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Stories of Transformation



AMPLIFYCHANGE

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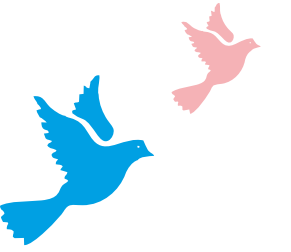
Published : June 2022

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Recommended Citation: Alliance India, Stories of Transformation. New Delhi.

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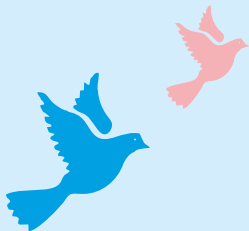


Stories of **Transformation**

Alliance
India

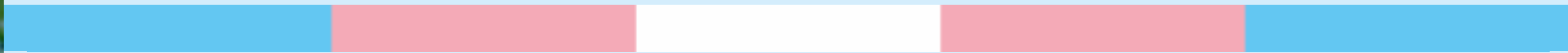
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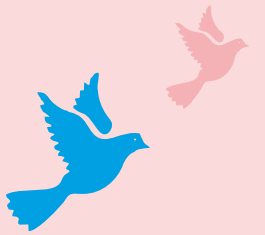
AMPLIFYCHANGE



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Preface

India HIV/AIDS Alliance (Alliance India) has been implementing project Wajood with support from Amplify Change since November 2015. Its principal intervention objectives are augmenting sexual health services, alleviating gender-based violence, and challenging stigma & discrimination and laws, with a vision to empower the Transgender and Hijras (TG/H) to access sexual health and human rights in India.

After successfully completing two phases (Phase I - November 2015 to October 2017, Phase II - November 2017 to December 2019), the project entered its third phase in January 2020. It continued till June 2022, wherein it could support 10 TG/H led CBOs for state level advocacy. Over seven years, this project reached a

population of 5,400 transgender people and hijras.

Alongside increasing awareness, the programme primarily aims at strengthening community systems for TG/H through capacity building. It also reinforces community-led efforts for policy change toward the overall well-being of TG/H, protecting their rights in addition to facilitating access to social welfare and entitlement services.

The integrated sexual health services, gender-based violence and linkages to social protection schemes with HIV prevention have yielded better upshots in terms of increased access to diagnosis and linkages with treatment, care, and support services. The project has also penetrated the

subsets of TG/H umbrellas like Jogappas & Shiva Shaktis (devotees of God) and Hammam (TG/H massage and recreational centres).

This coffee table book encapsulates anecdotes and memoirs which exhibit the mettle of the community as well as the incredible team spirit at Alliance India.

We extend our heartfelt gratitude to all community members, advocates,

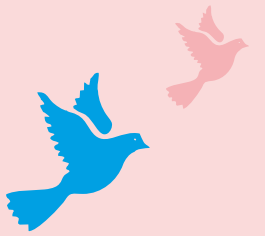
and organizations for their consistent support, without which this book would not have seen daylight.

I am also proud of my dynamic and proficient team, who left no stone unturned in reaching out and engaging with the community.

Rajiv Dua

Chief Executive
Alliance India

About Wajood



Alliance India has been implementing project Wajood with support from Amplify Change since November 2015. The programme aims to strengthen community systems for TG/hijras through capacity development. It strives to expand access to quality sexual health services, increase awareness, and reporting of gender-based & sexual violence among TG/hijras.

This programme has four implementing units with Transgender community based organizations located in Delhi NCR- Basera Samajik Sansthan, Dehradun - Prayojan Kalyan Trust, Jamshedpur - Utthaan CBO and Gorakhpur - Ekta Sewa Sansthan.





To A Place Where I Belong



Ever since she was five, Disha (name changed) used to exhibit various feminine traits. Even in school, she would sit and play with girls dodging the boys. The boys used to tease her along with the other girls, poking and tickling them. At home too, Disha would emulate her sisters' chores like playing with dolls, swinging, applying mehendi or wearing lehengas at family functions.

Prima facie, Disha's life was comfortable because although her family raised concern over her effeminate characteristics, they never restrained her and accepted her the way she was. The stray comments from the otherwise accepting neighbours and relatives did not affect her, since her family was her constant source of support. For them, she was their 'laali' or 'bobo', which was the colloquial expression of affection.

With a sheltered childhood and a mind preoccupied with studies in her young adulthood, she struggled to come to terms with her identity for a long time. At the sight of transgender women on the streets, she would hide behind her mother in fear. Disha grew up unsure of who she was supposed to be and felt isolated in her self-perception of being misaligned. The fact that her unique gender traits were at loggerheads with the socially defined gender traits, was perennial mental stress.

As per the social dictum, Disha grew up believing in the binary gender norms which typed people either as male or female who would demonstrate masculine or feminine traits respectively. Disha felt like a fish out of water. It was while doing her B Ed. in 2009, that she got her first exposure to the transgender community and found solidarity in meeting other people like her, which

enabled her to validate her own gender expressions and identity. She understood that there was no need to conform to the set standards of the sex assigned to her at birth. She believed that she could rightfully belie the social expectations of being a man!

