



**National AIDS Control Organisation**

India's response to HIV & Sexually Transmitted Infections  
Ministry of Health & Family Welfare, Government of India  
[www.naco.gov.in](http://www.naco.gov.in)

# WHITE PAPER

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ON COMPREHENSIVE HEALTH-RELATED  
SERVICES FOR TRANSGENDER PERSONS











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अमृत महोत्सव

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Government of India  
Department of Health and Family Welfare  
Ministry of Health and Family Welfare



### **Foreword**

Transgender persons are among the subgroups of population most affected by Human Immunodeficiency Virus (HIV). Evidence suggests that HIV prevalence among transgender persons is higher than in the general population. Transgender persons not only experience mental, sexual, and reproductive health issues but are, at times also deprived of basic human rights and face discrimination.

The Government of India is currently implementing the National AIDS Control Program (NACP) Phase V which aims to provide demand driven and evidence based HIV services including gender sensitive comprehensive services, enhancing partnership with government ministries, departments, civil society organizations, and the private sector, protecting and securing the human rights of people in line with the provisions of the HIV/AIDS (Prevention and Control) Act 2017.

To provide comprehensive health care to transgender persons, National AIDS Control Organization (NACO) has developed a White Paper which highlights the risks and vulnerabilities of Transgender Persons, their health needs, and suggests a comprehensive package of health related services.

I would like to congratulate National AIDS Control Organisation (NACO) for the development of this White Paper. Thanks are also due to the communities, Program Experts, officials from different Ministries and Departments, and Bilateral and Development Partners who were involved in developing this White Paper. I am sure that this paper would be extremely useful for all stakeholders including policymakers working for transgender persons in India.

Place : New Delhi  
Date : 24<sup>th</sup> January 2023

**(Rajesh Bhushan)**









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### PREFACE



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National AIDS Control Organisation  
Ministry of Health & Family Welfare  
Government of India

The National AIDS Control Programme (NACP) implemented by National AIDS Control Organization (NACO) has evolved in all phases of programme implementation, aligning with the evidences and needs of the High-Risk Groups (HRGs). The High-Risk Groups (HRGs) include Female Sex Workers (FSW), Men who have Sex with Men (MSM), Hijra / Transgender (H/TG) and People Who Inject Drugs (PWID), who are on the high priority agenda of NACO, and are involved in programme planning, designing and implementation.

In order to end the epidemic by 2030, NACP is committed to identify new innovative strategies to address the diverse needs of the HRGs. NACO acknowledges the unique requirement of H/TG population towards health-related services and beyond. This 'White Paper on Comprehensive Package of Health-related services for Transgender Persons' is one such effort of NACO in recognizing and addressing the health care needs of the communities.

This White Paper is a collaborative effort of communities and experts. This document highlights the needs of the communities, experience of various programmes implemented by partners and recommends a package of services including approaches of service delivery. We believe that this effort will help us to initiate gender friendly health services in public health and will increase health seeking behaviour.

I congratulate and extend my best wishes to everyone who have been part of this journey, with the hope that this white paper will benefit all its readers and stakeholders.

  
(V. Hekali Zhimomi)

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**अपनी एचआईवी अवस्था जानें, निकटतम सरकारी अस्पताल में मुफ्त सलाह व जाँच पाएँ**  
**Know your HIV status, go to the nearest Government Hospital for free Voluntary Counselling and Testing**









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**Government of India**

#### MESSAGE

The success of the National AIDS Control Program is a testimony of the strong multi-sectoral partnerships and collaboration with all relevant stakeholders including communities and all those who are in the health and non-health sector, social services and belong to the Civil Society Organizations. These collaborations has paved the way for creating an enabling environment to increase access to services by High Risk Groups across the cascade of prevention, testing, treatment , and care.

NACP Phase- V is committed to integrate gender sensitive HIV/AIDS services based on the need of the transgender persons. Aligning with voices of transgender persons and recommendations of Transgender Persons ( Protection of Right Act 2019, experiences various pilot projects run by bilateral and development partners for transgender persons , NACO developed this white paper in consultation with various stakeholders including community.

