2020), "The movement for Black trans lives", Columbia Journalism Review, available at: https://www.cjr.org/the_media_today/black-trans-lives-matter.php.

122 National Coalition of Anti-Violence Programs (2014), "Hate violence against lesbian, gay, bisexual, transgender, Queer and HIV-affected communities in the United States in 2013", May 29, available at: http://avp.org/wp-content/uploads/2017/04/2013_ncavp_hvreport_final.pdf.

FIGURE 16: MULTI-LEVEL VIOLENCE FACED BY TRANSGENDER PERSONS



Box 14. Personal safety-related clauses in the Transgender Persons (Protections of Rights) Act, 2019, and Rules, 2020

ACT

18. Whoever, —
- compels or entices a transgender person to indulge in the act of forced or bonded labour other than any compulsory service for public purposes imposed by Government;
 - denies a transgender person the right of passage to a public place or obstructs such person from using or having access to a public place to which other members have access to or a right to use;

- (c) forces or causes a transgender person to leave household, village or other place of residence; and
- (d) harms or injures or endangers the life, safety, health or well-being, whether mental or physical, of a transgender person or tends to do acts including causing physical abuse, sexual abuse, verbal and emotional abuse and economic abuse, shall be punishable with imprisonment for a term which shall not be less than six months but which may extend to two years and with fine.

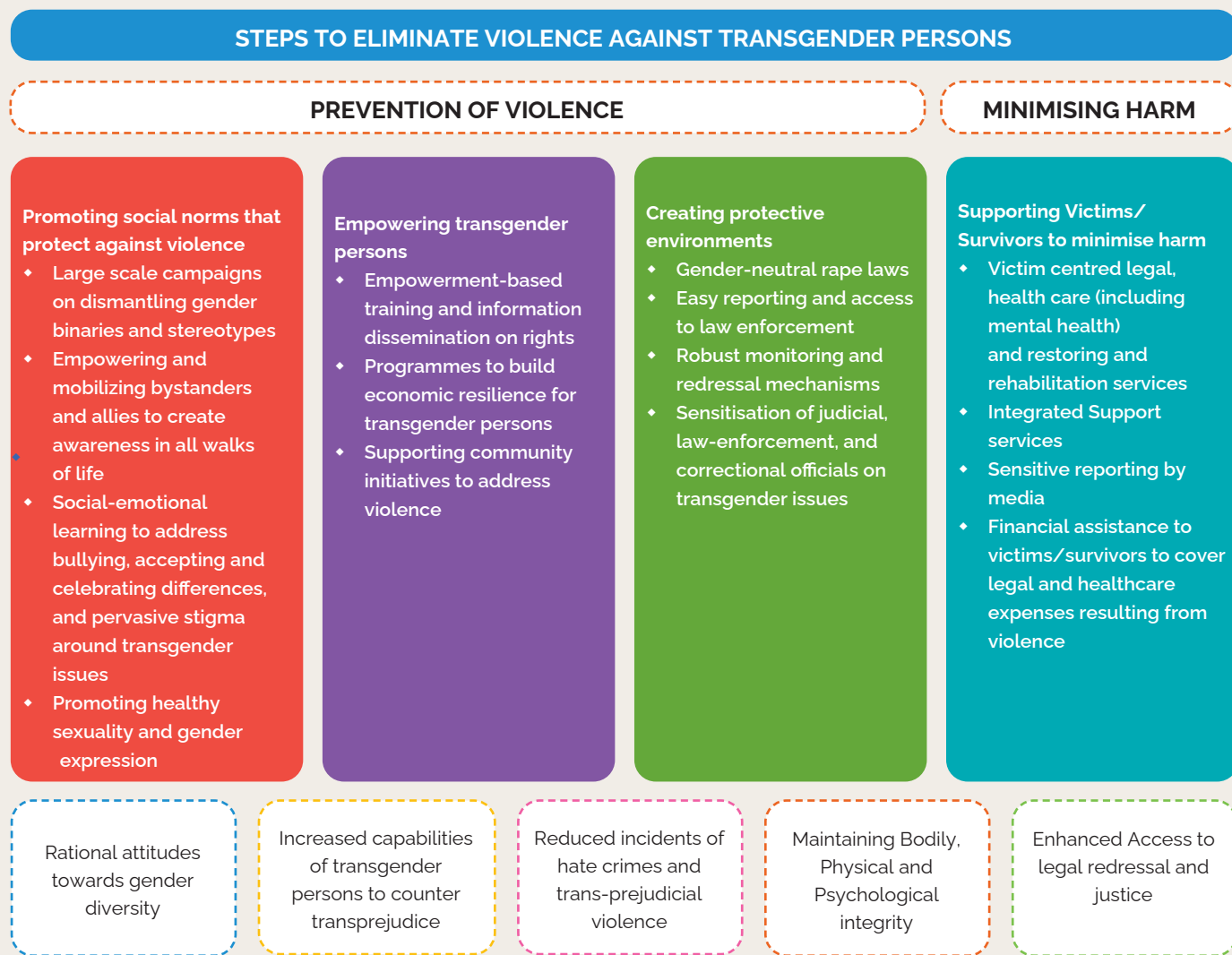
RULES

11. Provisions for non-discrimination. –
 - (1) The appropriate Government shall take adequate steps to prohibit discrimination in any Government or private organisation or establishment including in the areas of education, employment, healthcare, public transportation, participation in public life, sports, leisure and recreation and opportunity to hold public or private office.
 - (2) The appropriate Government shall within two years from the date of coming into force of these rules, formulate a comprehensive policy on the measures and procedures necessary to protect transgender persons in accordance with the provisions of the Act.
 - (3) The policy formulated under sub-section (2) shall include preventative administrative and police measures to protect vulnerable transgender communities.
 - (4) The appropriate Government shall be responsible for the supervision of timely prosecution of individuals charged under section 18 of the Act, or under any other Law for similar offences committed against the transgender persons.
 - (5) Every State Government shall set up a Transgender Protection Cell under the charge of the District Magistrate in each District and under Director General of Police in the State to monitor cases of offences against transgender persons and to ensure timely registration, investigation and prosecution of such offences.

Violence against transgender persons can be prevented or eliminated by a combination of the following approaches:

- Promoting social norms that protect against violence towards transgender persons
- Empowering transgender persons through awareness on rights and developing support mechanisms
- Creating protective environments
- Supporting Victims/Survivors to minimise harm

Figure 17: Framework to address multi-level violence faced by transgender persons



1. Promoting social norms that protect against violence towards transgender persons

Given that rigid gender norms in the society contribute to transprejudice, there is a need to promote social norms and rational attitudes towards gender diversity. Transgender persons are shown in a bad light in mass media and popular culture, which further exacerbates transprejudice.^{123,124}

123 <https://feminisminindia.com/2020/01/31/bollywood-misrepresented-hijra-community/>

124 <https://edition.cnn.com/style/article/laxmii-bollywood-film-transgender/index.html>

a. Large-scale public awareness campaigns

Attitudinal change can be achieved through sustained large-scale public awareness campaigns by MoSJE that inform gender diversity, challenge negative stereotypes and show a healthy well-rounded portrayal of transgender persons. The campaigns also need to increase awareness among transgender persons on their rights guaranteed under constitution and punishments, under various laws, for perpetrators of violence. Similar campaigns can be created at state level by respective nodal ministries that are in-charge of welfare of transgender persons. These campaigns can be in local languages, where the content captures the regional and linguistic nuances for mass appeal. There is a need to create focussed campaigns on creating awareness about violence faced by transmasculine persons (See Box 15), since they remain invisible in policy dialogues, with little awareness about their issues among various stakeholders (including those in law enforcement, education, healthcare, and judiciary).

Box 15. Visibility of transmasculine persons in India

Transmen or transmasculine persons in India have been largely invisible. Unlike transfeminine women and hijra communities in India, most transmasculine people grow up in the absence of a vocabulary to articulate or identify transmasculine identities in their local languages and are not able to express why they feel differently from their peers. Transmasculine persons in different parts of India grow up isolated, in the absence of an alternative support structures (such as hijra communities for transfeminine people) that they can seek support from. And, in a deeply patriarchal society like India, they face gender-based violence and stigma within families once they express their identities.¹²⁵ Persons assigned female at birth have less or no autonomy in families and are often forced to drop out of education and enter into arranged marriages. Many face sexual assaults to “correct” their gender identity and intimate partner violence.¹²⁶

“I was assigned female at birth; our Indian society considers marrying off their daughters to be an extremely auspicious act. Thus, I was forcefully married to a man with whom I even conceived a child” said a participant in the consultation conducted on the issues of transmasculine people as part of this project, highlighting how his autonomy in his life had been taken away completely.