From being unable to place her self-identity within the binary matrix and consequently feeling alone, only perceiving herself as a boy who acts like a girl, Disha became a part of the community and found solace. She began her social transition by changing her appearance and choosing a name she would identify with. In the same year, she started working for an NGO engaged in HIV/AIDS intervention and started associating herself with the transgender community.

Disha came in contact with Prayojan (implementing partner of Wajood project in Dehradun) almost a year ago. The community gave her a sense of belonging and a support system as well. Project Wajood and the CBO brought along a stable and secured life, way better than what she had imagined years back. She claims that the project and the CBO Prayojan have made her life much more pleasant by helping her at multiple levels, from applying for a gender certificate and helping her get in touch with a dermatologist for treatment of her skin issues, to help with personal property conflicts through advocacy. Recently, because of her merits, the CBO helped her draft a resume and apply to become a community mobilizer. Now that she has access to the services provided by Wajood, Disha would soon begin the treatment for her sexual transition.



Exploring My Own Self



“ I am a boy, then why can't I act like one? ”

For Meera (name changed), this dilemma emerged when she was only a child and persisted till her adulthood. Her strength lay in her parents who, although seemingly uncomfortable, never blamed or shunned her for embracing who she was. The school was often difficult as, on several occasions, she was bullied and ridiculed by her classmates. She was forced to sit with the boys, as per the school's customs even though she resonated more with her female classmates. However, in view of her merits, her teachers would give her roles which were directed towards the development of leadership qualities. Even today, her leadership skills reflect in her community engagement as a community mobilizer.

Her relatives and neighbours, though not perfect, did not give her a hard

time as they had watched her grow up, from a child who liked playing with dolls, into a teenager who was attracted to boys. Meera's teen years were difficult as she struggled with gender dysphoria and could not come to terms with her gender identity which did not match the masculine elements. Like several community members, Meera too felt estranged due to lack of representation and inadequate knowledge of multi-faceted gender identities.

A decade ago, after moving to a larger city, Meera finally came in contact with the transgender community and could introspect her own identity. Just when she was on the verge of a mental breakdown due to confusion and isolation, she connected with people with similar experiences and struggles who could empathise with her.

The distance between “What am I?” and “What am I supposed to be?” was largely covered for her when she met other transgender persons. The

community was a safe haven where she could explore leisure activities such as touring and partying with like-minded people. She could discuss all the issues, at ease, which were hitherto never talked about in her family or other cisgender people. She perceives the community as one large family which makes room for all those who are not accepted by their biological families or the society.

After completing her M.A. in Geography in 2014, Meera was involved in a Targeted Intervention program for HIV amongst TG and MSM. This was followed by a stint as a business translator with a nationalized bank. She received support for a number of her needs including linkage with services for medical interventions and those related to vital documentation and other requirements through the Wajood program of the India HIV/AIDS Alliance. She went on to become a community mobilizer with Wajood in mid-2020 through Prayojan, the implementing partner of Wajood in

Dehradun. She has been helping the community in receiving social entitlement, HIV screening and other forms of support. Thanks to her connection with fellow transgender persons, she could sensitize them about sexual health and make them aware of their entitlements and opportunities.

As a community mobilizer, Meera feels so sure of herself that she can support her fellow community members without any apprehension of losing her rights and dignity. Even today, she feels unsafe in public spaces. The various shades of social hostility include lewd comments from people in the market or when someone refuses to give her a seat on public transport. Dedicating her strength to community empowerment, as an integral part of Wajood, Meera has been working to uplift the community members and only wants to focus on their growth as well as her own growth. She refuses to get upset by the trivial judgements from strangers who are completely unaware of her struggles.



Life with HIV : It's not the end of the road

Alka (name changed), a 40-year-old transgender woman from Noida, Uttar Pradesh, was tested seropositive for HIV in 2015. Her weakness is an obvious testament to the health issues she has been dealing with for a long time.

At the tender age of ten, she began to feel at odds with her assigned sex and her life as a boy. However, as a child with no understanding of gender identities, she felt rather out of place and considered herself to be unsound. Her thoughts were not in tandem with the socially acclaimed parameters for a boy. As she got older, her experiences at school began to sour. Instead of joyous and carefree school life, she got astounded as the boys began to verbally and physically harass her, often reaching the point of sexual assault. As a child who was struggling with her own identity and facing indifference from her teachers, she did not confide in anyone about these issues. She was apprehensive about receiving similar treatment from her family and thus, her

harrowing episodes were left unaddressed.

This was followed by years of frantic transfers to different schools but the ridicule and anxiety followed her everywhere. She was always rebuked as “Hijra”, “chhakka”, “mittha” etc. This sparked an identity conflict within her, as she battled social stigma and tried to repress herself. She finally quit school when she was in the 10th standard and began to wander in pursuit of some solace.