This White paper describes the requirement for comprehensive services for transgender persons, highlights their needs, reviews the experience of ongoing comprehensive services offered to the communities by different program and partners, and recommends the service delivery packages for TG persons as per the need.

This White paper is another example of NACO's commitment towards meeting the unmet needs of key affected communities. I am confident that all the stakeholders will find this document engaging and use as a base document for providing services for the transgender persons in India.

(Nidhi Kesarwani)

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### MESSAGE

Based on the learning from (NACP) and projects implemented by development / bilateral partners, NACO is working on stronger approaches towards 'combination prevention' by introducing new and innovative strategies as well as comprehensive KP intervention approach to increase health seeking behavior.

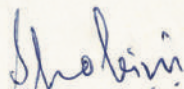
Evidences in India suggest that Transgender persons are deprived of basic human rights and face stigma and discrimination at different levels including healthcare settings. Besides HIV/AIDS services, communities voiced to provide them Comprehensive package of services including mental health services.

In the light of suggestions by Experts from different departments, developmental and bilateral partners, this white paper on Comprehensive Health Package for Transgender Persons, describes the requirement for comprehensive services for transgender persons, highlights their needs, reviews the experience of ongoing comprehensive services offered to the communities by different programme and partners, and recommend the service delivery packages for TG persons as per the need.

The specific objective of this White Paper is to provide an overview of the various strategies adopted by different partners in India, discussing the community demands in the current context and recommending the package of services delivery and approaches for transgender persons in India.

As we all know that in India the recent progress on acknowledging the rights of Gender minorities was made through the historic judgment of decriminalization of homosexuality by honorable Supreme Court of India and Transgender Persons (Protection of Rights) Act, 2019. Aligning with the recommendations of Supreme Court, National Human Rights Commission and other welfare ministries, NACO has initiated dialogue with respective divisions to include GAC (Gender Affirmation Clinic) in a tertiary health setting as pilot with AIIMS. The program has also initiated the process for creating mechanism for sensitizing medical practitioners with the support of AIIMS.

This white paper discusses risks and vulnerabilities of the Transgender persons and their needs, experiences of various programmes with respect to providing packages of services to the communities, modalities and makes recommendations to develop a comprehensive package of services in the light of the demand of the communities and resources available in India.

  
(Dr. Shobini Rajan)





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### ACKNOWLEDGEMENT

Since the beginning of the NACP, Key community engagement is ensured in programme planning, implementation and evaluation through dedicated forums like Technical Resource Group (TRG) and Technical Working Group (TWG).

NACO sincerely acknowledges all the technical experts for their excellent contributions in developing this White Paper on Comprehensive health related services for Transgender Persons.

We gratefully acknowledge Shri Rajesh Bhushan (Secretary Health, MOHFW), Ms. V. Hekali Zhimomi, AS & DG, NACO, Ms. Nidhi Kesarwani, Director, NACO, Shri Alok Saxena (Former AS & DG, NACO), Dr. Shobini Rajan, CMO (SAG), NACO for providing vision, leadership and guidance in developing this White Paper.

This paper shares detail outlook on risks and vulnerabilities of the Transgender Persons and their needs. Also, the document outlines experiences of various programmes with respect to providing a package of services to the communities, modalities and also makes recommendations to develop a comprehensive package of services in the light of the demand of the communities and resources available in India.

This paper has gone through a series of review during its course of development. We are grateful to Dr. Naresh Goel, Chairperson for Technical Working Group (TWG) & Former Deputy Director General (DDG), NACO for providing critical technical insights, along with the other TWG members including Ms. Abhina Aher, Ms. Amrita Sarkar, Ms. Simran Sheikh, Ms. Zainab Patel and Dr. Sanjay Sharma for their contribution. We also acknowledge valuable feedbacks of Dr. Venketesh Chakrapani, Chairperson for Technical Resource Group (TRG), NACO.

We are grateful to all the community representatives and experts for their invaluable inputs and support at every step of this journey. The critical insights contributed to drafting and finalization of the White Paper.

We commend Dr. Shantanu Purohit, Mr. Rohit Sarkar, Ms. Ira Madan, Dr. Payal Sahu, Mr. Rahul Ahuja and Ms. Rachana Shukla Pandey, from TI Division, NACO for their significant contributions in developing this White Paper on comprehensive health related services for Transgender Persons.

