

**Report of the**

**The Third National Transgender Summit – Reflecting on the gender barriers, health and overall development concerns for the transgender community**



**Organised by India HIV/AIDS Alliance with support from National AIDS Control Organisation (NACO), Ministry of Social Justice and Empowerment (MOSJE), UNODC, USAID FHI 360, Sattva Media and Consulting Private Ltd., DORF KETA and The Humsafar Trust**

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***Viksit Bharat, with inclusive and harmonious society, ensures the dignity and wellbeing of all citizens.***

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## Background:

India HIV/AIDS Alliance has been organising the National Transgender Summit (NTS) in collaboration with the National AIDS Control Organisation (NACO) since 2021. Earlier, this event was known as *Hijra Habba*, to bring together transgender and Hijra-identified individuals from different parts of the country. In 2021, we converted this critical event to the National Transgender Summit, creating a national-level platform to bring the stakeholders and the community members together and help them to discuss their health and overall well-being concerns. The National Transgender Summit also creates common platforms for the communities and the policy and decision-makers to come together and have a dialogue on the appropriate measures to be taken up for the overall development of the TG community. This year, Alliance India organised the summit on April 2nd at The Park, New Delhi, with kind support from the National AIDS Control Organisation (NACO), Ministry of Social Justice and Empowerment (MOSJE), UNODC, USAID, FHI 360, Sattva Media and Consulting Private Ltd., DORF KETA and The Humsafar Trust. The tagline this time was - reflecting on the gender barriers, health and overall development concerns for the transgender community, along with the great quote, Viksit Bharat, with inclusive and harmonious society, ensures the dignity and wellbeing of all citizens.

## Thematic areas:

Following are the thematic areas that have been prioritised for the 3<sup>rd</sup> National Transgender Summit, to be deliberated through the following sessions:

1. Equity, equality and mainstreaming for the transgender community – sustainable financing
2. Substance abuse among the transgender community – the effects and the way outs
3. Transgender persons' healthcare in prison and other close settings
4. Working on a road map to introduce an Indian Standard of Care for gender-affirming care and
5. Gender-based violence against the transgender community

## The expected outcomes:

1. The Third National Transgender Summit would help us to learn the challenges faced by the transgender community, in terms of the livelihood opportunity, inclusivity at the workplace, the gaps and how to promote a sustainable financing for them.
2. The Summit would help us to learn the challenges faced by the transgender community members in terms of substance and other stimulant drug abuse and how we can prepare a pathway from an evidence-based approach involving the community and the concerned stakeholders.
3. It would help to explore transgender persons' healthcare accessibility in prisons and other closed settings. The discussion will help to identify the areas towards ensuring a community-friendly and inclusive environment of imprisonment and different closed settings for the transgender community.
4. A road map would be prepared, helping to introduce and implement an Indian Standard of Care towards providing gender-affirming care-related facilities in a community-friendly and easy-to-access manner.

5. The 3rd National Transgender Summit would highlight the gender-based violence against transgender community members. A roadmap will be prepared to contribute to their improved mental, physical, and sexual health concerns.

### **The participants:**

The summit provided a forum to discuss the current scenario affecting transgender community members, their challenges, and how to work together for an inclusive and community-friendly environment. Considering the thematic areas, apart from involving the community members and the bilateral agencies (UNAIDS, UNODC, UNDP and WHO), the Third National Transgender Summit invited other vital stakeholders, including the following Ministries/departments - Ministry of Social Justice and Empowerment (MOSJE), National AIDS Control Organisation (NACO), National Institute of Social Defence (NISD) etc. Around 124 individuals from different geographies in India participated in this national event.

### **Critical proceeding and findings from the Third National Transgender Summit:**

**The Master of Ceremony throughout the event were the following staff members of Alliance India:**

1. Ms. Dipika Thakur, Programme Officer: Advocacy & Training “Sahas”
2. Mr. Aneet Ahalawat, Technical Officer: Monitoring and Evaluation “sahas”



**The critical message from Mr. Rajiv Dua, CE, Alliance India:**



Mr. Rajiv Dua welcomed all the guests first. He also thanked all the collaborators who helped organise the summit. Then, he very meaningfully introduced the context of the National Transgender Summit. He talked about Hijra Habba and how the concept has been shifted to the National Transgender Summit. He talked about Guddan Guru, a senior Hijra leader who joined the summit, and praised her work for the community. He then felicitated her with a Green Welcome.

**The critical message from UNODC:**

After the lamp light ceremony, Ms Seema Joshi Arya, the criminal justice expert at UNDOC, addressed the gathering, starting with an introduction to UNDOC. Some of the key points highlighted by her:

- Sensitization of the prison authorities and the staff on the transgender community, specific challenges they face in their daily life
- Focussing on the inclusive healthcare services for the transgender community members within prisons
- Providing HIV/AIDS related services for transgender community members in the closed setting, with special attention, confidentiality, and care, is crucial.
- Promoting and implementing gender-responsive services for transgender community members.
- The Importance of collaboration and partnership with various departments for the benefit and welfare of transgender community members also needs to be emphasized.



She also took the opportunity to talk about the “Operationalizing Essential HIV Services for Transgenders in Prisons and Other Closed Settings”, a model SOP that UNODC has very recently published to ensure transgender persons’ specific care and services in the prisons and other closed settings.