125 Chakrapani, V., Scheim, A.I., Newman, P.A. et al. (2021). Affirming and negotiating gender in family and social spaces: Stigma, mental health and resilience among transmasculine people in India. *Culture, Health & Sexuality*. <https://doi.org/10.1080/13691058.2021.1901991>

126 <https://www.hrc.org/resources/sexual-assault-and-the-lgbt-community>

b. Empowering and mobilising bystanders and allies

Empowering bystanders to intervene to prevent violence rather than focusing on perpetrators or victims, are increasingly adopted as promising strategies to prevent sexual violence against women.¹²⁷ These interventions are likely to be effective towards addressing and long-term prevention of transprejudice-based violence by encouraging cis-gender allies to participate and advocate for safety of transgender persons. Public campaigns to prevent violence can outline the role of bystanders in terms of how to intervene and whom to reach out to.

Allies can further be mobilised to increase awareness through creation of formal ally networks in establishments. The Ministry of Labour and Employment can issue guidelines to this effect for creation of employee resource groups. Similar guidelines can be issued by the Ministry of Education for creation of ally student groups in educational institutions, the Ministry of Health and Family Welfare in healthcare settings and other ministries.

c. Changes in curricula and pedagogies

In addition to targeted campaigns and interventions, curricular and pedagogical changes at school and higher education levels in every discipline are needed to enhance societal understanding of gender diversity. Inclusion of understanding gender and sexuality in the curriculum at school and college levels will help promote healthy sexuality and gender expression. It is further important to integrate social-emotional learning (process of developing the self-awareness, self-control, and interpersonal skills that are vital for school, work, and life success) in curricula to help prevent bullying and accept and celebrate gender diversity. The Ministry of Education is the ideal nodal central government body for such curricular changes.

2. Empowering transgender persons

A key approach towards minimising instances of transprejudice-related violence is to empower transgender persons themselves.

a. Training and information dissemination

The Ministry of Social Justice and Empowerment and respective state-level nodal ministries for transgender welfare can develop and disseminate empowerment-based training modules for transgender persons. These modules can focus on personal safety and security in physical and virtual spaces, rights and legal recourses available for transgender persons, and tips to use technology to keep themselves safe. A dedicated portal can be established, similar to the National Repository of

127 Fenton, R. A., & Mott, H. L. (2017). The bystander approach to violence prevention: Considerations for implementation in Europe. *Psychology of Violence*, 7(3), 450–458

Information for Women (NARI) portal,¹²⁸ to provide simplified information on rights and legal recourses available for transgender persons.

Given that the availability of information solely on virtual platforms is likely to exclude a large section of the communities who are unable to use technology, it is crucial to have proactive sharing of information. For trans women, the training modules and information repository can be shared through existing HIV interventions, which work with a peer-led outreach model conduct periodic capacity building programmes for peer educators.¹²⁹ For transmasculine persons, who are not reached by formal interventions, a targeted outreach plan needs to be prepared in collaboration with community groups and civil society organisations.

b. Building economic resilience

Economic resilience and income security act as key factors to reduce the vulnerability of transgender persons towards violence and enhance their capabilities to access legal, medical and other support needed. Programmes to build economic resilience are discussed in detail in the chapter on economic security

c. Supporting community initiatives to address violence

A centralised non-lapsable corpus fund can be established, similar to the Nirbhaya Fund,¹³⁰ administered by the Department of Economic Affairs (DEA) of the Ministry of Finance (MoF) for safety and security of transgender persons. State Transgender Welfare Boards and community organisations can place proposals for innovative projects on safety and security of transgender persons.

3. Creating protective environments

a. Easy reporting and access to law enforcement

To increase reporting of the incidents of violence, dedicated 2G-compatible mobile applications can be created with a panic button for crisis situations which can send distress signals to peers and police. Dedicated e-mail addresses, managed by the cyber-crime cells at district level solely to resolve issues of hateful conduct on Social Media platforms, can be circulated. Some of these mechanisms already exist for women's safety under the aegis of the Ministry of Women and Child Development.¹³¹ The same can be extended to transgender persons or dedicated support mechanisms can be set up under MoSJE and respective state-level nodal ministries for various welfare measures of transgender people.

128 <https://www.india.gov.in/website-national-repository-information-women-nari>

129 <http://www.naco.gov.in/national-strategic-plan-hiv-aids-and-sti-2017-24>

130 <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1579539>

131 https://wcd.nic.in/sites/default/files/Final%20Draft%20report%20BSS_o.pdf

b. Robust monitoring and redressal mechanisms

In the absence of gender-neutral rape laws coupled with an extremely high prevalence of violence against transgender persons (See Box 16), there is need for robust monitoring and redressal mechanisms at every level of law-enforcement. The Transgender Persons (Protection of Rights) Act, 2019, and Rules, 2020, specify establishing Transgender Protection Cells under the District Magistrate in the district level, and under Director General of Police in the state level to monitor cases of offences against transgender persons and to ensure timely registration, investigation and prosecution of such offences. It is crucial that these cells engage with community networks to identify instances of violence¹³² and address them. Similar to Mahila Police Volunteer Scheme implemented by the Ministry of Women and Child Development,¹³³ transgender police volunteers can be included in the police force to act as an interface between trans communities and police.

Box 16. High prevalence of sexual assault against transgender persons

The Transgender Persons (Protections of Rights) Act, 2019, states that the punishment for the physical and sexual abuse of transgender people is a minimum of six months and a maximum of two years in prison with a fine. In contrast, the punishment for rape on a cis-gender woman is a minimum of 10 years in prison, which may be extended to life. The death penalty can also be imposed in cases where the woman is left in a vegetative state, for repeat offenders, or the rape of a girl under the age of 12. This disparity in rape laws has been severely opposed by the community across India¹³⁴ and inadequately addresses an already grave situation of sexual violence faced by transgender persons. According to a survey of nearly 5,000 transgender people by the National AIDS Control Organization in 2014-15, one fifth said they had experienced sexual violence in the past 12 months.¹³⁵

Furthermore, in accordance with the Transgender Persons (Protection of Rights) Act and Rules Section 11(1) (See Box 14), THE Ministry of Labour and Employment can issue directives to create up complaint cells in workplaces, which can report instance of workplace violence to Transgender Protection Cells. Similar directives can be issued by nodal ministries at central and state levels for education, healthcare, and public transportation.

132 https://tgeu.org/wp-content/uploads/2013/11/TGEU_protrans_publication_1_Nov.pdf

133 <https://wcd.nic.in/sites/default/files/final%20Special%20Mahila%20Police.pdf>

134 <https://thelogicalindian.com/news/transgender-bill-rape-law/>

135 http://naco.gov.in/sites/default/files/TG-IBBS%20ReportPrint%20text_Edited.pdf

c. Sensitisation of key stakeholders

Apart from creating awareness through curriculum changes, as discussed above, it is important to periodically sensitise key stakeholders who play an important role in creating protective environments against trans-prejudicial violence – law enforcement and correctional officials, educators, healthcare providers, and legal and judicial professionals.

Given that violence against transgender people has been shown to be perpetrated by co-students in educational settings and by law enforcement officials, it is also important to sensitise students and law-enforcement officials about the challenges and rights of transgender people and penalties specified under law in the instances of violence against them. The Ministry of Social Justice and Empowerment and other pertinent ministries can develop and share sensitisation modules for key stakeholders.

4. Supporting Victims/Survivors to minimise harm

Although a human-rights based approach forms the cornerstone of the entire welfare framework proposed in the document, it becomes all the more critical to ensure a life of dignity and well-being of survivors of violence. In line with the Human Rights-Based Approach (See Box 17), one of the six Guiding Principles of the United Nations Sustainable Development Cooperation Framework, the following measures can be undertaken.

Box 17. Human rights-based approach (HRBA)

The human rights-based approach (HRBA) is a conceptual framework for the process of human development that is normatively based on international human rights standards and operationally directed to promoting and protecting human rights. It seeks to analyse inequalities which lie at the heart of development problems and redress discriminatory practices and unjust distributions of power that impede development progress and often result in groups of people being left behind. HRBA requires human rights principles (universality, indivisibility, equality and non-discrimination, participation, accountability) to guide United Nations development cooperation, and focus on developing the capacities of both 'duty-bearers' to meet their obligations, and 'rights-holders' to claim their rights.¹³⁶

136 Universal Values, Principle One: Human Rights-Based Approach, accessed from <https://unsdg.un.org/2030-agenda/universal-values/human-rights-based-approach>

a. Victim-centred service delivery

A victim-centred approach in offering legal, health care (including mental health) and restoring and rehabilitation services to transgender persons who have faced violence needs to be adopted. Drawing from the learnings of working with victims of trafficking and sexual violence.¹³⁷ This will require training of stakeholders on victim-centred approaches, creating processes and procedures where needs of victims remain central and providing culturally and linguistically appropriate support.

b. Integrated support services

At the district-level, One-Stop Centres are run under the Ministry of Women and Child Development to provide an integrated range of services to women affected by violence: medical aid, police assistance, legal aid/case management, psychosocial counselling, temporary shelter. These can offer support to transgender persons as well. Alternatively, similar centres dedicated to transgender victims of violence, can be opened by pertinent nodal departments at the state level. It is important that transgender persons are employed in these centres. These service centres can act as community-level support structures for transgender persons at risk of violence. It is further crucial that transgender persons are actively involved in implementation of these services, including as staff, to enable increased access to a large section of the population that is hidden or unaware of their rights. The central government has planned to launch a national helpline¹³⁸ to provide immediate and 24-hour emergency response to transgender persons affected by violence across the country. These helplines can be linked to such one-stop centres.