When she first encountered transgender people, her downward spiral continued. The thought of irresponsible sexual acts with strangers used to irk her. However, her mother's support was the anchor that had kept her afloat.

Just when she was gaining stability in life working as an office boy, her health deteriorated. She would mostly feel weak and would abruptly fall while

walking. Without an inkling that it could be HIV, she ignored the symptoms for a long time. Her work was affected drastically as she was too weak to execute even the most menial task. A neck mass was growing, which indicated TB, but she still did not receive an immediate diagnosis. When the symptoms were too prominent to dismiss, she had to resign from her job. That was when he touched base with Basera Samajik Sansthan (Wajood implementing partner) on a friend's recommendation.

After being tested positive for HIV, life as if came to a standstill. However, the people at Basera lent constant support as she processed the difficult news. She is still in the dark about when/how she contracted HIV - whether it happened during her sexual activities in youth or while handling used syringes as a compounder.

However, Alka considers herself lucky to have found her way to Basera at the

right time. The team at Basera not only looked after her when she was at the worst of her health but also provided the moral support needed to come to terms with her positive status. As she is finally at peace with herself, every, now and then she is back at Basera, trying to address the apprehensions of community members who are hesitant to get tested for HIV. She had informal discussions with many such members, to drive home the message that it's better to be safe than unaware.

Alka is now living with several health issues, both HIV related and generic and has been financially unstable since the COVID 19 pandemic. The community helped to tide her over. With constant weakness, it's even difficult for her to walk. She needs to be connected with an economical full body checkup plan followed by the required treatment. Given her physical limitations due to health issues, Alka is comfortable with jobs which entail errands in office spaces. Once such job opportunities are



figured out, she needs placement support. In the interim, the program can support her with dry ration so that her health is not further compromised due to lack of proper nutrition.

The Wajood program has been providing support to the community in various realms viz. finding alternate means of employment through placement support and livelihood training, assistance with social entitlement and linking HIV seropositive people with treatment medication and counselling services. As in Alka's case, the pandemic has placed additional impediments upon those living with HIV. Such hurdles need to be mitigated, especially with respect to livelihood and treatment as the pandemic persists. We need to ensure that no one like Alka bears the brunt of dwindling resources and limited employment options. The program, however, has amplified its efforts to guarantee the uninterrupted treatment of those living with HIV, with outreach workers reaching out to them

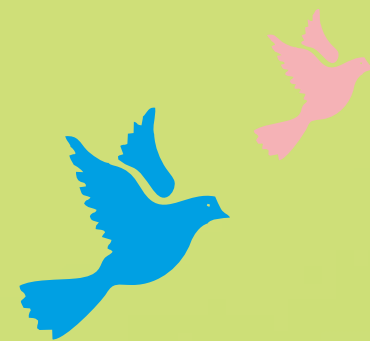
and providing them with medications that had become difficult to acquire amidst nationwide lockdowns.

In the words of Alka,

“ the path with HIV
may be difficult, but
it is definitely not the
end of the road, ”

and the Wajood program has been pushing against all odds in ensuring that this journey becomes manageable for those that need to walk through it.





Standing On Our Feet: Terms & Conditions Applicable

The transgender community more often than not faces social hurdles, which give way to economic barriers. Together, these enfeeble their social security. Many of them, despite braving the social rebukes and accomplishing educational qualifications, are denied employment. Due to lack of livelihood opportunities, many transgender persons take up sex work, becoming increasingly vulnerable to HIV without access to proper treatment for the same. A landmark study conducted by the National Human Rights Commission in 2018 found that almost 96% of transgender persons are forced to take up low-paying livelihood options such as begging and sex work. It was observed that inadequate qualification was a result of discrimination in schools leading to high dropout rates. Social exclusion has made the transgender community rather invisible in all walks of life.

As Anisha (name changed) speaks about herself in a very polite tone, one can't

miss her good command over English. While her attire seems to be on the masculine side, she expresses her love for makeup and regrets the fact that she could never grow her hair longer.

Born in Delhi, Anisha was admitted to a boarding school in Dehradun very early in life. As a young child, she discovered her fondness for everything feminine, whether it meant looking like other girls, or simply sitting and gossiping with them about boys. She felt uncomfortable amidst her male classmates who would call her names and chase her around. When she passed the seventh standard, her hostel roommate, who was a senior, indicated sexual interest towards her which soon developed into sexual assault. A teenager with an ambiguous self-identity, Anisha couldn't share her predicaments with anyone. The abuse continued for two years until she left school and returned to her family in Delhi.

In 2009, within a year after returning to Delhi, she came across other members from the transgender community. That was when she became a part of an NGO working in the HIV space. She realized that she wasn't isolated in her sentiments or experiences. The need for financial stability and her interest in community welfare urged her to become a part of the HIV-targeted intervention program as a peer educator. Thereafter, she worked as an outreach worker and a state program coordinator in various intervention programs. Alongside her work, started exploring and carving her own identity. Apprehending the social embargo on her family, Anisha does not immediately want to transform her physical appearance to match her feminine identity and still responds to her birth name, while amidst family.