#### **The critical message from UNAIDS:**



Ms Nandini Kapoor Dhingra, UNAIDS Policy & Strategy Adviser/Officer in Charge, UNAIDS India, introduced UNAIDS and the kind of work supported by UNAIDS for the transgender community members. She mentioned that the spread of HIV/AIDS is 14% higher among the Transgender community in comparison with others. She highlighted how UNAIDS is working with the Government and such communities in the field of HIV/AIDS.

#### **Importance of addressing Gender Based Violence (GBV) amongst transgender people:**

Dr Madhubala Nath, Gender Expert, gave a remarkable speech on gender-based violence and highlighted the journey and celebrations of transgender community members in India, starting with Delhi University opening the gated for transgenders in 2014 for the first time. She explained the journeys and struggles of transgenders in India and discussed the potential to reduce gender-based violence, especially against the transgender community. She encouraged the community with her words and discussed the significant milestones of the movements led by the transgender community of India.

Critical references shared by Dr Madhubala Nath:

- According to a study initiated by NACO in 17 states of India, 62% of transgender persons are involved in sex work.
- Unavailability of essential services is also an emotional violence
- Regarding job availability, only 6% of the community is involved in private sectors and NGOs and organisations
- Only 1% of the community members have a salary of more than 25,000 per month, and lack of income is one major cause of gender-based violence against them





- She discussed low access to ART centres and HIV services by the transgender community members. Also, lack of family support and social discrimination faced by a significant percentage of the members of the same community hinders their development and wellbeing
- Only 2% of the transgender community members stay with their parents
- The Stonewall Riots study is another good example to understand the violence that happened against the same community
- According to another study, cases of violence/harassment occur against transgender community members, 2/3 of the perpetrators are women
- She referred to the Noble Literate Dr Amartya Sen, who stated that poverty should be seen as deprivation of capabilities, which then limits the freedoms to achieve something, rather than the lowness of income
- She highlighted that transgender community members do not have the right over property and inheritance and how the policies need to be changed and need advocacy

She also discussed the various consequences of gender-based violence, like intrahousehold inequalities and violence faced in households and society by the same community members.

#### **Key introductory note by Ms Radhika Chakraborty, Joint Secretary, MOSJE:**

After Mr Rajiv Dua introduced Ms Radhika Chakraborty, Joint Secretary, MOSJE, she addressed the audience with a welcome note. She began with an interactive discussion, discussed the system establishment by the transgender ACT, and discussed how the community could be an integral part of the system. One of the critical points she repeatedly focussed on was for the community to have unity and not differences. She explained how being united will also help raise strong voices and take a stand for the community. She asked all the community members to present themselves as one force and make a conscious effort to solve differences amiably. She also mentioned focussing on the community's strengths and continuing to have a positive thinking and mindset. She also threw light on the importance of planning and implementing the plans and shared a few crucial points from her Action Plan:

- She mentioned the 12 Garima Greh in 10 cities in India and the aim for this year to have one Garima Greh per state.
- She also discussed in detail how the opportunities to set up the Garima Greh should be obtained through the proper application process and mentioned the importance of the state government's involvement.
- The second action plan mentioned was to analyse the existing structure and mainly focus on the skilling component and to work for the skill set and economic stability of the community
- She also highlighted the importance of maintaining transparency except for confidential information. This can be done by updating the inputs in the e-system so they are available in the public domain. Also, capacity building is needed to understand how to apply for Garima Greh and how to update documents.
- Another vital point she mentioned was that CSR activities should cover transgender welfare. She also shared gladly that the portal is one of the government's most visited portals.
- The last action plan mentioned was to take advantage of different Government schemes, adequately disseminate information about the schemes, and make the community take advantage of the benefits.



She concluded by suggesting the community study these action plans and come up with proposals.

During the discussion, Ms Mohini talked about running Garima Greh for two years without funding. Concern was raised that the government officials were demanding TG cards with the psychologist's signature, which caused the documents to get rejected. Radhika Ma'am clarified that there is no such need for a psychologist's signature, and there might be some other reason and fears of the officials to ask for such documents.

Mr Akshay Tyagi suggested having intervention and capacity-building workshops for the community as they don't have prior experience with Government rules and regulations. He also suggested discussing cooperation, support and skill-building, consultation services, and providing training through a community system-strengthening component.

#### **Sessions' overview given by Ms. Huidrom Rosenara, Director: Programmes, Alliance India:**



Ms. Huidrom Rosenara, Director of Programmes, Alliance India, addressed the gathering and mentioned how such initiatives of Alliance India started on a small scale. And it evolved through the partnership and collaborative effort of various agencies and with support from community leaders. She was privileged to have this collaborative effort, which helped create opportunities to share knowledge about the new trends in Government guidelines and policies and identify the community's emerging needs. She was happy that through this single platform,

everyone could gain an understanding and learn about the issues existing within the transgender community. According to her, such platforms help address various issues and can help mobilize a better position for the transgender community in the future. She concluded by sharing how this forum will create an opportunity for discussion. She emphasized having such programs twice or thrice a year to encourage the community as such initiatives will help the community leaders to come together and embrace their responsibilities. She was confident that the discussion would help the community members gain insight and take forward the agendas.

#### **Session 1: Equity, equality and mainstreaming for the transgender community – sustainable financing.**

**Facilitator:** Ms. Sumita Taneja, Country Representative, FHI 360

**Panellist:** Mr. Sudhanshu Latad (The Humsafar Trust); Mr. Pritik Malik (Senior Graphic Designer, Sightsavers India); Mr. Pawan Kumar Singh (Sr. Manager Talent & Engagement (DEI) at HIL, part of the C.K Birla Group); Ms. Piya Kapoor (Love Life Society, Delhi); Mr. Akshay Tyagi (The Lalit Hotels).