c. Sensitive media reporting

Media's reporting of the incidents of violence faced by transgender persons needs to be done in a sensitive manner, respecting the identity and well-being of the victims. There are multiple resources available for media persons on using sensitive and acceptable language.¹³⁹ It is important that these guidelines are implemented through media regulatory bodies, such as the Press Council of India and News Broadcasting Standards Authority, and integrated in the training curriculum for media professionals.

d. Financial assistance to survivors of violence

Finally, it is imperative to devise financial assistance programmes to survivors to cover legal and healthcare expenses resulting from violence. At the state-level these

137 <https://www.ovcttac.gov/taskforceguide/eguide/1-understanding-human-trafficking/13-victim-centered-approach/#:~:text=Key%20Term%3A%20The%20Victim%2DCentered,services%20in%20a%20nonjudgmental%20manner.>

138 <https://economictimes.indiatimes.com/news/politics-and-nation/govt-planning-to-launch-national-helpline-for-transgender-community/articleshow/79407741.cms?from=mdr>

139 https://humsafar.org/wp-content/uploads/2018/03/pdf_last_line_SANCHAAR-English-Media-Reference-Guide-7th-April-2015-with-Cover.pdf

programmes can be mandated under the Transgender Welfare Boards. The Central Victim Compensation Fund Scheme, overseen by the Ministry of Home Affairs and implemented by the State Departments of Home, needs to include transgender persons as a special group.

POTENTIAL IMPLEMENTATION ARRANGEMENTS

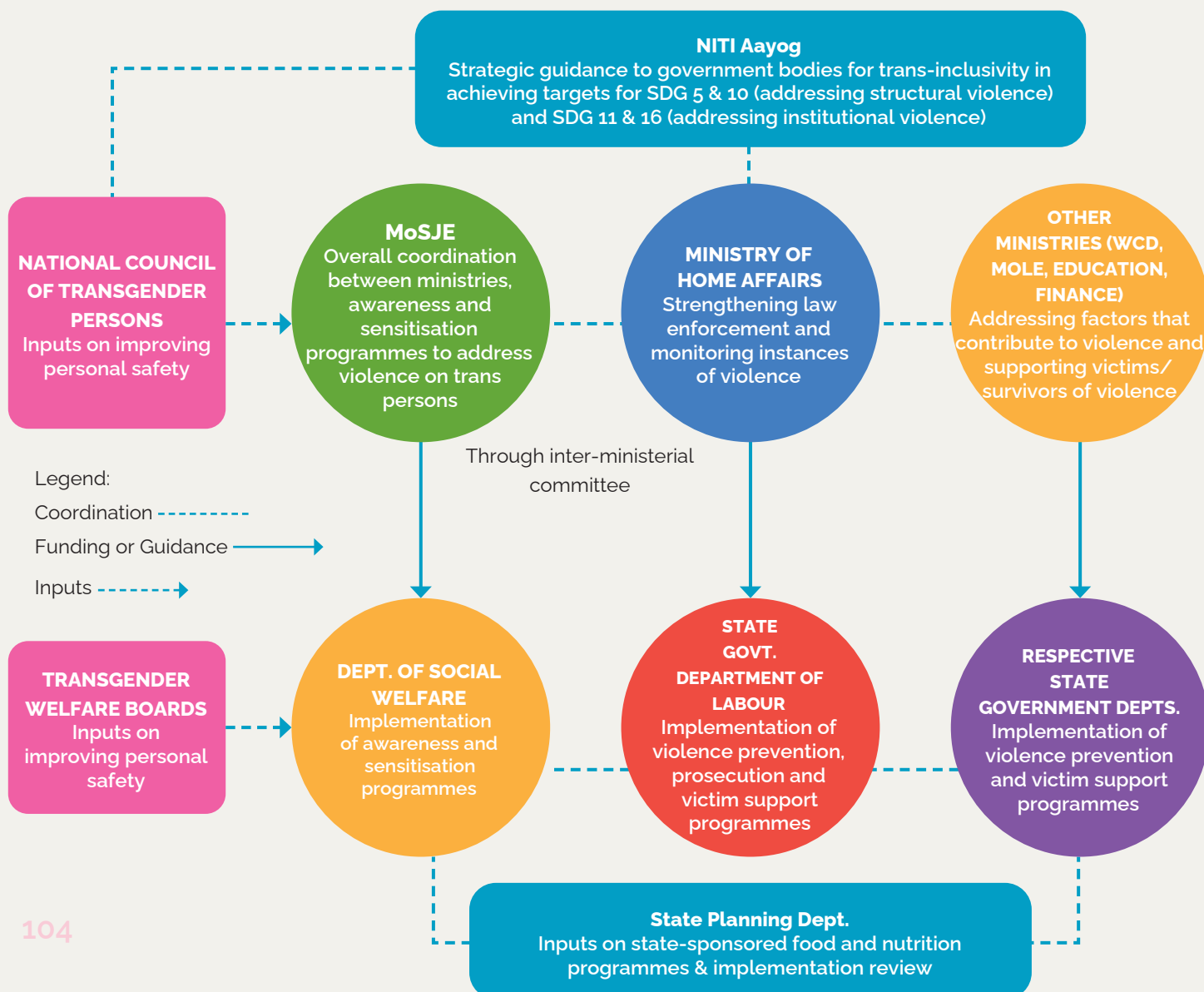
Since law enforcement and overall safety and security is integral to personal safety, MoSJE can work closely with the Ministry of Home Affairs along with other ministries, such as Ministry of Labour and employment, Ministry of Education, Ministry of Women and Child Development and Ministry of Finance, that are already working towards prevention and support in the context of violence against vulnerable groups. Potential allocation of implementation of strategies across various ministries is detailed in Table 9.

TABLE 9. POTENTIAL ALLOCATION OF IMPLEMENTATION OF STRATEGIES TO ENSURE PERSONAL SAFETY AND VIOLENCE PREVENTION/MITIGATION AMONG PERTINENT CENTRAL AND STATE GOVERNMENT BODIES

Strategies / Activities	Central Government	State Governments
<ul style="list-style-type: none"> Large-scale public awareness campaigns Training and information sharing among transgender persons Sensitisation programmes for key stakeholders on challenges faced by transgender persons and victim-centred service delivery 	Ministry of Social Justice and Empowerment	State Departments of Social Welfare
<ul style="list-style-type: none"> Directives to create formal ally networks in establishments Complaint cells in workplaces 	Ministry of Labour and Employment	State Labour Departments
<ul style="list-style-type: none"> Curriculum and pedagogical changes at school level as well as in higher education 	Ministry of Education	State Departments of Education
<ul style="list-style-type: none"> Easy reporting and access to law enforcement through mobile applications and dedicated e-mail addresses managed by cyber-crime cells District-level One Stop Centres to provide an integrated range of services to transgender persons affected by violence 	Ministry of Women and Child Development	State Departments of Women and Child Development
<ul style="list-style-type: none"> Centralised non-lapsable corpus fund to support community initiatives to address violence 	Department of Economic Affairs, Ministry of Finance	State Transgender Welfare Boards

Strategies / Activities	Central Government	State Governments
<ul style="list-style-type: none"> Police Volunteer Programmes Victim compensation programmes 	Ministry of Home Affairs	State Home Departments
<ul style="list-style-type: none"> Sensitive media reporting guidelines 	Press Council of India and News Broadcasting Standards Authority	---

FIGURE 18. POTENTIAL ARRANGEMENTS TO ENSURE PERSONAL SAFETY AND VIOLENCE PREVENTION BETWEEN THE CENTRAL MINISTRIES, STATE DEPARTMENTS AND OTHER INSTITUTIONS



6

POTENTIAL IMPLEMENTATION ARRANGEMENTS

Traditionally, MoSJE has taken lead in designing and implementing social welfare programmes for transgender people. However, transgender people's rights and needs are cutting across the mandate areas of all major ministries, including health, education, human resources, law and home affairs. Consequently, actively involving other ministries as well through proper coordination, collaboration and convergence mechanisms is crucial. Such a pragmatic approach can then help in comprehensively addressing all the needs of transgender people and people with intersex variations, and in ensuring that their rights are protected and realised. Taking into the recommendation of an Expert Committee, MoSJE has constituted an inter-ministerial committee to facilitate coordination of social welfare programmes (for transgender people) at the central and state government levels.¹⁴⁰

In February 2021, MoSJE announced a centrally sponsored 70-crore scheme/project (for the fiscal year 2021/22) called 'Support for Marginalized Individuals for Livelihood and Enterprise' (SMILE)¹⁴¹ for beggars and transgender people. The 20-crore transgender-specific component under SMILE is for "comprehensive rehabilitation for welfare of transgender persons" to formulate "welfare schemes and programmes for education, social security and health of transgender persons".¹⁴² A conceptual framework presented earlier in this document suggested improving the welfare of transgender people in two broad ways:

- Implementing trans-specific programmes and schemes
- Ensuring trans-inclusiveness in implementation of mainstream programmes

1. Implementing trans-specific programmes and schemes: Coordination, Collaboration and Convergence

MoSJE has been the nodal agency for designing and implementing social welfare programmes for transgender people. Some of the social welfare programmes for transgender people in relation to education, health, employment assistance and skill-building, are more likely to be implemented in collaboration with other ministries, with MoSJE fully sponsoring some of the programmes and co-sponsoring some other programmes. For such MoSJE-sponsored or co-sponsored programmes, MoSJE is more likely to be the coordinating body. NITI Aayog, given its mandate of inter-ministerial coordination and convergence between central and state governments, can facilitate

140 MoSJE web page – Social Defence: <http://socialjustice.nic.in/UserView/index?mid=47564>

141 MoSJE. Press Release. <https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1695142>

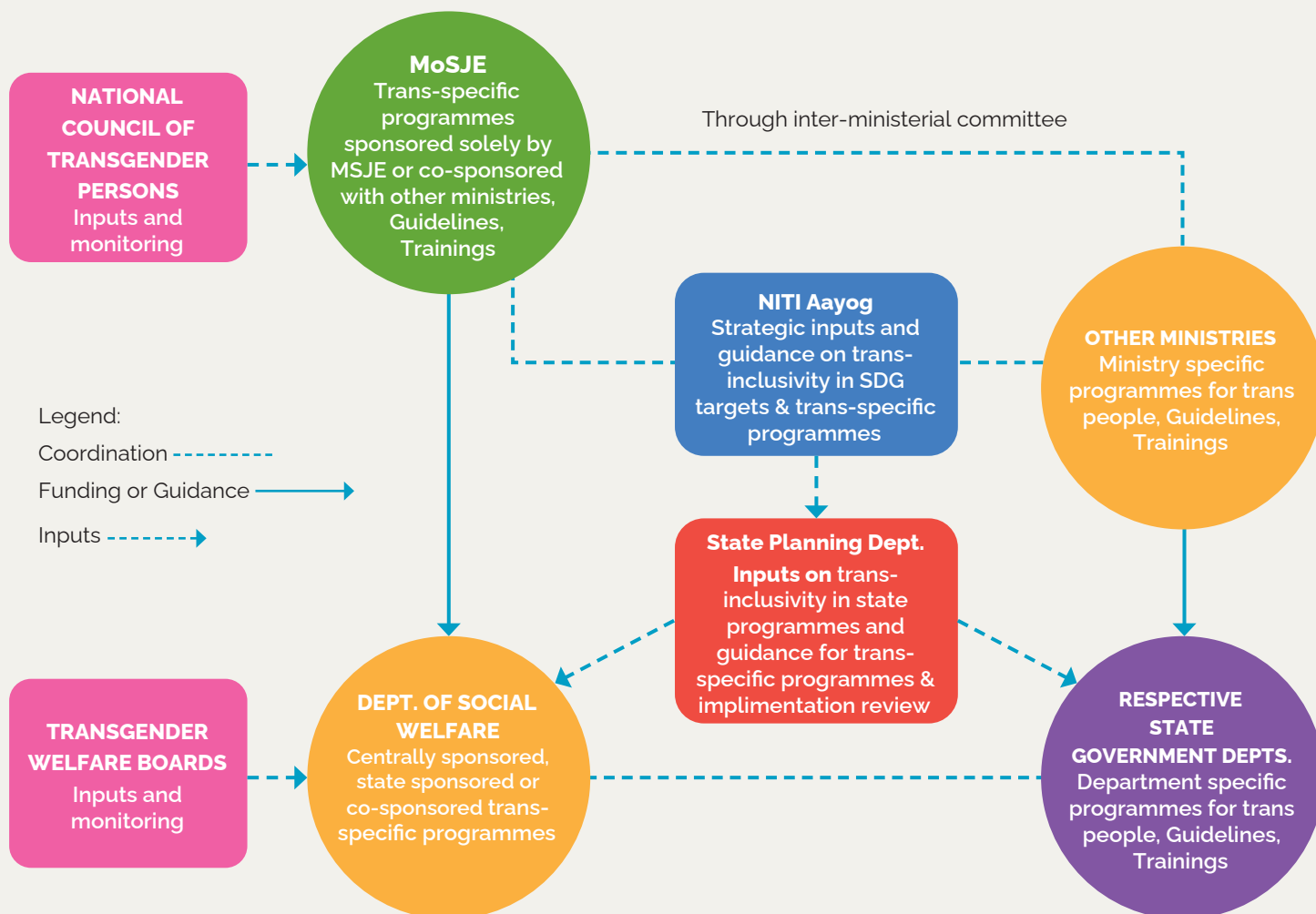
142 MoSJE. Budget for 2020/2021. <https://www.indiabudget.gov.in/doc/eb/sbe92.pdf>

coordination of designing and implementing programmes for transgender people across the various ministries. NITI Aayog can also suggest how the targets related to trans-specific programmes can be connected to targets for achieving Sustainable Development Goals (SDGs). Some of the 'verticals' of NITI Aayog (e.g., Social Justice and Empowerment Vertical, Skill Development and Employment Vertical, States Coordination & Decentralised Planning vertical, Health & Nutrition Vertical, Human Resources Development Vertical) and task groups (e.g., elimination of poverty) are important for such coordination mechanisms and to obtain strategic and technical inputs.

It is possible that some of the ministries design and implement their own trans-specific programmes or schemes that are not envisaged or currently being implemented through MoSJE. For such ministry-specific programmes too, coordination with MoSJE and NITI Aayog would be ideal. The National Council of Transgender People (NCT), which has been constituted under MoSJE, will provide inputs for the programmes of transgender people and monitor the progress in the implementation of such programmes.

At the state level, similar mechanisms are likely to be arranged. Usually, Department of Social Welfare implements centrally-sponsored programmes (from MoSJE) and co-sponsor certain MoSJE programmes from the State budget. It is possible that some exclusively state-sponsored trans-specific programmes may be implemented through Department of Social Welfare. In line with the coordination mechanisms for MoSJE with other ministries, at the state level, the State Department of Social Welfare can serve as a nodal agency for implementation of social welfare programmes, which may be co-sponsored by and co-implemented with other departments, such as department of education and health. The State Transgender Welfare Boards usually have an advisory role and provide inputs and monitor the progress in implementation of programmes. The State Planning Department too can help in coordination between the Department of Social Welfare and other state departments. NITI Aayog, especially States Coordination and Decentralised Planning vertical (as part of its mandate of convergence between central and state governments and multiple stakeholders) can serve as a good resource for Department of Social Welfare and other departments who plan, sponsor or co-sponsor and implement trans-specific programmes at the state level.

FIGURE 19. POTENTIAL IMPLEMENTATION ARRANGEMENTS, AND COORDINATION, COLLABORATION AND CONVERGENCE IN IMPLEMENTING TRANS-SPECIFIC PROGRAMMES AND SCHEMES

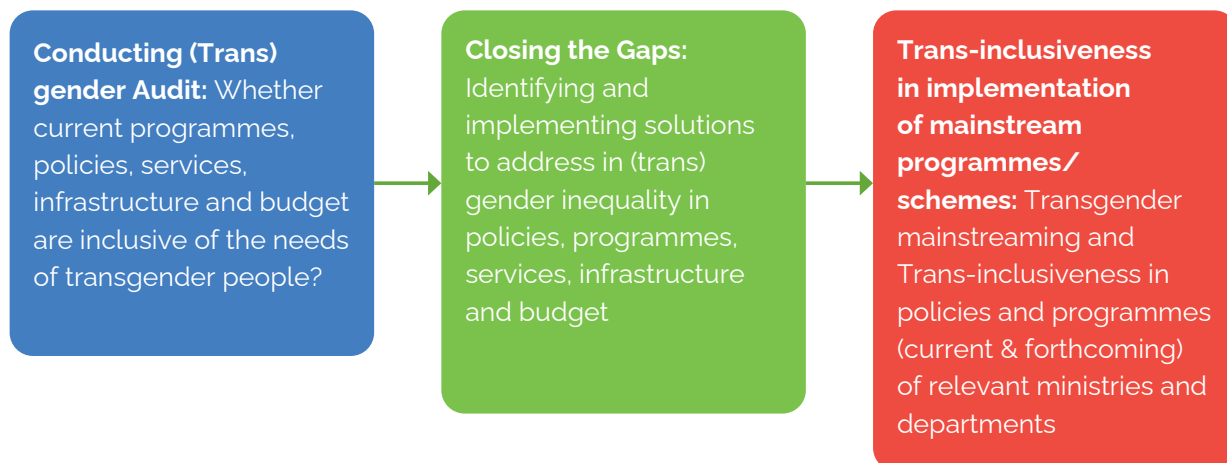


2. Ensuring trans-inclusiveness in implementation of mainstream programmes

Gender auditing and gender mainstreaming principles are applicable for inclusion of transgender people as well. A gender audit is usually described as a tool to assess and check the institutionalisation of gender equality in policies, programmes, provision of services, structures, proceedings and budgets. Gender auditing can recommend ways to close gaps, identify good practices and identifies strengths and weaknesses in promoting trans-inclusiveness in policies and programmes. Gender auditing is

recommended for all ministries and departments to help in identifying solutions to promote transgender mainstreaming – i.e., ensuring that national programmes and policies are trans-inclusive and promote equality, and are accessible to needy transgender people.