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Special thanks to all experts from bilateral and implementation partners for developing this White Paper on Comprehensive Health Package for Transgender Persons. This White paper describes the requirement for comprehensive services for transgender persons, highlights their needs, reviews the experience of ongoing comprehensive services offered to the communities by different programme and partners, and recommends the service delivery packages for transgenderpersons as per the need.

  
29/11/2022  
(Dr. Bhawani Singh)



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# ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
AIIMS	All India Institute of Medical Sciences
ART	Anti-Retroviral Therapy
CoE	Centre of Excellence
CSC	Care and Support Center
CBO	Community Based Organization
CSO	Civil Society Organization
GAC	Gender Affirmation Care
H/TG	Hijra/Transgender Persons
HRG	High Risk Groups
IBBS	National Integrated Biological and Behavioral Surveillance
ICD	International Classification of Diseases
ICTC	Integrated Counselling and Testing Center
IEC	Information Education Communication
KP	Key Population
LGBTQI+	Lesbian, Gay, Bi-sexual, Transgender, Queer and intersex
MSM	Men Who have Sex with Men
NACO	National AIDS Control Organization
NACP	National AIDS Control Program
NALSA	National Legal Service Authority
NHRC	National Human Rights Commission
OST	Opioid Substitution Therapy
PEPFAR	United States President's Emergency Plan for AIDS Relief
STI	Sexually Transmitted Infection
TG	Transgender
TRG	Technical Resource Group
TWG	Technical Working Group
TI	Targeted Interventions
UNAIDS	Joint United Nations Programme on HIV and AIDS
USAID	United States Agency for International Development
UTI	Urinary Tract Infection
WHO	World Health Organization



# 1 INTRODUCTION

## 1.1. BACKGROUND

Existence of the Transgender populations is documented in ancient Indian scriptures as 'tritiyaprakriti', literally translated into 'third nature'. Similarly, in 'Hindu' mythology, Bahuchara Mata who is a Hindu Goddess, is considered as the patronage of the hijra community in India. The myth continues with the name of Iravan/Aravan, a patron God of the well-known Hijra/Transgender (H/TG) communities called 'Thirunangai' in Tamil Nadu. All this evidence affirms recognition and importance of H/TG population in our ancient culture.

Aligning with the present global context, transgender is referred to be an umbrella term for persons whose gender identity or expression (masculine, feminine, other) is different from their sex (male, female) at birth. It could also denote to transfeminine and transmasculine people, including non-binary people. Transmasculine people are becoming increasingly visible in this country. In respect with the HIV epidemic, the transfeminine population has indicated higher vulnerability globally, comparing to general population. However, the risk of transmasculine people in respect with HIV to be explored further to address their needs. In India, dedicated intervention is implemented to lower the HIV curve among the H/TG population, especially transfeminine.

According to a mapping exercise conducted by NACO in collaboration with National Institute of Epidemiology in 2012 - 13, around 70,000 H/TG population are estimated in 17 states. According to this exercise, higher concentration of H/TG population is observed in six states namely Maharashtra, Uttar Pradesh, Odisha, West Bengal, erstwhile undivided Andhra Pradesh and

Tamilnadu. Each of these states has more than 5000 H/TG people. Punjab and Rajasthan in the north, Gujarat in the west, Karnataka and Kerala in the South, and Bihar in the East are states with an estimated around 1000 to 4200 H/TG people.

Currently, H/TG population is being covered through 41 exclusive targeted interventions (TIs) for HIV or 153 core composite interventions across the country. High-quality services are ensured through TIs, data-led initiatives and using community-based screening (CBS) approach for the unreached population at the rural-level. There are several healthcare challenges identified among the H/TG populations while reaching for the HIV services mentioned in IBBS 2014-2015 study.

Evidence in India suggests that many Transgender Persons are deprived of basic human rights to life and face discriminations at different level including in health care settings. Taking cognizance of the issues relating to the rights of this community, the National Human Rights Commission (NHRC) in India has recommended creating enabling environment and increase



access of health care facilities to this population and sensitizes the medical community regarding sex, gender, sexuality, and self-identity.