Since she received no support from her family in her pursuit of a unique identity, she had to live on her own and fend for herself. At present, although

there is more acceptance than before, she shares a distant and non-dependent relationship with them. Inadequate educational qualification and the denial of employment made it very difficult for her to make ends meet and she was left with very few sustenance options. With the support from Basera (implementing partner of Wajood in Noida), Anisha received a good job offer from a government organization. However, her coworkers were not considerate of her gender identity and constantly exposed her to tasks that would put her safety in question, which forced her to quit the job.

Being unemployed due to the pandemic, sex work has been her sole source of income. However, she is keen to find an alternative and dignified source of income as soon as possible. Her major focus now is to add to her qualification and she has embarked on this journey by first finishing her schooling. She aspires to become a social work graduate through distance



education and hold the same positions which were once refused. She is being supported by the community members at Basera

Anisha had to step down from education and she has faced innumerable rejections from potential employers. This was mainly because the people around her have constantly failed to comprehend and accept her identity. However, she is not the only one who could not access opportunities due to lack of sensitization among

people about alternate sexualities and gender identities. Wajood has been supporting the community to gain financial stability through livelihood training and support with job applications wherever possible. In order to assure a dignified life for the transgender community, Wajood implementing partners have also been working towards sensitization in schools and workplaces. This is immensely important in order to alleviate the deep-rooted prejudices against the community.





Access to Healthcare: A Right Half Denied?

A WHO bulletin on the inclusive global health agenda for transgender people worldwide asserts that this community faces impediments due to lack of awareness and poor utilization of the existing healthcare services. This disparity in healthcare access is a reflection of several other barriers faced by the community, mainly social stigma, lack of proper education and financial instability.

Of late in India, the movement for the rights of the LGBT community has not only gained momentum but has also resulted in the translation of their demands into several legislations for the community's welfare and advancement. Especially for the transgender community, the past decade saw a number of affirmative changes in legislation. The NALSA v. UOI (2014) judgement granted legal recognition to a third gender and for the first time, made provisions towards the protection of the community's right to healthcare. These rights were renewed, and to an extent

strengthened, through the enactment of the Transgender Persons (Protection of Rights) Act, 2019 and the subsequent Rules of 2020. Although the recent act continues to be in the process of being translated into practice, especially at the organizational level, the community holds great hope for the positive changes in accessibility to necessary services that would result from it. However, in order to understand the extent to which changes are needed within the existing healthcare system, it is rather important to also refer to the experiences of the community members in these settings.

Certain anxiety echoes in Anu's (name changed) voice as she shares her anguish after interacting with healthcare professionals. Working as a sex worker due to lack of employment opportunities, Anu is often concerned about her sexual health. Once, on encountering extreme discomfort in her genitalia, she feared that her sexual health was compromised. She immediately rushed to a government

hospital to curb the symptoms at the outset. However, the treatment process added to her discomfort as her doctor was far from sensitive. The way they interrogated her at length about her work, it seemed as if they wanted to extract information, rather than treat her symptoms. Adding to her dismay, the doctor reprimanded her for her profession and all this only sidetracked the treatment. Eventually over time with treatment, her physical discomfort subsided. Anu no longer deems government healthcare settings to be accessible and actively tries to avoid seeking treatment from them.

Maya (name changed) was down with typhoid when she, accompanied by her family, approached a doctor for treatment. She was appalled as the doctor, instead of addressing her weakness, voiced his disbelief in the symptoms. The doctor felt that it was quite usual for transgender persons to contract such common diseases. Such lack of understanding was paired with prejudice since the doctor bombarded

her with unnecessary questions related to sexual behaviour. After diagnosing her with typhoid and after administering intravenous (IV) medication to her for two days, the doctor tried to dismiss her and did not ask to follow up in case the symptoms persisted. A few days before recording this narrative, Maya had fever but tried to self-medicate in order to avoid the hospital, in light of her lack of trust in healthcare professionals.

Hina (name changed), a community mobilizer at Basera, (implementing partner of Wajood in Noida), who now accompanies community members to the hospital whenever needed, also feels repulsive towards the services of health care professionals in government hospitals. She recollects her numerous experiences and observations as a community mobilizer. Hina feels that there are no clear governmental guidelines for the medical fraternity regarding the treatment of transgender people. She recollects instances where male doctors have asked transgender



women to remove their clothes for examination. She has noticed that the presence of female staff or a family member is never prioritized while a male doctor examines a transgender woman. This is against the guidelines for the healthcare faculty concerning cis-gender women.

In all three cases cited above, lack of sensitization of the healthcare professionals stood in the way of smooth access to healthcare services by the community members. More often than not, the healthcare professionals would end up demonstrating prejudices against the community through their words or actions.