FIGURE 20. TRANSGENDER AUDITING TO CLOSE GAPS AND ACHIEVE TRANS-INCLUSIVENESS IN IMPLEMENTATION OF MAINSTREAM PROGRAMMES



7 CONCLUSION

India today stands at the crossroads of socio-economic inclusion of transgender persons. With multiple changes in the legal and legislative landscape, challenges faced by transgender persons in India are gradually gathering steam in policy dialogues. There are still multiple gaps that remain to be bridged. There is need for better understanding of multiple identities within the transgender umbrella and distinction between transgender people and people with intersex variations. More platforms need to be created for community voices and participation of transgender persons in social, economic and political life of the country. Finally, there is a need to address deep-seated societal stigma that prevents meaningful realisation of welfare measures.

The Ministry of Social Justice and Empowerment has initiated a national level programme, under the SMILE project, for welfare of transgender persons in India¹⁴³. This Framework document is a step in the direction of creating a bridge between community needs and the welfare plan being formulated by the ministry and other nodal agencies for transgender welfare at central and state levels. While multiple schemes and programmes in the areas of health, education, economic security, housing, food security and personal safety can potentially be extended to transgender persons, there is a need to understand the unique needs and vulnerabilities of multiple subsections and identities with the transgender umbrella. This understanding will enable policy makers bring about the necessary changes in the scope and implementation of these programmes. This will also enable identify gaps that exist in programmes, structures and institutions which function with a binary understanding of gender.

For transgender persons to truly realise their full potential and enjoy the rights and entitlements guaranteed to them as citizens of the country, it is important open more avenues for their civic and political participation and create platforms for them to voice their needs. Several states have established or establishing Transgender Welfare Boards that include transgender people. The National Council for Transgender Persons also has representation of transgender persons from different parts of the country. These are welcome initial steps towards making the policy drafting and implementation process more participatory. As next steps, active community participation needs to be made an integral aspect and principle in designing, implementing and evaluating welfare programmes. Furthermore, it is important to take into account the diversity of identities within the community (transfeminine and transmasculine people, people with intersex variations, gender non-binary identities and indigenous gender-diverse

143 <https://economictimes.indiatimes.com/news/politics-and-nation/500-crore-plan-drawn-up-for-welfare-of-transgenders/articleshow/80063987.cms?from-mdr>

identities such as *hijras*, *thirunangai*, *mangalmukhi*, *nupi maanbi*, *nupi maanba*) and with intersectional identified related to caste, religion, class, region, language and age. Such an understanding of diverse intersectional identities needs to be translated into ensuring representation from multiple identities to formulate holistic programmes and increase their reach to the most marginalised sections of community.

Implementation of social protection programmes is crucial for transgender persons who are struggling with meeting their ends so that they are able to avail basic services of health, education, shelter, food, water, sanitation and personal safety. While it addresses their most urgent and immediate needs, an essential component of all welfare programmes and approaches needs to reduce (and eventually eliminate) societal stigma towards transgender persons. Bringing about attitudinal change is a long-term process. However, in order to ensure that transgender persons are able to not only avail benefits of the programmes aimed at their upliftment, they are also able to participate in every walk of life, it is imperative that their existence is acknowledged, accepted and celebrated. The framework offers insights into both the immediate and long-term goals for improving the welfare of transgender persons.

ANNEXURE 1

LIST OF PARTICIPANTS IN COMMUNITY CONSULTATIONS

NORTH INDIA CONSULTATION (15TH JAN 2021)		
Sr. No	Participant Name	Affiliation
1	Dr. Manpreet Chhatwal	Additional Project Director, Punjab State AIDS Control Society
2	Dr. J. K. Mishra	Joint Director (TI), Delhi State AIDS Control Society
3	Dr. Meenu	Deputy Director (TI), Punjab State AIDS Control Society
4	Neeti Suri Mishra	Secretary, Delhi State legal Services Authority
5	Jagmohan Khamola	Deputy Director, Social Welfare Department, Uttarakhand
6	Tripti Tandon	Associate Director, Lawyer's Collective
7	Vivek Raj Anand	CEO, The Humsafar Trust
8	Dr. Chiranjeev Bhattacharjya	National Program Manager, UNDP
9	Dr. Venkatesan Chakrapani	Chairperson, C-SHaRP
10	Dr. Maninder Singh Sarkaria	Assistant Director SCERT, Punjab
11	Vaibhav Jindal	State-Coordinator (South), National Health Authority
12	Praveen Khanghta	Senior Programme Manager, Central Square Foundation
13	Raman Chawla	Consultant, The Humsafar trust
14	Zainab Patel	Consultant, The Humsafar trust
15	Dhananjay Chauhan	Saksham Trust, Chandigarh
16	Manju Goswami	Abhivyakti Foundation, Ghaziabad
17	Rudrani Chettri	Mitr Trust, New Delhi
18	Neetu Kumar	Parivartan Trust
19	Mohini	Mansa Foundation, Punjab
20	Jamal Siddiqui	Transmen Collective
21	RamKali	Basera Samajik Santha, Delhi NCR
22	Veronica	Ekta Sevasansthan, Kushinagar
23	Manpreet	Pahal Foundation, New Delhi
24	Rudra Pratap Singh	Independent Activist
25	Natasha Negi	Prayojan Trust, Dehradun

26	Shwetamera	The Humsafar Trust
27	Urmi Aher	The Humsafar Trust
28	Nilofer	The Humsafar Trust
29	Shreya Reddy	The Humsafar Trust
30	Priyasha Banerjee	The Humsafar Trust
31	Sowmya T Gupta	The Humsafar Trust
32	Anjali Siroya	The Humsafar Trust
33	Sandeep Mane	The Humsafar Trust
34	Murugesan Sivasubramanian	The Humsafar Trust

WEST INDIA CONSULTATION (19TH JAN 2021)

Sr. No	Participant Name	Affiliation
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3	Dr. Sanjay Sharma	Association of Transgender Health in India (ATHI)
4	Hussain Sheikh	Hindustan Latex Family Planning Promotion Trust
5	Awaben Shukla	Baba Saheb Ambedkar Open University, Gujarat
6	Dr. Nigam B. Pandya	Baba Saheb Ambedkar Open University, Gujarat
7	Rina Joshi	Research scholar, RTM Nagpur university
8	Ms. Pradipta Ray	Board of Trustee, The Humsafar Trust
9	Tripti Tandon	Associate Director, Lawyer's Collective
10	Vivek Raj Anand	CEO, The Humsafar Trust
11	Dr. Chiranjeev Bhattacharjya	National Program Manager, UNDP
12	Dr. Venkatesan Chakrapani	Chairperson, C-SHaRP
13	Raman Chawla	Consultant, The Humsafar trust
14	Zainab Patel	Consultant, The Humsafar trust
15	Sylvester Merchant	Lakshya Trust, Gujarat
16	Akruti Patel	Lakshya Trust, Gujarat
17	Manvi Vaishnav	Lakshya Trust, Gujarat
18	Dr. Bhavesh Jain	Sarathi trust, Nagpur
19	Vasavi	Triveni, Mumbai
20	Pushpa Mai	Rajasthan State Transgender Welfare Board

21	Tamanna Kene	Kinnar Asmita
22	Devi Rani	Independent Activist, Bhopal
23	Kirit Nayak	Shakya Foundation, Gandhinagar
24	Sanjana	Independent Activist, Bhopal
25	Raj Kanaujiya	Umang LBT Support Group, Mumbai
26	Daina Dias	Independent Activist
27	Mansi	Aarju Foundation, Mumbai
28	Tanvika	Independent Activist
29	Shwetambara	The Humsafar Trust
30	Urmi Aher	The Humsafar Trust
31	Nilofer	The Humsafar Trust
32	Shreya Reddy	The Humsafar Trust
33	Anjali Siroya	The Humsafar Trust
34	Priyasha Banerjee	The Humsafar Trust
35	Sowmya T Gupta	The Humsafar Trust
36	Murugesan Sivasubramanian	The Humsafar Trust

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3	Y.D. Prakash	Joint Director (TI), Andhra State AIDS Control Society
4	Thiru. Swaminathan	Team Lead--TSU, Tamil Nadu State AIDS Control Society
5	Dr. L. Ramakrishnan	SAATHII
6	Sobins Kuriakose	National Skill Development Corporation
7	S. Mani	Addl. Project Director, Tamil Nadu Skill Devt. Corporation
8	Syama S. Prabha	Department of Social Welfare, Kerala
9	M.A. Kumar Raja	Dy. Director, Department of Social Welfare, Andhra Pradesh