A very encouraging video was displayed by FHI 360 to motivate and help the community better understand job opportunities. The video showed a transgender individual named Kamal, who achieved her dream and successfully opened a salon. She shared her struggle of not getting a job and compulsion to do sex work. But now she is very delighted to have a salon where she can work with her community and help other transgenders community members. They have to face discrimination in other salons, so this salon also makes them comfortable. And it's a safe place for many to share their stories and struggles.

The panel discussion began with Mr. Akshay Tyagi, who shared his journey working with and for the community, which began with his research project in college in 2017. He was looked down upon, and many even thought he was from the community, but he didn't give up and continued his



work. Now, he works in the Diversity, Equity and Inclusion Department (DEI) at the Lalit Hotel. He talked about how the

community is linked with the hotel and the challenges they face. He also highlighted the process of how the members are trained in the hotel. First, the community members are given an exposure of 3 months, and they gain some experience. Later, they are given two choices of any two departments where they would be interested in working, followed by a training course of 6 months in the same. Finally, they select one department and get retained there. He also mentioned giving scholarships to community members. The key message he shared with the community was not to give up, keep asking questions, start asking and fighting for their rights, and get involved as a community.



Mr Pritik Malik shared about his journey as a transman. He shared how it is necessary first to have self-acceptance and give oneself the time needed. He also shared how important it is to have family support and how his family accepted him. He highlighted his organisation, where he gained confidence and went through a transformation as a transman. He talked about the support from the organisation throughout his journey. He mentioned terms such as gender dysphoria, which is essential for people to understand.

Ms Sumita asked if it was easier to get accepted in an NGO, what his colleague's reaction was, and what some challenges he faced were. In response, she shared that few colleagues were supportive, but a few used to taunt him like "*ab AC mai zyada than nahi lagega, ab to ye ladka hogya*". She shared that he sometimes used to feel pressured because of such comments. He remained strong and talked about how responding to them in a certain way is crucial. When asked about the change in name and identity and the HR process in his organisation, he shared that legally, his name was not changed, but colleagues addressed him with his preferred name.

Mr Pawan Kumar Singh actively shared his experiences in the corporate world. He also suggested that the community set up an NGO and CSR and not depend on the government. Upon being asked about the challenges he faced, he shared his experiences from his previous workplace, where his HR told him not to have pompom entertainment. He shared that such comments were demotivating in his previous organisation. He also mentioned the Employment Resource Group (ERG), which is very important. He gave an example of a factory in Faridabad where the male-to-female ratio was 80:2, and there were suggestions for transgender employees. He motivated and encouraged the community to be ready to take up jobs and show interest. Mr Pawan concluded his note with encouraging and motivating words regarding job and financial stability for the community.



Mr Sudhanshu Latad shared about the work done and initiative support given to the community by the Humsafar Trust. He talked about some essential points like;

- Capacity building through HIV intervention is crucial for transgender and other marginalised communities
- There is a need to have social inclusion and sustainable development for them
- The importance of creating financial sustainability as the majority of transgender community members have to do sex work, which adds more vulnerabilities and leads to violence and discrimination
- Shared about his organisation, the Humsafar Trust, which gives education to the community and provides the opportunity to choose courses for themselves in terms of skill-building
- Creating ways for people to achieve their dreams and providing them with need support and help in their overall development was another vital point shared by him



Ms Piya Kapoor addressed the community and talked about the importance of education and the discrimination faced by the community in education. She also shared the need to build skills and provide college admissions to community members. It not only provides education support but also creates job opportunities for transgender community members and provides financial sustainability. She also shared about 20 community members working in Amazon and a few major challenges faced there, such as not having separate washrooms, at ground level all LGBTQ being seen as Hijras and transgender

community members not being called by their preferred pronouns but according to their document.

Following the panel discussion, a few participants raised questions. Mr Yadavendra from Pahal Foundation, Lucknow, asked Mr Pawan about DEI, the trend going against the culture in the US as it is seen as favouritism for the community. His question was whether the Indian corporate world is ready for such challenges. In response, Mr Pawan shared that India has communal organisations but is not ready for any such situation.

Mr. Sudhansu also discussed skillsets as an essential factor, as a large population can be hired for jobs, but retention is based on the skills present in individuals. He also shared his views about India already having a reservation system, so there are fewer chances of facing challenges from a cultural point of view.

Another concern raised by a participant was that young transgender community members come every year to stay in Garima Greh and other private shelters for 2-3 years. Still, after that, it is difficult to find them jobs. The participant asked if it was possible to connect with Mr Pawan to discuss this matter. Mr Pawan happily showed interest and assured us he would visit and talk personally. Another concern was raised regarding the salary structure, as it is very low compared to the salary earned in brothels, so many community members don't come forward for other jobs. Also, it was discussed that the community *Dera* culture is very different, but it is not hard to break down the barriers; for that, other options need to be there.