The Wajood program has aimed at addressing this issue. Several outreach workers involved with the program have attempted sensitization of healthcare professionals in their individual capacity. They have supported the community's healthcare access by often accompanying them to the healthcare settings. The social

capital built by these outreach workers has created a pool of congenial healthcare professionals who have been reaching out to the community and providing them with health-related support.

However, there is a need for large-scale sensitization of healthcare workers beyond the circle of a handful of queer affirmative professionals. The codes of conduct need to be well-defined and they must be able to address the annoyance faced by the community. Both the medical fraternity and the general public need to keep abreast of such codes of conduct. Well-planned, large scale and collaborative sensitization campaigns are required in order to properly translate into practice the non-discriminatory provisions granted by the subsequent legislation. These are passed in the interest of the community and to ensure their effortless access to healthcare which is of utmost necessity and a fundamental human right.





From the Community, For the Community

(Name unchanged as per subject's permission)

In the past decade, several movements have occurred to uphold the rights of the LGBT+ community viz. the one that led to the decriminalization of homosexuality in 2018 as well as the struggle for the legal recognition of the third gender in India which had finally entered the books with the NALSA Judgement of 2014. Although notable transgender activists and experts came forward to represent the community and through collective action, brought about a change in legislation, the translation of such legislation into reality is far from being achieved on a large scale. In order to ensure that the community members are aware of their rights and are able to access the resources they are entitled to, several members from the community are tirelessly working to bring about ground-level changes.

At a very young age, amidst extreme financial difficulties, Ramkali had taken up sex work as a last resort in order to sustain her family. While being in sex work, she encountered a whole lot of

trauma- from client violence to adversities from those in charge. Even after enduring so much, she could barely make ends meet with her daily income of 40-50 rupees. Only after joining an NGO as a peer educator in 2007, she realised the importance of addressing the issues of the transgender community and their predicaments. She strongly felt that this couldn't be the fate of the thousands of transgender persons who had to depend on commercial sex and beg for a living

As new avenues opened for her after joining the NGO, Ramkali wanted to utilize this opportunity to help her sisters from the community. She wanted them to fend for themselves with dignity and be in professions which would not exploit them. She believed that jobs had no male or female versions and thus there could be no such work which she or her fellow community members couldn't do. She firmly believed in her right to access all social opportunities. With such a resolution, she joined and began to

lead Basera Samajik Sansthan in 2011. Since then, she has strived to usher in tangible change in society as well as the community.

Currently, as one of the pillars of the Wajood program of India HIV/AIDS Alliance, Ramkali has contributed immensely toward the community's welfare, utilizing her experience and influence in program implementation. She also taught her apprentices that genuine community concern was the prerequisite to understanding their needs and acting upon them.

As a program officer, Ramkali has been working with the community at all levels, from healthcare and employment to social entitlement. She has supported several members from the community with job placements such as in Noida Authority, Delhi metro and at clerical positions in government offices and Delhi High Court. She has been supporting the community along the lines of social entitlement viz. acquiring social identity documents and

certificates.

She runs into a lot of difficulties at work. Often she has been stopped from entering office premises. Several times, when she has tried to approach government officials to enquire about schemes or to address certain grievances, she was turned away brazenly with sarcastic statements like “no celebration or ritual is going on here, we don't need your blessings”. However, driven by her principle that all doors would eventually open if she deserved justice, she kept visiting offices relentlessly until she was let in and her issues were addressed. Although she got a lot of work done eventually, Ramkali considers the non-compliance of government officials as a major deterrent to community welfare.