10	Subhash Kumar	Assistant Director, Department of Social Justice, Kerala
11	Dr. Pushpesh Kumar	Professor, University of Hyderabad
12	Dr. Swathi S.B.	Primary care physician and researcher
13	Sudha Thirunangai	Indian Transgender Association, Chennai
14	Almas Shaikh	Centre for Law & Policy Research
15	Sheetal	SCOHD, Pondicherry
16	Chandini Gagana	PAYANA, Bangalore
17	Vinnu	Hyderabad
18	Vijayaraja Mallika	Kerala
19	Rachana Mudraboyina	Hyderabad
20	Ganga Bhavani	Andra Pradesh
21	Neetu Nampalli	Hyderabad
22	Satya Shree	Chennai
23	Jaya	Sahodhran, Chennai
24	Priya Babu	Trans Resource Center, Madurai
25	O. Laila	Modern Awareness Society, Warrangal
26	Vyjayanti Vasantha Mogili	Hyderabad
27	Arti Gowda	Mangalmuki Welfare Society, Bangalore
28	Kiran Nayak	Bangalore
29	Shwetambara	The Humsafar Trust
30	Urmi Aher	The Humsafar Trust
31	Nilofer	The Humsafar Trust
32	Shreya Reddy	The Humsafar Trust
33	Priyasha Banerjee	The Humsafar Trust
34	Sowmya T Gupta	The Humsafar Trust
35	Anjali Siroya	The Humsafar Trust
36	Sandeep Mane	The Humsafar Trust
37	Murugesan Sivasubramanian	The Humsafar Trust
38	Zainab Patel	Consultant, The Humsafar Trust
39	Aarav Singh	The Humsafar Trust

EASTERN & NORTH EAST INDIA CONSULTATION (28TH JAN 2021)		
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3	Amrita Majumder	Deputy Director, Social Welfare Department, Tripura
4	Manab S Das	AD(GIPA) Assam State AIDS Control Society
5	Vivek Raj Anand	CEO, The Humsafar Trust
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8	Rabindra Sen	Tripura State AIDS Control Society
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11	Zainab Patel	Consultant, The Humsafar trust
12	Pawan Dhal	Vaarta Trust
13	Randoni Lairikyenbam	SAATHII
14	Biswa B Pattanayak	SAATHII
15	Philip C Philip	Human Rights Law Network
16	Ranjita Sinha	Bandhan, Kolkata
17	Aparna	Amitee Trust, Kolkata
18	Meera Parida	Saka, Bhuvaneswar
19	Joyita Mondal	North Dinajpur
20	Sanjana Ram	Kolkata
21	Madhuja Nandi	Vaarta Trust
22	Milin Dutta	Guwahati
23	Santa Khurai	Manipur
24	Swati Bidhan Baruah	Guwahati
25	Vidya Rajput	Mitva Sankalp, Chhattisgarh
26	Raveena Bariha	Mitva Sankalp, Chhattisgarh
27	Sadhana Mishra	Kalinga University, Orissa
28	Reshma Prasad	Dostana Safar, Patna
29	Shwetamera	The Humsafar Trust

30	Priyasha Banerjee	The Humsafar Trust
31	Sowmya T Gupta	The Humsafar Trust
32	Murugesan Sivasubramanian	The Humsafar Trust
33	Urmi Aher	The Humsafar Trust
34	Nilofer	The Humsafar Trust
35	Shreya Reddy	The Humsafar Trust
36	Anjali Siroya	The Humsafar Trust
37	Sandeep Mane	The Humsafar Trust
38	Aarav Singh	The Humsafar Trust

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(29TH JAN 2021)**

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4	Dr. Poonam Agarwal	Professor, Department of Gender Studies, NCERT
5	Dr. Seemi Azam	National Human Rights Commission
6	Vidya Bhushan	ED, Lal Bahadur Shastri National Academy of Administration
7	Dr. Ragini Agarwal	FOGSI
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9	Dr. Chiranjeev Bhattacharjya	National Program Manager, UNDP
10	Alpana Dange	Consultant Research Director, The Humsafar Trust
11	Dr. Venkatesan Chakrapani	Chairperson, C-SHaRP
12	Tripti Tandon	Associate Director, Lawyers Collective
13	Raman Chawla	Consultant, The Humsafar trust
14	Zainab Patel	Consultant, The Humsafar trust
15	Shaman Gupta	Consultant, The Humsafar Trust
16	Aarav Singh	The Humsafar Trust
17	Kiranraj Gollapalli	Hyderabad
18	Raj Kanaujiya	Umang LBT Support Group

19	Krish	Independent Activist
20	Christy Raj	Bangalore
21	Aryan Pasha	Member, National Transgender Council
22	Alankrita Singh	IPS, UP cadre
23	Aishik Ray	Independent Activist
24	Maya	Vikalp, Gujarat
25	Dr. Bhavesh	Sarathi Trust, Nagpur
26	Shaam	Independent Activist
27	Aneet	Independent Activist
28	Satvik	Tweet Foundation, New Delhi
29	Jamal Siddiqui	Transmen Collective, New Delhi
30	Mila Datta	Guwahati, Assam
31	Kiran Nayak	Bangalore
32	Vinnu	Hyderabad
33	Gautam Ramachandra	Tweet Foundation, New Delhi
34	Siddharth Gope	Independent Activist
35	Kaunish Dey Sarkar	Independent Activist
36	Krishna B Pachani	Vikalp Gujarat
37	Ruhaan Aatish	Independent Activist
38	Shwetamera	The Humsafar Trust
39	Priyasha Banerjee	The Humsafar Trust
40	Sowmya T Gupta	The Humsafar Trust
41	Nilofer	The Humsafar Trust
42	Shreya Reddy	The Humsafar Trust
43	Anjali Siroya	The Humsafar Trust
44	Sandeep Mane	The Humsafar Trust
45	Aarav Singh	The Humsafar Trust
46	Murugesan Sivasubramanian	The Humsafar Trust
47	Alpana Dange	The Humsafar Trust

CONSULTATION ON WELFARE OF PEOPLE WITH INTERSEX VARIATIONS (2ND FEB 2021)		
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3	Dr. Ramesh Babu	Professor and Senior Consultant in Paediatric Urology
4	Vivek Raj Anand	CEO, The Humsafar Trust
5	Dr. Chiranjeev Bhattacharjya	National Program Manager, UNDP
6	Dr. Venkatesan Chakrapani	Chairperson, C-SHaRP
7	Dr. L. Ramakrishnan	SAATHII
8	Anjali Gopalan	Naz Foundation
9	Neeraja Sajan	Research Scholar, TISS
10	Alpana Dange	The Humsafar Trust
11	Koushumi Chakraborti	Independent Activist
12	Tripti Tandon	Associate Director, Lawyers Collective
13	Daniel Mendonca	Freedom Foundation
14	Raman Chawla	Consultant, The Humsafar trust
15	Zainab Patel	Consultant, The Humsafar trust
16	Ganga Bhavani	Andhra Pradesh
17	Maya Soni	Karnataka
18	Ami M. Shah	Independent Activist
19	Anusha	Maharashtra
20	Vino DLT	Chennai, Tamil Nadu
21	Pushpa Achanta	Solidarity Foundation
22	Shwetambra	The Humsafar Trust
23	Priyasha Banerjee	The Humsafar Trust
24	Sowmya T Gupta	The Humsafar Trust

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2	Dr Muni Raju S B	Deputy Advisor NITI Aayog, Govt. of India
3	Dr Bhawani Singh	Deputy Director, NACO, MoHFW, Govt. of India

4	Ms. Katri Kivioja	Policy Specialist, UNDP BRH
5	Ms. Kathryn Johnson	Policy Specialist, UNDP BRH
6	Vivek Raj Anand	CEO, The Humsafar Trust
7	Dr. Chiranjeev Bhattacharjya	National Program Manager, UNDP
8	Alpana Dange	Consultant Research Director, The Humsafar Trust
9	Dr. Venkatesan Chakrapani	Chairperson, C-SHaRP
10	Tripti Tandon	Associate Director, Lawyers Collective
11	Raman Chawla	Consultant, The Humsafar trust
12	Abhina Aher	I-Tech & Tweet Foundation
13	Zainab Patel	Consultant, The Humsafar trust
14	Murugesan Sivasubramanian	The Humsafar Trust
15	Anjali Ashokan	Consultant, MoSJE, Govt. Of India
16	Salman Asif	UNDP, Pakistan
17	Ms. Rabiya Javeri	Former Secretary Federal Minister of Human Rights, Pakistan
18	Dr. Divine Love Salvador	Licensed Clinical Psychologist and Associate Professor, Department of Psychology University of the Philippines
19	Michelle Cilia	Charge Nurse, Gender Wellbeing Clinic, Malta
20	Gabriella Calleja	Head SOGIGESC Unit, Human Rights Directorate, Ministry for Justice, Equality and Governance, Malta
21	Dr. Cheera Thongkrajai	Lecturer, Chiang Mai University, Thailand
22	Shaman Gupta	Tweet Foundation
23	Helen Nolan	Governance and Justice Coordination Officer, UN RCO, Viet Nam
24	Paulok	Bangladesh
25	Maanisha	Nepal
26	Satya	Sri Lanka
27	Anali Siroya	The Humsafar Trust
28	Shwetambra	The Humsafar Trust
29	Priyasha Banerjee	The Humsafar Trust
30	Sowmya T Gupta	The Humsafar Trust