Besides HIV/AIDS services, communities voiced the need for gender sensitive health care services and non-HIV-related services including mental health, social security, and Gender Affirmation Care (GAC) support based on Indian medical standards. In the meeting of the Technical Resource Group (TRG) conducted on TG people's issues on May 15, 2020, a recommendation to establish a specific integrated service package in NACP to increase HIV comprehensive service uptake among the TG populations emerged. Aligning with the suggestion of TRG, a Technical Working Group (TWG) was formed in NACO comprising from communities, program experts, officials from different ministries and department, bilateral and development partners, etc.

In the light of the recommendations by the TWG and demand of the communities, this White Paper describes the requirement for comprehensive services for TG persons, highlights their needs, reviews the experience of ongoing comprehensive services offered to the communities by different programs and partners, and recommends the service delivery packages for TG persons as per the need.

## 1.2. RATIONALE AND OBJECTIVES

Evidence suggests that TG persons often experience a disproportionately high burden of disease, across the domains of mental, sexual, and reproductive health. Some TG persons seek medical or surgical transition, while others do not. Globally, an estimated 19% of transfeminine individuals are living with HIV, and the chance of acquiring HIV is 49 times higher among transgender women than all adults as per the UNAIDS, Gap Report on Transgender Health, 2014. The report also highlights that many TG persons experience social exclusion and marginalization because of the way in which they express their gender identity. They lack legal recognition of their affirmed gender, therefore, are without identify documents and are vulnerable to be arrested in countries

that criminalize cross-dressing <sup>(1)</sup>. The trans community is at an increased risk of mental health issues due to transphobia, discrimination, and violence. Transphobia and discrimination are major barriers to health-care access and can result in increased risk of health concerns unrelated to gender or sexuality. Evidence in the UNAIDS report also suggests that in some settings, a significant proportion of young TG women engage in selling sex. This is often a result of social exclusion, economic vulnerability, and difficulty in finding employment due to their gender identity. Evidence also suggests that young TG persons are at an increased risk of HIV and sexually transmitted infections, as compared to their age peers. Legal gender recognition, represented through documents reflecting a person's gender identity, is important for protection, dignity, and health. Inclusion of gender incongruence in the International Classification of Diseases (ICD) should ensure transgender persons access to gender-affirming health care, as well as adequate health insurance coverage for such services <sup>(2)</sup>.

This White Paper discusses risks and vulnerabilities of the TG persons. It further highlights their needs and experiences of various programs with respect to providing a package of services to the communities and the modalities. Based on the above, the Paper makes recommendations to develop a comprehensive package of services in the light of the demand of the communities and resources available in India.

The objectives of the White Paper are to:

-  Provide an overview of various strategies adopted by different partners in India
-  Discuss the community demand in the current context
-  Recommend the package of services delivery and approaches for transgender persons in India



# 2 VULNERABILITIES OF TG PERSONS AND GAPS IN SERVICE PROVISION

TG persons and other gender minorities comprise an estimated 0.3%–0.5% (25 million) of the global population as per the World Health Organization (WHO<sup>(3)</sup>). In India, NACO conducted a mapping exercise in 2012-2013 wherein the program recognized TG persons as a group distinct from MSM. The mapping was conducted in 17 states and around 70,000 people were mapped as high-risk and vulnerable to HIV<sup>(4)</sup>.

As per the IBBS (2014-2015) study, several health care challenges faced by TG persons were identified, as mentioned below:

- HIV prevalence among H/TG women was reported at 7.5 % (IBBS 2014-2015).
- Higher HIV prevalence was among TG persons who cannot read and write (11.2%), while 10% of HIV prevalence was observed in the cohort of TG sex worker or those working as masseurs.
- The average age of sexual encounter by TG persons was estimated as 15 years. More than one-fourth of H/TG mapped were sexually active (reference IBBS), while another 30% were active before turning 18 years. However, the HIV programs reached TG women and hijras after they turned 18 years of age.