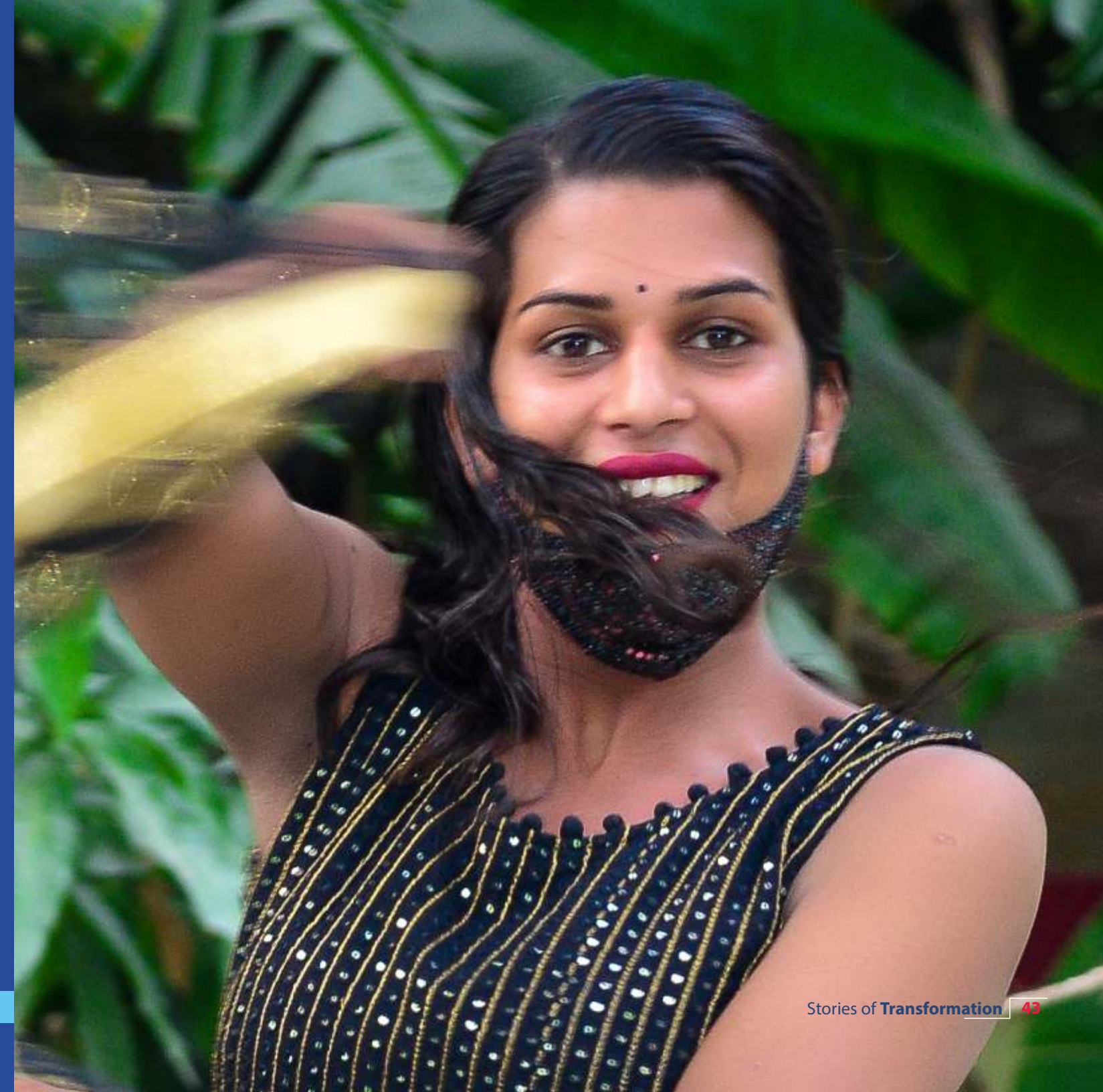
As the first transgender woman from Delhi to have worked in collaboration with the Delhi Traffic Police, Ramkali has participated in a campaign on road safety where she approached motorists and spoke about the importance of



wearing helmets and seatbelts. She sees such collaborative efforts as imperative to bridge the gap between the community and the mainstream society. An associate member with The Delhi High Court, Ramkali is expanding her network to open up channels to accommodate community members who were hitherto denied entry.

For Ramkali, advocacy is not just about ensuring access to resources and opportunities but it must also spread

awareness about the rights and needs of the community. However, this awareness wouldn't be effective, if limited to community members only. Rather, it should percolate through mainstream society. The community still lacks access to opportunities and faces violations of the rights conferred upon them by the subsequent legislation. They can truly be uplifted through the collective action of the community as well as their allies.





My Identity and My Dilemma

(Name unchanged as per subject's permission)

Anu (name changed) has recently joined the Delhi Samarth Clinic as a community mobilizer. Her work involves reaching out to the community members, imparting knowledge and counselling around HIV/AIDS and orienting them towards the importance of safe sex. She believes that there is a lot of misinformation about the epidemic within the community, due to lack of education, miscommunication or circulation of the wrong ideas about the causes and consequences of HIV. Anu very well understands the importance of having access to correct information about factors that affect our health and wellbeing, as she has been at the other end of this information dynamics. Ever since she was a young child, Anu has remained in a dialectic - how she perceives herself and how an identity was assigned to her at birth.

Throughout our lives, we perform countless actions that are directed towards embracing or affirming our gender identity, as was proposed in the

concept of gender performativity by the American philosopher and gender theorist, Judith Butler. For people whose gender identity matches with the sex assigned at birth, this process comes easy and they effortlessly fulfil their gender roles as per expectation. While gender identity refers to our view of ourselves, gender expression is the outward demonstration of our gender identity which includes physical expressions such as our name, preferred pronouns, clothing, hairstyle and so on. Sometimes people may also undergo medical procedures to facilitate their gender affirmation. However, considering the physical and psychosocial impacts of such procedures, counselling services are available for individuals who are inclined toward making such decisions.

While she was assigned a male gender identity at birth, internally she identified herself as female. However, due to her lack of understanding of this conflict, she was unable to resolve it. Further, as she grew up and her gender

expressions became significant for her, she was all the more perturbed due to lack of family support. She was unsure about undergoing social transition as this would further irk her family.