The panel discussion was summarised with the following critical points:

- It is vital to find strategic entry points and involve the transgender community members in different ways
- To have collaboration and partnership for their overall development and for creating job opportunities
- To invest in human capital, which should also include transgender community members
- To focus more on capacity building, education and building skill sets which help in providing financial sustainability
- CBOs to work as bridges for the community and to create corporate opportunities, which will help in getting financial stability for the transgender community members

## **Session 2: Substance abuse among the transgender community- the effect and the way outs.**

**Facilitator:** Dr Umesh Chawla, Clinton Health Access Initiative (CHAI)

**Panellists:** Dr Sumit Agarwal (ICMR); Mr. Aditya Singh (Executive Director & Deputy Chief of Party, The Johns Hopkins University School of Medicine); Ms. Tripti Tandon (Lawyers Collective); Pebam Bobochandra Singh (Centre Coordinator, Transgender Health and Wellness Centre, Manipur); Seema Joshi Arya (Criminal Justice Expert, UNODC).

The panel discussion began with Dr Sumit Agarwal from ICMR. In response to how to make evidence about the current community situation, he said there is a need for metanalysis to identify and understand the main factors that lead to drug use among Transgender community members. He also highlighted a few causes of stress due to personal issues, social discrimination and isolation, peer pressure and various other reasons.



A few essential points highlighted by Dr Agarwal were:

- Awareness about the proper use of PrEP for HIV is vital. The unauthorized access and availability of PrEP on virtual platforms create a hostile environment for youth using PrEP and Post Exposure Prophylaxis (PEP) without adhering to the proper guidelines.
- Identify the behavioural pattern that plays an important role mainly in North and North-East India
- Easy access to various substances has increased the activity of “chem sex” (sex under the influence of substance) and the risk of HIV as well as STIs.
- It is also crucial to focus on Hepatitis B & C and other STIs as they too have an impact on economic and financial burden

Mr Aditya Singh responded to the discussion about reducing substance use to reduce the vulnerability of HIV and other STI transmission. He mentioned that it was essential to understand the drug use pattern and causes of high drug use among transgenders. He highlighted reports that the use of opioids is two times higher among transgenders. The Transgender community members are at 14% higher risk of acquiring HIV, the main reasons being multiple partners and condomless sex, especially among female sex workers, to satisfy the client's needs.

He raised an essential concern about addressing mental health issues and talking to the community to know risk factors terms such as chem sex.

Three critical points highlighted by Mr. Aditya were:

- It is essential for the strategies to be customized, mainly focusing on priority entry points
- To have a proper platform through which information is disseminated
- Evolve program keeping the community in the centre



Ms Tripti Tandon shared about the major laws related to substance use and highlighted drug use among the transgender community and their vulnerability to the legal system. She also shared that till now, the laws are not even women-responsive, and for transgenders, the talks have just started, and there is a long way to go. She specifically talked about alcohol use and there needs to be awareness about laws related to it in each state. She also focused on the Narcotic Drugs and Psychotropic Substances (NDPS) ACT, which is implemented in India and is one of the most stringent laws in the country for other illegal substance use. She also provided a few suggestions to the community members, like having a small orientation on law for the community, which keeps them aware. She also pointed out that the drug search aspect is sensitive for the community and a crucial issue, and the transgenders should get

the option to choose which gender officer will be doing their search in prisons and outside as well. She mentioned that many times, people living with HIV get bail. She put importance on creating awareness about the strict laws related to drugs and remaining watchful and careful.

Ms. Pebam Bobochandra Singh addressed the transgender community members about their health and wellness. She mentioned illicit substance use and other drugs, Barberry. She highlighted that the transgender community members are forced to live with drugs because of social stigma, family rejection and other reasons like unemployment. She also shared that Transgender Injecting drug Users are a very vulnerable population, and there need to be rehabilitation programs and harm reduction programs and development and accessibility to other services to reduce drug usage. She mentioned the need for a systematic framework and approach to reach the transgender community. One of the critical points highlighted was to support wellness centres and provide safe spaces to inject drugs, as it was seen that many IDUs from the community take drugs at night in unclean places out of fear of social stigma and discrimination. A lack of service provision for IDUs adds to the problem and needs to be addressed.



Following the panel discussion, a few other points were highlighted by the participants and discussed together like;

- To work more on NDPS ACT
- Transgender community to be included in *Nasha Mukh Bharat*
- Lack of availability of proper data for transgender community members and few for other LGBTQ communities, which need to be addressed, and more studies need to be done
- Lack of provision for harmful drug reduction in the existing HIV Targeted Intervention (TI) programs

### **Session 3: Transgender person's healthcare in prison and other close settings.**



**Facilitators:** Ms. Seema Joshi Arya, Criminal Justice Expert, UNODC

**Panellists:** Ms Amruta Soni, Community Representative; Dr Saiprasad Bhavsar, NACO; Dr L Ramakrishnan, Vice President, Solidarity and Action Against The HIV Infection in India (SAATHI); Ms Vasavi Chilaka, Transgender CSC Mumbai; Ms Nisha Gulur, Sangama

The panel discussion started with Ms Amruta Soni, who mentioned the issue of having separate toilets in prison for the transgender community. One major challenge mentioned was nutrition provision, and it was observed that the diet was not good, and



they got only two eggs, 500ml milk, and an apple alternatively. She also mentioned the lack of hormone treatment and the absence of services related to STI and RTI in jail, which needs to be addressed.