Other barriers to accessing quality HIV services highlighted in IBBS 2014-2015 were that around 11% - 13% of H/TG people reported to have suffered from ulcers/sores (either genital or anal) in the last 12 months, with 11% reporting rectal discharges, 9% reported swelling in groin/scrotal, and 8% mentioned urethral discharges. It also emerged that several sexually transmitted infection (STI) clinics lack specific enclosure for TG persons to consult the health care providers for STI-related problems. On condom use, the study found that that it is often compromised for oral sex and anal sex especially with regular partner or regular client who pay more money for sex encounter. It was evident that alcohol was one of the most used psychotropic substances among the population and is also associated with increased sexual risks including inconsistent condom use as well as higher HIV prevalence. More than half (57%)



of H/TG reported having consumed alcohol in the last 12 months. Among those who consumed alcohol, more than half (55%) did so before or during their sex encounter. Four percent reported injecting drugs, while among those who reported to have injected drugs, over one-third (36%) used shared needles/syringes with someone else the last time they had injected drugs. However, non-injectable drug use (recreational drugs, charas/ganja) is reported higher by the community to deal with their mental health issues and partner rejections. Due to reasons of in-community stigma on people living with HIV (PLHIV) status, ARV registration and intake among TG persons living with HIV are extremely low.

Currently, H/TG people as a KP are being covered through 41 exclusive TIs or 153 core composite

interventions. The coverage has increased from 45% in financial year (FY) 2017-2018 to 67% in FY 2019-20. As per the TI Revamp Strategy, provision of quality services is to be ensured through TIs, data-led initiatives and using CBS approach for unreached population in rural settings. It is also evident that distribution of free condoms has increased from 86.4% (93.72 lakh) to 90% (125.89 lakh). HIV-positivity among the H/TG people has drastically reduced from 29.6% in 2006 to 3.41% in 2017, but still remains high in comparison to other core HRGs, excluding IDUs. Efforts are being initiated to ensure reactive H/TG people for linkage of H/TG people with anti-retroviral therapy (ART), and adherence to viral load suppression<sup>(5)</sup>.





# 3 COMMUNITY NEEDS

As explored in the earlier section, TG persons live on the margins of society, facing stigma, discrimination, socio-economic and educational exclusion, violence, and poor health including poor mental health. A rights-based approach for programming should be prioritized to address barriers to healthcare services, wherein the community is engaged to define their needs to be addressed for a good quality of life.

One of the main needs in terms of health, besides HIV comprehensive services, is access to mental health and psychosocial support. One of the other issues that need to be addressed is ensuring access to services for tuberculosis, viral hepatitis (B&C), STIs, and urinary tract infections. Other medical issues that have been highlighted by the community is the need to focus on non-communicable diseases such as high blood pressure, cardiovascular/respiratory diseases, diabetes, and hypertension, especially among senior TG persons aged above 45 years.

There is significant lack of nutrition among TG persons, leading to compromised immune system especially amongst TG living with HIV. TG persons also face sexual violence due to their identity and engagement in sex work, hence, it has been highlighted to ensure access to healthcare facilities (non-judgmental and sensitized) for anal injuries during rape and forceful sexual encounters. There is also a need for access to information and awareness programs to the legal rights and legal aid programs for TG persons having faced any type of violence, especially sexual violence.

In relation to gender affirmation, there is a requirement for a detailed and well-defined program which looks at the complete spectrum of gender affirmation. This includes 'gender-affirmative hormone therapy' at any point in their lifetime. Easy access to proper medical supervision before and during the gender-affirmative hormone therapy is needed. There is a need to ensure proper information and awareness programs that focus on where an individual should go to access services for gender affirmation. This can involve information on accessing services for addressing complexities associated with (a) breast implants and replacement after expiry dates, (b) castration through quacks. Moreover, Urinary Tract Infection (UTI) among TG persons post-surgeries is higher due to lack of personal hygiene and complexities in the surgeries. The community also highlighted the need for service outlets that extensively support TG 'gender affirming surgeries' and related services.

The treatment in terms of gender affirmation has a range of models that are being used in the country. It is the need of the hour to ensure that there is a standardized document defining the "Indian Standard of Care", possibly adapting the global standards of



care to the Indian context. One such global standards of care is the WPATH guidelines, which is mentioned in the 2014 Supreme Court (NALSA) judgement. It is important to ensure that basic standards are laid down for these centers to follow and provide optimal care and support to TG persons. When talking about standards of care, it is also essential ensure “quality of care” for the services provided. Quality of care is described as “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge” (6). It includes preventive and treatment or curative services that community-based and facility-based. They are for individuals as well as for the population at large. Besides ensuring that TG persons have easy access to HIV and healthcare services, is it also necessary to have minimum standards that must be followed to make treatment services more effective, evidence-based, and high-quality.