NITI AAYOG LGBTQI+ SUB GROUP CONSULTATION 10TH FEB 2021		
Sr. No	Participant Name	Designation & Organization
1	Dr Muni Raju S B	Deputy Advisor NITI Aayog, Govt. of India
2	Radhika Chakravarthy	Joint Secretary (SD), MoSJE. Govt. of India
3	N.C. Bahuguna	Under Secretary, International Cooperation, Ministry of Skill Development and Entrepreneurship, Govt. of India
4	B K Sikdar	Director (SGOS), Ministry of Skill development and Entrepreneurship
5	Dr. Shobini Rajan	CMO (SAG) NACO MoHFW, Govt. of India
6	Arun Sahdeo	Country Coordinator, United Nations Volunteers
7	Dr. Bhawani Singh	Deputy Director, NACO, MoHFW, Govt. of India
8	Dr. Bilali Camara	Country Director, UNAIDS
9	Vivek Raj Anand	CEO, The Humsafar Trust
10	Nandini Kapoor	UNAIDS
11	Dr. Chiranjeev Bhattacharjya	National Program Manager, UNDP
12	Kiri Atri	Asst. External Relations Officer, UNHCR
13	Alpana Dange	Consultant Research Director, The Humsafar Trust
14	Dr. Venkatesan Chakrapani	Chairperson, C-SHaRP
15	Tripti Tandon	Associate Director, Lawyers Collective
16	Raman Chawla	Consultant, The Humsafar trust
17	Abhina Aher	I-Tech & Tweet Foundation
18	Zainab Patel	Consultant, The Humsafar trust
19	Murugesan Sivasubramanian	The Humsafar Trust
20	Yashwinder Singh	The Humsafar Trust
21	Koyel Ghosh	Sappho for Equality
22	Kritika Kukreja	UNHCR
23	Kritika Shrivastava	UNHCR
24	Krupali Bidaye	Independent Consultant, Gender Diversity Social Inclusion
25	Madhuri Das	Gender Specialist, UNFPA, Delhi
26	Pravin Mutyal	Project Manager, Snehalaya
27	Rachana Mudraboyina	Transgender Activist & Director, HRLN

28	Raj Kanaujiya	Umang LBT Support Group & Maharashtra State LGBTQI+ Cell
29	Rajesh Srinivas	Executive Director, Sangama
30	Himanshu Rath	Chairman, Agewell Foundation
31	Satvik Sharma	Program Manager, Tweet Foundation
32	Shaman Gupta	Tweet Foundation
33	Reshma Prasad	Dostana Safar, Patna
34	Nilofer	The Humsafar Trust
35	Anali Siroya	The Humsafar Trust
36	Shwetambera	The Humsafar Trust
37	Priyasha Banerjee	The Humsafar Trust
38	Sowmya T Gupta	The Humsafar Trust

ANNEXURE 2

SITUATION ANALYSIS OF WELFARE INITIATIVES FOR TRANSGENDER PERSONS IN INDIA

LIST OF CENTRALLY-SPONSORED TRANS-SPECIFIC WELFARE SCHEMES				
Sl. No.	Scheme Name	Age Group		
		Gender diverse children	Trans* adults	Trans* elderly
LIVELIHOOD				
1	Assistance for Skill Development training- Rs. 15,000/- for skill development training, Rs. 1000/- per month as stipend. After the training, Rs. 5 lakhs for setting up a business ¹⁴⁴		√	
2	Pension- For persons between the age group of 40 to 60 years		√	
EDUCATION				
1	Pre matric and post matric scholarships - Includes reimbursement of non-refundable expenses like admission fees and provides monthly maintenance expenses.	√	√	
HOUSING				
1	Garima Grahas- Shelter homes set up by central Ministry of Social Justice and Empowerment. First one set up in Vadodara ¹⁴⁵		√	√
2	Shelter home for children- Central Ministry for Women and Child Development to set up a shelter home for gender diverse children in Bangalore ¹⁴⁶		√	
OTHERS				
1	Financial support to parents of transgender children- INR 1000/- per month		√	

144 https://himachal.nic.in/WriteReadData/l892s/g_l892s/scan0001-28709629.pdf

145 <https://iasbaba.com/2020/11/garima-greh-a-shelter-home-for-transgender-persons-e-inaugurated/>

146 <https://www.thehindu.com/news/national/karnataka/indias-first-transgender-childrens-homes-will-be-in-bengaluru/article33243137.ece>

LIST OF STATE-WISE TRANS-SPECIFIC WELFARE SCHEMES					
Sl. No.	Scheme Name	Age Group			
		Gender diverse children	Trans* adults	Trans* elderly	
EDUCATION					
1	Free education- Punjab University in Chandigarh, Bhim Rao Ambedkar Open University in Gujarat and Manonmanian Sundaranar University of Tirunelveli provide free education to gender diverse children ^{147,148}	✓			Chandigarh, Gujarat, Tamil Nadu
2	Hostel fees- INR 4000/- as financial aid for hostel accommodation ¹⁴⁹	✓			Kerala
3	Transgender issues included in school and college curriculum— Included in the DIET curriculum in Delhi and Chattisgarh. Included in the Bed curriculum and school curriculum from 6th to 8th in Chattisgarh ¹⁵⁰	✓			Delhi and Chattisgarh
4	Scholarship by state government- INR. 1000 to Rs. 2000 per month to children from 7th standard onwards ¹⁵¹	✓			Kerala
5	TG resource centre- Provides support to gender diverse children in education ¹⁵²	✓	✓		Delhi
6	Separate toilets to gender diverse students- Separate toilets for gender diverse students in Punjab University ¹⁵³	✓	✓		Chandigarh

147 From the state consultations

148 <https://newsable.asianetnews.com/tamil-nadu/tn-university-to-be-the-first-in-india-to-provide-free-education-for-transgenders>

149 http://swd.kerala.gov.in/scheme-info.php?scheme_id=MTQ4c1Y4dXFSI3Z5

150 From the state consultations

151 http://swd.kerala.gov.in/scheme-info.php?scheme_id=NzJzVjh1cVljdnk=

152 From the state consultations

153 From the state consultations

7	Separate hostels for gender diverse students- Separate hostels for gender diverse students in Punjab University ¹⁵⁴	✓	✓		Chandigarh
8	Creating gender inclusive atmosphere in schools- Issuing of guidelines for setting up of anti-discrimination cell and sensitisation of teachers ¹⁵⁵	✓	✓		Goa
9	Sensitisation workshops in schools and colleges ¹⁵⁶	✓	✓		Chhattisgarh
10	Sabhalam scheme- INR. 1 lakh for higher education ¹⁵⁷	✓	✓		Kerala
11	Samanwaya scheme- For continuing education	✓			Kerala
HEALTH					
1	SRS clinics ¹⁵⁸		✓	✓	Kerala, Tamil Nadu, Odisha and Chhattisgarh
2	Financial assistance for SRS- Rs. 2 lakhs in Kerala and Rs. 1.5 lakh in Bihar ^{159,160}		✓		Kerala, Bihar
3	Financial assistance for post SRS care- Rs. 3000 per month ¹⁶¹		✓		Kerala
HOUSING					
1	2BHK housing scheme ¹⁶²		✓	✓	Andhra Pradesh
2	2% reservation in all housing schemes ^{163,164}		✓	✓	Rajasthan and Chhattisgarh

154 From the state consultations

155 <https://www.newindianexpress.com/good-news/2019/dec/24/goa-to-make-schools-a-secure-place-for-transgender-students-2080383.html>

156 From the state consultations

157 http://swd.kerala.gov.in/scheme-info.php?scheme_id=MTcxc1Y4dXFSl3Z5

158 From the state consultations

159 http://swd.kerala.gov.in/scheme-info.php?scheme_id=MTUwc1Y4dXFSl3Z5

160 <https://www.indiatimes.com/trending/human-interest/bihar-govt-to-provide-financial-assistance-transgenders-who-want-to-undergo-sex-change-surgery-371503.html>

161 http://swd.kerala.gov.in/scheme-info.php?scheme_id=MTQ5c1Y4dXFSl3Z5

162 State consultations

163 <https://timesofindia.indiatimes.com/city/jaipur/raj-to-reserve-2-houses-under-govt-schemes-for-transgenders/articleshow/65465710.cms>