Dr L Ramakrishnan responded to the question on challenges faced by transgender in prison and presented slides to show the severity of the issues. The key points highlighted were the search procedure to be confined to protocols and to provide same-gender doctor and medical assistance. A few case studies also discussed their Human Rights

Violations, and it was seen that transgender community members in prison face extra harassment and abuse. He also shared how SAATHI intervened and helped these three transgender individuals. In the first case study, it was seen that a transgender person was taken into a female cell and later transferred to a male cell, where she felt very uncomfortable. Later, the SAATHI team was informed, and she was shifted to a separate place. The second case study was about a transman who was incarcerated in a women's cell. Advocacy was needed to (i) place him in a separate cell, (ii) ensure he got his needed testosterone treatment, (iii) have access to mental health support, (iv) The surety requirement of parents was amended as parents were not supportive of their trans son (v) Was not subjected to harassment or violence because of being a trans man. SAATHI was successful in getting these provisions, and the investigations are continuing. The third case study was about a 16-year-old trans boy who was arrested and detained for theft of mobile phones. Upon investigation, it was learned that he had to leave school and run away from his home because of bullying, and the only people who supported his gender identity were local teenage cis boys who treated him as a boy but also got him involved in drugs and tattooing. He is a talented artist and wants to pursue art in his studies. SAATHI explained the trans boy's situation to the judicial magistrate. The judicial magistrate understood his situation and released him after asking SAATHI and its CBO partner, Nirangal, to help in rehabilitating the child. The Juvenile Justice Board has also requested staff training on gender and sexuality issues.





Along with brief information about NACO's initiative in this regard, Dr Saiprasad Bhavsar highlighted some crucial areas, such as:

- It is essential to provide confirmatory services where there is high HIV positivity and more client load
- Promoting IEC material in jail and to create awareness helps
- To provide specialized services to transgender community members in prison and other closed settings
- Addressing the programmatic challenges and working on them

Ms. Vasavi Chilaka shared about the life of transgenders and discussed the challenges that transgender individuals face while in prison. She highlighted feminization, hair removal treatment, and mental health as major issues that need to be addressed. Ms Vasavi also mentioned that many transgender individuals do not reveal their identity in prison due to fear of discrimination and abuse. Therefore, proper screening should be done confidentially, and appropriate ART treatment must be provided. She also emphasized the need for more awareness and gender-responsive management in prison.



Ms Nisha Gullur focused mainly on the Physical health and mental health challenges faced, especially by the transgender community members in prison. She emphasized the need to address mental health issues faced by the same community. She suggested that few community members should work there in prisons so the transgender community members feel more comfortable and will be able to get the necessary support.

At the end of the panel discussion, it was summarized:

- There is a lack of information and evidence on the data and number of transgender community members in prison
- To have more focus on juvenile transgender people's needs and to address the stigma and discrimination that they face
- Need for uniform policy and guidelines for transgender persons in prison and other closed settings
- Transgender community members are unable to open up about their identity out of fear of sexual abuse in jail, so this is another area to work upon

A few other suggestions given by the participants were:

- To recruit officials in jail from the same community
- Intersectionality is not discussed much, and it is vital as there are specially-abled transgender persons also in prisons
- To have standard SOPs for the jail authorities, which will help the same community

#### **Session 4: Working on a road map to introduce an Indian Standard of Care for gender-affirming care**

**Facilitator:** Ms Amrita Sarkar, Alliance India

**Panellists:** Dr Maneesh Singhal, Department Head – Plastic Surgery and Burn, All India Institute of Medical Sciences (AIIMS), Delhi; Dr Setu Gupta, Endocrinologist; Ms Lavina Nanda, Children First; Dr Abhishek Royal, Technical Expert, World Health Organization (WHO); Dr Chiranjeev Bhattacharjya, National Program Manager, United Nations Development Program (UNDP), India; Mr Gur Azan, HDFC Life.



Dr. Maneesh Singhal started the panel discussion by emphasizing the increase in the number of transgenders undergoing gender-affirming surgery and also recommended having proper counselling and guidelines before the surgery and also several follow-ups after the surgery. He also mentioned that the plan for gender-affirming surgery should be included in the medical curriculum.



Dr. Abhishek Royal talked about Transgender healthcare and rights. Also, he mentioned that the World Health Organisation (WHO) is making global guidelines for the community, which include proper ways to provide gender-affirming care, including hormonal treatment and legal and policy inclusion. He also highlighted that all services are limited to certain cities or institutions like AIIMS in India and discussed the need for specialised Gender-Affirming Care. The initial requirement is that the gender affirmative service should not be limited to big hospitals. Still, it should be appropriately decentralised, including services related to mental health and hormonal treatment. He also shared the need for standardized care and SOPs for gender-affirming care. He emphasized the importance of the transition period and that all services should be sustained. Also, universal health coverage is crucial in restricting out-of-pocket expenditures, and having a financial perspective for surgery is essential. He added that destigmatising care should not only be there for gender-affirmative care but also include care related to HIV and AIDS.



Mr. Gur Azan, who identifies himself as a transman, shared his experience on gender affirmative services. When asked about the challenges he faced, he responded that when it came to gender-affirmative surgery, it was a big challenge as the family did not support him for the surgery. But now he feels happy that the procedures started in AIIMS and even the government hospital. He also shared about the financial struggles and challenges in legal documentation. He emphasized that lack of visibility was a major challenge which needed to be addressed.