However, while handling this distress all by herself, and not knowing that there were services to help her make an informed decision, her mental health suffered. Despaired and restless, she decided to undergo a procedure for breast implants. She now believes that it was a rash decision. Exhausting all her savings, she underwent the procedure and for a while, was exhilarated about this new change. However, within a week, she went back to the clinic to get the implants removed and multiple factors led her towards this decision, her family being the most determinant one. She realized that since her family was still not in acceptance of her identity, this newly acquired feminine feature would further surge their denial. Moreover, it would become much more difficult for her to find employment, as in the past, she could

acquire jobs for male positions. Expressions of her true identity would lead to further exclusion and thus, unemployment. Her responsibilities towards her parents and her financial needs didn't permit her to express her identity, which is even today, a source of constant frustration.

Anu believes that having proper access to information regarding gender identity and expression at a young age along with access to counselling services while growing up is essential. Had she understood in childhood that her experiences were normal and that others were experiencing the same conflicts and sentiments, and as an adult, if she had a way of rationalizing her emotions with an expert's assistance, it would have greatly helped her in decision-making. Getting breast implants only to get them removed soon after, not only drained her savings but also destroyed her self-confidence.

For Anu, being a community mobilizer for the Samarth clinic proved beneficial,



as now she has better access to information. She is getting prepared to seek counselling for gender affirmation sometime soon and in the meanwhile, she has been advised to speak to Wajood peer counsellors and community mobilizers for a better understanding of the subject. She also aims to reach out to the community to provide them with reliable information about the same as well as other factors which greatly impact their physical and mental health.

The Wajood program of India HIV/AIDS Alliance aims to support the transgender community who undergo the process of gender affirmation in isolation like Anu. The outreach workers not only provide informational assistance to the community members but also extend emotional support in their social transition.

Anu's case demonstrates that although

the expression of our gender identities should come to us rather effortlessly and everybody deserves to feel comfortable in their own skin, there are multiple factors to be considered while undergoing social transition. As the process of understanding our identities begin from childhood, basic education about gender identity and expression should be introduced during this time. Further, while physical health interventions such as HIV-related services are extremely important, it is equally important to consider the psychological needs of the community as a part of their health-related needs. There should be increased access to counselling services, especially gender therapy, for the transgender community in order to properly address their mental health needs. Besides reaching out to the community with information about HIV, upholding the importance of mental health can be an affirmative step towards ensuring the overall wellbeing of the community.





The COVID-19 Pandemic: of Lives Pushed into **Isolation & Misery**

Manisha (name changed), a resident of Jamshedpur, Jharkhand, has been living alone for almost a decade owing to alienation from her family who did not accept her identity. After leaving home, she underwent social transition and embraced a feminine identity. However, she faced a lot of friction while pursuing livelihood opportunities and even with the general conduct of people around her. For years, she has taken up various low-paying jobs like working in odd jobs in the NGO sector, toli badhai, sex work and begging. Most of these were about daily wages. She has been surviving with bare minimum resources and encountered an overwhelming amount of hurdles in her struggle for survival. She believes that she had mastered the art of getting by and was trying to carve out a better life for herself by slowly accumulating some savings until the pandemic hit.

The global COVID 19 pandemic, in early 2020, impacted almost all tiers of society. However, the drastic effects of the pandemic were disproportionately distributed. Those who lacked the

resources which were considered to be most important to regain stability in these unprecedented times were left to struggle for survival for months. According to a report presented to the UN General Assembly on 'The Impact of the COVID-19 Pandemic on the Human Rights of LGBT Persons', a considerable section of the transgender community faced consequential damage as the pandemic had disproportionate impacts upon different sections of the society.

Galtung (1969), in his concept of 'structural violence', mentioned that the structures which upheld the various forms of stratification within our society, placed certain communities at the sidelines. Multiple challenges including the struggle for accessing available resources get in the way of their desired potential life. Such structures relegate the transgender community to society's margins and a large section of them try to earn a living through begging and sex work, as substantiated by a National Human Rights Commission Study conducted in 2018.

The stay-at-home directives and nationwide lockdown that were imposed in light of the rapidly spreading pandemic had left Manisha to struggle for her survival as all her livelihood options needed her to be present in public places. As people were not present in market places and her movement was also regulated by the local authorities, she could not go to the markets and other hotspots for begging, and the citywide shutdown of public transport systems added to her agony. For months, celebratory and religious gatherings were not allowed and even those who organised small-scale gatherings, due to COVID restrictions, did not allow Manisha and her toli to join in for blessings as was previously done for such occasions and celebrations.

As her usual daily income of around 300-400/- was reduced to a mere 50-60/- during the lockdown, the major source of sustenance for Manisha and her allies was the dry ration distributed by several stakeholders such as private parties, CSR initiatives of corporates and industrial

houses, the NGO sector, as well as the political leadership of the area. The Wajood programme contributed towards strengthening the supply of ration and other protective measures including masks and sanitizers by organizing their distribution to the community through the CBO, Shubhkamana Foundation, their programme implementation partner in Jamshedpur. The unforeseen circumstances had greatly affected the services extended by the CBO as the outreach workers were unable to travel long distances to reach community hotspots. The community members too had no resources to travel to the offices. However, the outreach workers pushed their limits in order to extend COVID-19 related services to the community in every possible way and to ensure that HIV interventions continued uninterrupted.