As a section of the society who already live in the margins, COVID-19 added to the marginalization and vulnerabilities of the TG persons. The existing problem of stigma and discrimination at health care facilities, the community has been hesitant to access testing as well as vaccination for Covid-19, as they are not comfortable accessing the usual vaccine centers. There is lack of proper information, resources, and support for the community to turn to, with problem starting with registration as all do not have smart phones and/or proper identity papers. There is an urgent need to employ strategies that include spreading awareness and organizing community-friendly vaccination drives for the TG persons.





# 4

## EXPERIENCE OF SERVICE DELIVERY PACKAGES PROVIDED TO H/TG POPULATION IN INDIA

### 4.1. H/TG-SPECIFIC PROGRAMS UNDER NACP

**Targeted Intervention (TIs):** In accordance with the different HIV prevention and care needs of H/TG population, dedicated TIs are designed under NACP-III. Considering the gender-related vulnerabilities of the population, H/TG TIs have incorporated specific components such as enabling environment, stigma, and discrimination reduction, condom promotion, counselling, STI management, HIV testing and treatment linkage. At present, 59,000 H/TG people are covered by 41 exclusive TIs or 153 core composite interventions throughout India.

### 4.2. EXPERIENCES OF THE PROGRAMS IMPLEMENTED BY DEVELOPMENT AND BILATERAL PARTNERS

**Transgender Care and Support Centers (CSCs):** To improve HIV care and support service uptake among H/TG population, CSCs were initiated in 2018 under the 'Vihaan Care and Support' program that aims to enhance treatment adherence and retention in HIV care for PLHIV in India. Presently ten TG CSCs are being implemented in nine states (Delhi, Gujarat, Telangana, Maharashtra, Karnataka, Tamil Nadu, West Bengal, and Odisha) supporting nearly 3000 TG persons living with HIV. Supported under the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), and implemented by India HIV/AIDS Alliance, the TG CSCs have been playing