Dr Chiranjeev Bhattacharjya from the UNDP explained how UNDP has been focussing on the LGBTQ community and the trans community for many years in the Indian context for almost 20 years. He highlighted the coordination (2020-2023) with the National Institute of Mental Health, Neuroscience and the community to have holistic psychosocial support training and mental well-being. He also mentioned addressing the pre-surgical and post-surgical counselling in Gender affirming Care. He talked about Dr Sanjay Sharma, who leads the Association for Transgender Health in India, together with the Athar Institute of Health and Management Studies (AIHMS) and Indian Institute of Health Management and Research (IIHMR), developed a course and training for the specialists and professionals who provide Gender Affirming Care. A few recommendations he gave were to make health care service trans affirmative and to have provisions to access Gender Affirmation Care through the Ayushman Bharat Card, as well as to ask the community to stand unitedly for their rights. He also shared about one of the significant initiatives taken in December 2022, the second National LGBTQ health symposium, which focussed mainly on transgender health and mental health. He concluded his speech by suggesting that these matters be taken forward with the help of the Ministry of Social Justice and Empowerment (MOSJE), as they have all the details. He also assured that UNDP India will stand firmly with MOSJE and work closely with the community, the Ministry of Health, and the State Health Department.



Dr Setu Gupta, a renowned Endocrinologist, elaborated on the dos and don'ts of Hormone Replacement Therapy. He emphasized the treatment procedures and asked the community not to compare with others or take medicines to speed up the process. As a practitioner, he shared his experiences of having cases where the clients visit the hospital with side effects, the main reason being consuming other drugs along with the prescribed drug to speed up the process of hormonal change. He supported the issue faced by the transgender community members regarding self-medication of hormones, as raised by the facilitator. He advised the community to trust the practitioners as it's an exact science, not an experiment. As practitioners, they know well when to give which drug, in what dose, when to increase the dose, which drug to give before surgery, which drug to give after surgery, which drug to give after 50 years, and which drugs to give to smokers. He also emphasized reading about the surgery and processes as individuals and the importance of having a clear expectation of transition. This information helps the practitioners make the process easier. He shared about a real case where a transman wanted his beard to grow in three months with HRT. However, as a professional, he suggested taking the process slowly because having a sequence and starting with a low dose is essential. However, he was unconvinced and went to another practitioner who prescribed him a higher dose that fulfilled his expectations. One month later, the guy went to a psychologist, who fortunately was his friend, so he got to know that the guy had got more aggressive and paranoid. After investigation, he found that the patient had been taking drugs which were three times higher than the dose to speed up the process of growing a beard. He also advised the transgender community not to lie about their history regarding sexual or any other kind of abuse they have faced. Because it is essential to certify the risk. He also shared about how many hid their substance use history, even after asking many times, and later, it had a lot of implications while starting HRT. He highlighted a major issue where the practitioners don't get any feedback about the transition, and the clients do not return



when asked to do specific tests and visits. So, there is a lack of proper follow-up once the transition starts, and later, they come when encountered with any complications and side effects.

Ms Lavina Nanda, a Developmental Psychologist who used to assess mental health before proceeding with gender-affirmative care, shared that gender-affirmative care is a relatively new thought process that needs a care system. She also shared her thoughts about how mental health professionals are in a unique position but how often they are seen as a roadblock by people approaching care and services. She discussed how gender touches every aspect of a construct, including social, political, emotional, mental, and biological aspects. And because of this, the psychologist needs time to get into the personal space to understand better. But often, the transgender community members are seen in a hurry to have surgery and treatment, which does not give enough time to the psychologist to work on their mental health. She raised a concern that most of the time, transgender community members come to mental health professionals only to get certificates, which would help in proceeding with the Hormonal replacement. She concluded that she could be a mental health expert but not an expert in people's lives. And suggested having a collaborative space where they can work together better with the community.



### **Session 5: Gender-based violence against the transgender community.**

**Facilitator:** Ms. Abhina Aher, Tweet Foundation

**Panellists:** Mr. Satvik (transman); Shri Vijay Nair, Childline; Mr. Dil Faraz, Transgender CSC Bangalore; Mx. Akkai Padmashali, Ondede; Mr. Vikas Dagur, Project Director, CLM Project, Sattva Media and Consulting Private Ltd.



Mx Akkai Padmashali emphasized that the existing laws are so patriarchal and men-dominated even though the system of the legislature is occupied by the majoritarian and totalitarian. So, how do we talk about the violent aspect of being a cisgender woman was the alarming question from her side. Transgender and other sexual minorities are the most vulnerable sections of society, and they are gun-hit and facing discrimination. The anti-domestic violence act (2004-2005) is sex and gender-specific, but there are many things like intersectionality that exist in the social justice movement. She talked about how to break the stereotypical thinking of concepts about sex, gender, and sexuality. She realised that as an organisation, the main objective is to talk to other women and build support and solidarity to understand the issues that are not discussed much. She also pointed out that there is a long way to go, and donors need to come and pitch to make sure that they support the movement for how to frame and amend laws. Also, how to bring up these ACT in the context of supporting the most vulnerable sections. She suggested that for the next three years period of time, the areas of intersectionality and movement collaboration should focus on eliminating gender-based violence among the transgender community. A few other suggestions were:

- To strengthen the grassroots movement
- It is essential to communicate to the legislator, judicial officer, executive officer and civil society movement to support the community



- In the legislature, sexual minority people should have a space because it helps in understanding minority people's problems.

Shri Vijay Nair started with a discussion on gender-based violence among transgender people who are under 18 years of age. He shared the fact that at a young age, transgender people come across various issues in physical and emotional form. He also conducted research where he found that emotional violence has increased in the community. Further, he explained how the children are treated in the family and how they are rescued from the railway platforms. It was also found that emotional support is not given to all, and there is rejection from family. To address these issues, rescue operations took place and where they tried to speak to the gurus. According to the government guidelines, they send them to welfare centres. It was highlighted that timely support needs to be provided to transgender children; otherwise, they have to suffer.