Manisha felt that as resources were limited and had to be extended to a large number of people, she not only lacked sufficient food but also felt hopeless about her immediate future,



as the lockdown kept on extending indefinitely, Although the pandemic had not spread among those she interacted with, there was panic regarding the erratic nature of the virus. However, the CBO outreach workers assured the community of all possible support in case any member tested positive. They organized drives to distribute ration, masks, soaps and sanitisers and educated the community about the precautionary measures to be taken, and thus attempted to alleviate some of their anxiety.

Other issues added to Manisha's misery included the paucity of space for proper social distancing and the lack of continuous water supply in her area. As she was unable to support herself due to the unavailability of alternative livelihood options, she was left to completely rely upon the resources being distributed. As she had also been involved in sex work and was partially active with it during the lockdown, the added fear remained of getting COVID-19 affected through her clients.

As the pandemic continues and gains momentum in various regions at various times, it is imperative that arrangements for resources are made, so that they are sufficient enough to cater to community needs and are distributed more efficiently. While the anxiety about the pandemic might have decreased over time, due to familiarity with its after-effects, the community needs to be counselled about the importance of continuously taking precautions and may be connected to free telephonic helplines run by various governmental and non-governmental agencies for COVID-19 related advice and consultation. The anxiety of the community may also be alleviated by involving the Wajood program in ensuring a smooth vaccination process for the community, as and when required. Gradually exploring the training possibilities for alternative livelihood options at various locations in collaboration with implementing partners can also neutralize the impediments faced by the community in crisis situations.





The Second National Transgender Summit March 2022



Alliance India organized the Second National Transgender Summit on 3-4 March in New Delhi with the following objectives:

- Transgender community members will be aware and trained about the accessibility of the processes concerning gender-affirming medical care, legal gender affirmation and violence mitigation.
- Services regarding gender-affirming medical care, legal gender affirmation and violence mitigation would be more community-friendly and easy to access for the transgender community members in India.



Key recommendations received:

Gender affirming medical care:

Concerned stakeholders:

Ministry of Health and Family Welfare, National AIDS Control Organisation and All India Institute of Medical Science (AIIMS)

- “Gender-affirming care” is a multi-disciplinary care unit, and the medical providers should have the necessary knowledge about the healthcare needs of the transgender community members. The mechanism must have a holistic view and adhere to evidence-based and ethical practices.
- Preventive healthcare measures should include focusing on lifestyle-related disorders (because of preferred gender role, sexual orientation, ethnicity, and sex

work history (cultural/lifestyle factors)), mental health, hormone therapy-related issues, cancer prevention, ageing, and geriatric issues.

- Proper training and sensitization programmes need to be implemented for the transgender community members to scale up health-seeking behaviour and avoid self-medication.
- Psychological affirmation and mental preparedness must be integral to gender-affirming care.
- Insurance facility needs to cover the cost of gender-affirming care.
- Centre of Excellence on the health of transgender people, to be set up by AIIMS, Delhi.
- A database of cost-effective/free community-friendly gender-

affirming care-related services (both public and private) needs to be prepared, which needs to be available for the transgender community members in their native languages.

- Effective implementation of SOC (Standard of Care) for gender-affirming care needs to be emphasized.

Gender affirming legal care:

Concerned stakeholders:

Ministry of Social Justice and Empowerment (MOSJE), National Institute of Social Defence (NISD), The National Legal Services Authority (NALSA), and District Legal Services Authority (DLSA)

- Proper training and sensitization among the transgender community members need to be

implemented, around the national transgender portal, how to access the same effectively and what to do to ensure further support if the system is not working or the application is rejected.

- Every district needs a supporting unit to help the transgender community members who want to access the national transgender portal.
- Organizations working for the transgender community need to be responsible for spreading awareness about the national transgender portal among the transgender community members. They need to work closely with the concerned government departments, including the Ministry of Social Justice and Empowerment.





Addressing violence and its mitigation process:

Concerned stakeholders:

Ministry of Social Justice and Empowerment (MSJE), National Institute of Social Defence (NISD), The National Legal Services Authority (NALSA), District Legal Services Authority (DLSA), The National Commission for Women (NCW) and Niti Ayog

- Effective implementation of the Transgender Persons (Protection of Rights) Act requires organizations working for the transgender community to be adequately trained in coordination with Government departments (e.g. NISD, Niti Ayog etc.).
- Transgender community members need to be aware of the different kinds of violence against them, including their mitigation process.
- Sensitization and training for police departments need to be conducted to reduce the violence rate against the transgender community.
- More research, survey etc., need to be done regarding violence against transgender people since less data is available on this.
- Organizations working for the transgender community should consider developing the 'Transgender Protection Cell', which will be in every state as assured by the MOSJE.