164 State consultations

3	Credit linked subsidiary scheme as a part of state housing policy ¹⁶⁵		✓	✓	Jharkhand
4	Short stay homes for transgender people in crisis ¹⁶⁶		✓	✓	Tamil Nadu
5	Houses/tenements scheme ¹⁶⁷	✓	✓		Tamil Nadu
6	Distribution of land for construction of transgender community halls ¹⁶⁸	✓	✓		Chhattisgarh
LIVELIHOOD					
1	State pension schemes ¹⁶⁹	✓	✓		Odisha, Himachal Pradesh, Chandigarh, Andhra Pradesh, Jammu and Kashmir, Uttarakhand, Karnataka, Maharashtra, Gujarat and Tamil Nadu, Tripura
2	Loans for self-employment ¹⁷⁰	✓			Tamil Nadu, Kerala
3	Driving training scheme ¹⁷¹	✓			Kerala
4	Self Help Groups for transgender people ¹⁷²	✓			Tamil Nadu, Kerala and Odisha
5	Skill development training-SWEEKRUTI scheme ¹⁷³	✓			Odisha
6	Financial assistance scheme for Eunuchs (sic)- INR 2000/- per month after providing a certificate from civil surgeon ¹⁷⁴	✓	✓		Haryana

165 Jharkhand affordable urban housing policy

166 Chakrapani (2012) UNDP: A case of Tamil Nadu Transgender Welfare Board

167 Chakrapani (2012) UNDP: A case of Tamil Nadu Transgender Welfare Board

168 State consultations

169 State consultations

170 State consultations

171 http://swd.kerala.gov.in/schemebeneficiary-info.php?benef_sl=c1Y4dXFSI3Z5&scheme_idenc=IDEzMHNVxUiN2eQ==

172 State consultations

173 SWEEKRUTI: A scheme for promotion of transgender equity and justice, Government of Odisha

174 <https://www.socialjusticehry.gov.in/en-us/National-Family-Benefit-Scheme/Welfare-Scheme/Scheme-for-minority-community/Schemes/Social-Security-Pension-Scheme/Allowance-to-Eunuchs>

7	Sikkim payment of grants to Transgender rules- Monthly allowance after providing a medical certificate ¹⁷⁵	✓	✓		Sikkim
8	Reservation in police force- 51 positions have been reserved in police force in Bihar ¹⁷⁶	✓			Bihar
9	Differential rate of interest loan scheme- Loans at a lower interest rate ¹⁷⁷	✓			Odisha
10	Unemployment Dole - INR 3500 per month ¹⁷⁸	✓			Rajasthan
11	Sewing machine scheme- To people interested in tailoring ¹⁷⁹	✓			Kerala
OTHERS					
1	Financial assistance for marriage- INR 30,000/- to legally married transgender couple ¹⁸⁰		✓		Kerala
HOUSING & LIVELIHOOD					
1	Tritiya Niwas Scheme- A shelter home with skill development training. ¹⁸¹		✓	✓	Assam
EDUCATION AND LIVELIHOOD					
1	Reservation- Reservation for Transgender people under the Most Backward Classes (MBC) quota in jobs and education ¹⁸²	✓	✓		Tamil Nadu

175 Sikkim payment of grants to transgender rules, Government of Sikkim

176 State consultations

177 State consultations

178 <https://timesofindia.indiatimes.com/city/jaipur/transgenders-to-get-rs-3-5k-unemployment-allowance-per-month/articleshow/71531281.cms>

179 http://swd.kerala.gov.in/scheme-info.php?scheme_id=MTQ3c1Y4dXFSI3Z5

180 http://swd.kerala.gov.in/scheme-info.php?scheme_id=MTUyc1Y4dXFSI3Z5

181 State consultations

182 <https://www.thehindu.com/news/national/tamil-nadu/transgenders-entitled-to-reservations-under-mbc-quota-govt-tells-hc/article27944656.ece>

CENTRAL GOVERNMENT TRANS-INCLUSIVE PROGRAMS/ACTS					
Sl. No.	Scheme Name	Age Group			
		Gender diverse children	Trans* Adults	Trans* elderly	
EDUCATION					
1	Samagra Shiksha Abhiyaan- A national programme on school education ¹⁸³	√			
2	Right to Education Act	√	√		
FOOD SECURITY					
1	Food Security Act- Food schemes under the Act in Odisha and Uttar Pradesh include transgender people	√	√	√	
HOUSING					
1	Pradhan Mantri Awaas Yojana ¹⁸⁴		√	√	
LIVELIHOOD					
1	National Rural Livelihood Mission and National Urban Livelihood Mission ¹⁸⁵		√		
2	Mahatma Gandhi National Rural Employment Guarantee Act		√		
3	Deen Dayal Upadhyaya Grameen Kaushalya Yojana ¹⁸⁶		√		
SAFETY					
1	Rehabilitation of Bonded Labour Scheme ¹⁸⁷	√	√		

183 https://samagra.education.gov.in/docs/Framework_IISE%20_F.pdf

184 <https://pmay-urban.gov.in/about>

185 <https://www.rbi.org.in/Scripts/NotificationUser.aspx?Id=11619&Mode=>

186 <http://ddugky.gov.in/>

187 https://labour.gov.in/sites/default/files/OM_CSS_Rehab_BL_2016_1.pdf

WELFARE SCHEMES THAT CAN BE EXTENDED TO TRANS PERSONS					
Sl No.	Scheme Name	Age Group			
		Gender diverse children	Trans* Adults	Trans* elderly	
EDUCATION					
1	Schemes for assistance in education- Several states have schemes for free laptop, bicycle nutrition or one-time payment for higher education for children of schedule caste and schedule tribe children.	√			State
HEALTH					
1	Swajal Scheme- National scheme for clean drinking water ¹⁸⁸	√	√	√	Central
2	Swach Bharat Abhiyaan- Scheme for national hygiene ¹⁸⁹	√	√	√	Central
3	Ayushman Bharat scheme- National health insurance scheme for people Below Poverty Line (BPL). States have similar schemes for BPL people who are not covered under the Ayushman Bharat scheme. SRS not included in these schemes ¹⁹⁰		√	√	Central and state
LIVELIHOOD					
1	Indira Gandhi National Old Age pension scheme- For elderly from the BPL category ¹⁹¹			√	Central
2	Indira Gandhi Disability pension scheme- For disabled people under from the BPL category ¹⁹²		√	√	Central
3	Mudra Yojana- Provides loans to set up small businesses ¹⁹³		√		Central/ All States

188 https://jalshakti-ddws.gov.in/sites/default/files/Swajal_guidelines.pdf

189 <https://swachhbharat.mygov.in/>

190 <https://pmjay.gov.in/>

191 https://nsap.nic.in/Guidelines/nsap_guidelines_oct2014.pdf

192 https://nsap.nic.in/Guidelines/nsap_guidelines_oct2014.pdf

193 <https://www.mudra.org.in/>

4	Unemployment dole schemes ¹⁹⁴		√		State
5	Pension for single women- Schemes for single women between the age group of 50 to 79. ¹⁹⁵		√	√	State
6	E-rickshaw scheme- For women from the BPL category. ¹⁹⁶		√		State
7	Antapaddy Comprehensive Tribal Development and PVTG Development Project- For overall development of tribal families through skill training, bridge schooling, community interventions through SHGs etc		√		State
8	Empowerment of Schedule Caste Project- For holistic development across villages including micro enterprises, livestock rearing and training for livelihood		√		Central
9	Samarth Scheme- Facilitates sustainable livelihood opportunities for marginalized groups in the textile industry		√		Central
10	Pradhan Mantri Kaushal Vikas Yojana- This is a national skill development programme		√		Central
11	Stand up India Scheme- Promotes entrepreneurship for marginalised groups like SC, ST and wome ¹⁹⁷		√		Central
SAFETY					
1	Integrated Child Protection Scheme ¹⁹⁸		√		Central
2	Victim compensation schemes- Provides financial compensation to women and children victims of sexual assault and acid attack ¹⁹⁹		√	√	State

194 www.sarkariyojana.com195 www.sarkariyojana.com196 www.sarkariyojana.com197 <https://www.standupmitra.in/>198 <https://wcd.nic.in/integrated-child-protection-scheme-ICPS>199 www.sarkariyojana.com

STATE-WISE ANALYSIS²⁰⁰

States	Availability of schemes						Transgender Welfare Board present (Y/N)
	Livelihood	Education	Health	Housing	Food Security	Safety	
Andhra Pradesh	Y			Y			
Arunachal Pradesh							
Assam	Y			Y			Y
Bihar	Y		Y				Y
Chandigarh	Y	Y					Y (non-functional) ²⁰¹
Chhattisgarh	Y	Y	Y	Y			
Delhi		Y					
Goa		Y					
Gujarat	Y	Y		Y			Y
Haryana	Y						
Himachal Pradesh	Y	Y					
Jharkhand				Y			
Karnataka	Y			Y			
Kerala	Y	Y	Y				Y
Madhya Pradesh							
Maharashtra	Y						Y
Manipur							Y
Meghalaya							
Mizoram							

200 This analysis is based on information about the schemes and initiatives available online

201 <https://indianexpress.com/article/cities/chandigarh/chandigarh-transgender-welfare-board-practically-defunct-says-trans-activist-kajal-mangal-6127995/>

Nagaland							
Odisha	Y	Y	Y		Y		
Punjab		Y					
Rajasthan	Y			Y			Y
Sikkim	Y						
Tamil Nadu	Y	Y	Y	Y			Y
Telangana							
Tripura	Y						
Uttar Pradesh					Y		
Uttarakhand	Y	Y					
West Bengal							Y



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