Mr. Dil Faraz initiated his discussion on gender-based violence among the transwomen and transwomen living with HIV. He conveyed the fact that in Bangalore and Karnataka, where he was working, there is a lot of gender discrimination in the form of physical assault, sexual harassment and sometimes hate comments and crimes against the community members. There need to be changes in the legal and policy to address these issues. He emphasized that there is a 1% reservation in Karnataka for the community members, but they are not getting access to it. Even a transwoman applied for the Sub-Inspector exam, and even though she passed the written exam but was disqualified as there were no norms for height, weight and other criteria for transgenders. There is still discrimination among transgenders in the home, in the educational system, among neighbours, among relatives and in societies. Even after coming a long way, there has been no progress in employment and livelihood.

Mr. Satvik has worked in the government department at the policy and implementation level. He mentioned that the violation for the transwomen and transmen was due to disability. The data, it states that 44% of people have ideated suicide, and from the study of transmen, about 36% have attempted suicide. The basic reason behind this was violence and other reasons like emotional abuse and online bullying. He described that transgender community members face a lot of discrimination because of invisibility. And for the same reason, it becomes very difficult to explain about their gender identity. He emphasized that as a transman, the mental harassment is too subtle, and it should be stopped. The transgender protection cell act is still at the state level and has not yet reached the district level. According to section 13, there should be a national helpline, and every organisation should have a complaint officer for the same community, which the public or private sector in India can support. He mentioned a few other issues:



- Sometimes, the family tries to promote rape or sexual abuse to their transgender children for changing their orientation
- Lack of reliable data is another reason to initiate the necessary processes from an evidence-based approach
- Stigma and discrimination in society has to be worked upon; for example, if a transman cuts his hair and wears boy clothes, people start gossiping about him and try to correct him
- Sometimes, police also don't cooperate because of their invisibility
- It is essential to have dedicated complaint officers for the transgender community

- To provide protection and care to the transgender community is also important



Mr. Vikas Dagur has been actively involved in community-led monitoring. He mentioned that there is a high percentage of the key population in Delhi, and among them, 39.7% to 50.2%, and 54.2% reported substance use as a coping mechanism. He added that 32% of cases of violence and abuse had been found in Thane in comparison to Pune, which is 1.92%. When it comes to MSM (men having sex with other men) and transgender community, 43% of MSM in Thane and 49.6% in Pune reported that they faced problems. In Delhi, the HIV TIs report that a remarkably high percentage of the transgender community is experiencing violence from family and close friends. He mentioned community-led monitoring activities implemented by the organisation he is associated with - Sattva Media and

Consulting Private Ltd.

## Key Recommendations received from the summit:

### Session 1: Equity, equality and mainstreaming for the transgender community – sustainable financing

- To focus on capacity building, access to education and skill set building of the transgender community members, helping them to achieve financial sustainability
- To find strategic entry points and collaborate with NGOs/CBOs to develop the same community.
- To provide job opportunities for the transgender community and invest in human capital, which also should include people from the same community
- To ensure social inclusion and sustainable development for the transgender community
- To support the community to set up their NGOs/CBOs
- Ensuring access to CSR funds and not having much dependency on the Government
- CBOs to work as bridges for the community and create corporate opportunities, which will help in getting financial stability

### Session 2: Substance abuse among the transgender community – the effects and the way outs

- Conducting metanalysis to identify the main factors that lead to substance abuse among transgender community members
- To spread awareness about proper use of Pre-Exposure Prophylaxis (PrEP). Without adhering to the proper medical guidelines, unauthorized access and availability of PrEP on virtual platforms create a hostile environment for the youth.
- Identify the behavioural pattern of substance abuse by the transgender community members that plays an essential role mainly in North and North-East India

- To address the mental health concerns of the transgender community
- To assess the risk factors in essential areas like “chem sex” (sex under the influence of substance)
- To orient the transgender community members about the NDPS Act and other related laws/acts
- Provision of easy healthcare access for transgender community members who are into substance abuse
- Provision of continuum support for the wellness centre towards providing a safe space to the transgender community members who are into substance abuse and provide safe space to inject drugs

### **Session 3: Transgender persons’ healthcare in prison and other close settings**

- To have separate toilets for transgender community members in prisons and other closed settings
- Same-gender doctors or medical assistants from the transgender community have to be present in such settings
- The transgender community members should have the choice to select the search personnel according to their comfort level
- Provision of proper nutrition and food in the prisons
- Screening has to be performed with adequate confidentiality in the prisons
- Creating awareness among the prison staff and to maintain the system in a gender-responsive way
- Special focus has to be there on the juvenile transgender people’s needs and the stigma and discrimination faced by them
- Need for uniform policy and guidelines for transgender community members and access to specialized services in prisons and other closed settings
- Provision of HIV confirmatory test services where there is high positivity and more client load
- Promotion of IEC materials in prisons about the transgender community members and the challenges they face in their life

### **Session 4: Working on a road map to introduce an Indian Standard of Care for gender-affirming care**

- Ensuring trans-affirmative healthcare services and having provisions for easy access to gender affirmation care, with necessary insurance support through the Ayushman Bharat Card
- Following the WHO recommendations related to gender affirmation care:
  - The first aspect is to ensure medically approved hormonal therapy
  - The second aspect is to provide equal healthcare services for all gender-diverse people, including transgender persons, and help to reduce violence against them
  - The third aspect is the education of the health workforce on gender-inclusive services
  - The fourth aspect is the training of the Doctors and other healthcare staff involved in gender-affirmative care-related services
  - Ensuring the legal recognition of self-determined gender identity of the transgender community members

### **Session 5: Gender-based violence against the transgender community**

- To address the gender-based violence among transgender and gender non-conforming children.
- The initial step is to identify trans children and focus on their essential needs, such as education and skill building, at an early age, especially during their growing-up process, so they don’t need to depend on others in the coming days

- To have proper awareness about transgender children and the challenges they face and help them to link with the necessary community support system
- To provide capacity-building support to service providers or caregivers regarding the transgender community and its challenges. This will raise the community's acceptance level and help them easily access necessary services, such as healthcare, education, livelihood, and legal aid.
- In the legislature, people belonging to sexual minority groups should have a space.
- sexual minority groups should also have the opportunity to learn more about politics and to join this area for bringing policy-level changes to the same community.
- To have separate complaint officers for transgender community members to help them address and mitigate the problems promptly.

## Annexure A

### Agenda The Third National Transgender Summit

*“Reflecting on the gender barriers, health and overall development concerns for the transgender community.”*

**02 April 2024, The Park, New Delhi**

Time	Activity/Session	Facilitators/Panelists
9.00 - 9.30	Registration	Alliance India, UNODC
9.30 - 9.40	Welcome note (including the introduction for Radhika Chakraborty)	Rajiv Dua, CE, Alliance India
9.40 – 9.50	Message from UNODC	Seema Joshi Arya, Criminal Justice Expert, UNODC
9.50 - 10.00	The key message from UNAIDS	Ms. Nandini Kapoor Dhingra, UNAIDS Policy & Strategy Adviser/ Officer-in-Charge, UNAIDS India
10.00 – 10.10	Lamp lighting by the guests and the dignitaries	Alliance India and transgender community representatives
10.10 – 10.20	Importance of addressing GBV amongst transgender people	Dr. Madhubala Nath, Gender Expert



10.20 – 10.30	Key introductory note	Ms. Radhika Chakraborty, Joint Secretary, MOSJE
10.40 – 10.50	Session's overview	Ms. Huidrom Rosenara, Director: Programmes, Alliance India
10.50 – 11.00	Taking group photos and tea break	
11.00 - 11.45	Session 1: Equity, equality and mainstreaming for the transgender community – sustainable financing	Facilitator: Ms. Sumita Taneja, Country Representative, FHI 360  Panelist: Sudhanshu Latad, The Humsafar Trust; Mr. Pritik Malik, Senior Graphic Designer, Sightsavers India; Mr. Pawan Kumar Singh, Sr. Manager Talent & Engagement (DEI) at HIL, part of the C.K Birla Group; Ms. Piya Kapoor, Love Life Society, Delhi; Mr. Akshay Tyagi, The Lalit Hotels; TBD, Sattva
11.45 - 12.40	Session 2: Substance abuse among the transgender community – the effects and the way outs	Facilitator: Dr Umesh Chawla, Clinton Health Access Initiative (CHAI)  Panellists: Dr R Giri Raj, Director, NISD; Dr Simmy, ICMR; Mr. Aditya Singh, Executive Director & Deputy Chief of Party, The Johns Hopkins University School of Medicine; Ms. Tripti Tandon, Lawyers Collective; Pebam Bobochandra Singh, Centre Coordinator, Transgender Health and Wellness Centre, Manipur; Seema Joshi Arya, Criminal Justice Expert, UNODC
12.40 - 1.30	Session 3: Transgender persons' healthcare in prison and other close settings	Facilitator: Ms. Seema Joshi Arya, Criminal Justice Expert, UNODC  Panellists: Amruta Soni, community representative; Dr. Shobini Rajan, NACO; Dr. L Ramakrishnan, Vice President, SAATHII; Ms. Vasavi, transgender CSC, Mumbai; Ms. Nisha Gulur, Sangama
1.30 - 2.15	Lunch	
2.15 - 3.00	Session 4: Working on a road map to introduce an Indian Standard of Care for gender-affirming care	Facilitator: Amrita Sarkar, Alliance India  Panellists: Dr Maneesh Singhal, Department Head – Plastic Surgery and Burn; AIIMS; Dr Setu Gupta, Endocrinologist; Ms. Lavina Nanda, Children First; Dr Abhishek Royal, Technical Expert, World Health Organisation; Dr Chiranjeev Bhattacharjya, National Program Manager, UNDP, India; Mr. Satya Rai Nagpaul, Sampoorana;
3.00 - 3.45	Session 5: Gender-based violence against the transgender community	Facilitator: Ms. Deepika Srivastava Joshi, HIV Division Chief, USAID  Panellists: Satvik (transman); Shri Vijay Nair, Childline; Dil Faraz, Transgender CSC Bangalore; Mx Akkai Padmashali, Ondede; Mr Vikas Dagur, Project Director, CLM Sattva Media and Consulting Private Ltd.
3.45 - 4.15	Way forward	Ms. Abhina Aher, Tweet Foundation, supported by Amrita Sarkar, Alliance India
4.15 - 4.30	Thank you note and closure of the event	Rajiv Dua, CE, Alliance India
4.30	High tea	