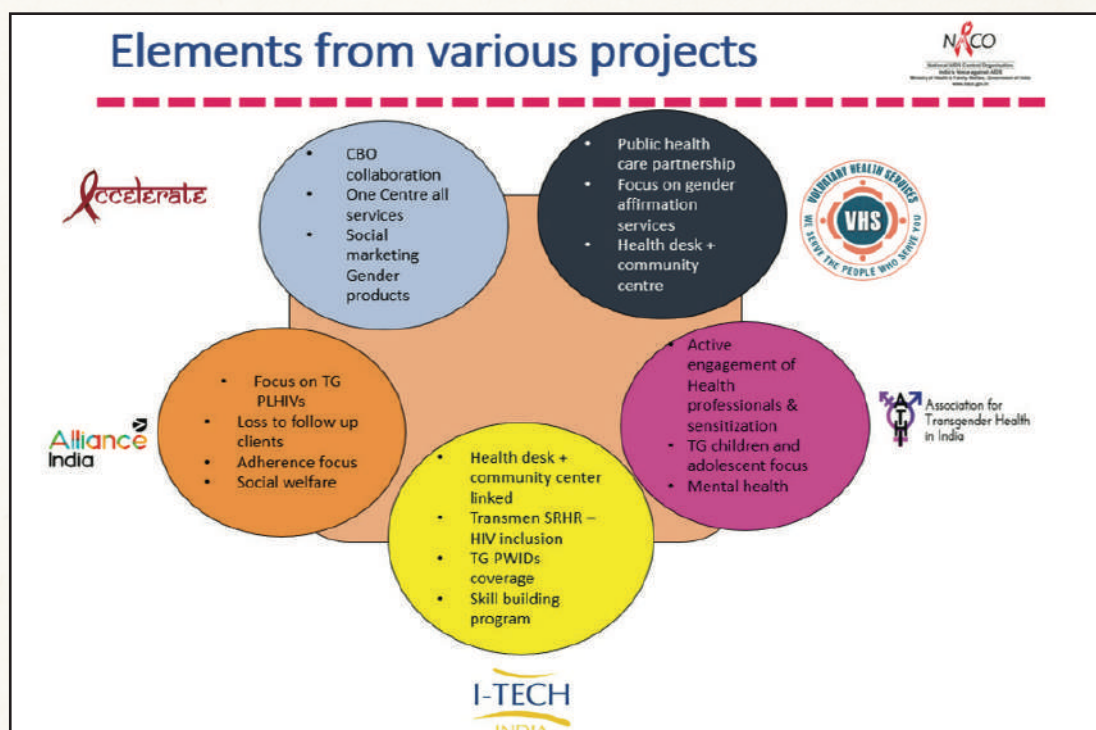


a vital role to reduce the gaps in continuum of care including testing, treatment, and treatment adherence. In addition to these services, CSC also extends support to provide the sexual health services, supplementing health programs for early identification of co-morbidities, addressing stigma, and managing crisis cases with legal service authorities, etc.

**Trans Sunshine Clinic:** The Trans Sunshine Clinic is a model established by I-TECH in Imphal to demonstrate an integrated service package for TG population to facilitate increased uptake for HIV comprehensive service. In collaboration with Jawaharlal Nehru Institute of Medical Science (JNIMS), Imphal, the facility offers an array of health services through a health-desk set-up managed by a dedicated Peer Health Counsellor inside the JNIMS complex. This health desk ensures to support the TG population in accessing HIV/STI test, ART linkages along with general health care services. A distinctive TG welfare centre close to JNIMS complements the clinical services with social scheme, outreach, livelihood, and other required support for the TG population to increase health service uptake.

**Transgender Mitr Clinic:** The PEPFAR and USAID-supported Project ACCELERATE has established TG-specific Mitr Clinic in Hyderabad, Pune, and Thane to provide comprehensive HIV service package. It provides services in a community-led environment and the package includes HIV/STI prevention and treatment, general health care including non-communicable diseases, gender transition services (including consultation for GAHT, laser therapy, and referral for gender affirming services), and social protection needs. The overall objective of the clinic is to improve the uptake and maintenance of HIV services among H/TG people by packaging with gender affirmation care and legal and social protection services in the state.

**Wajood program:** Wajood is an innovative model focusing a combination approach of promoting sexual and reproductive health and rights (SRHR) of the H/TG people, along with preventing gender-based violence. Supported by Amplify Change and implemented by India HIV/AIDS Alliance in four sites of Delhi NCR, Kushinagar (Uttar Pradesh), Dehradun (Uttarakhand), and Jamshedpur (Jharkhand), the program has integrated HIV prevention and testing-treatment linkages as a standard service package.





**ATHI (Association of Transgender Health in India):** ATHI is a proponent of a public health approach to provide gender-affirmative holistic care to TG and gender-diverse individuals beginning from early childhood through adolescence to adulthood. IPATH (Indian Professional Association for Transgender Health) which is the professional arm of ATHI, collaborates with WPATH (World Professional Association for Transgender Health) to address the medical and social issues faced by persons with gender incongruence. It has published the “Indian Standards of Care: ISOC-1”. ATHI is working closely with NACO and private and public healthcare facilities including AIIMS, New Delhi for gender sensitization and training of healthcare professionals.

**Voluntary Health Services India Aspire Project:**

Voluntary Health Services has established two TG comprehensive one-stop centres in Vizag and Vijaywada inside the Medical Hospital and College. The centres are integrated inside the public healthcare systems and the Government of Andhra Pradesh has issued orders to provide gender-affirmative surgeries in public health care settings free of cost.





# 5

# RECOMMENDATIONS FOR PROVIDING COMPREHENSIVE PACKAGE OF SERVICES

Based on the learnings of implementing Targeted Intervention for H/TG population in NACP and initiatives implemented by development / bilateral partners, NACO is working on stronger approaches towards 'combination prevention' by introducing new and innovative methods such as index testing, self-testing, PrEP, as well as comprehensive KP intervention approach to increase health seeking behaviour.

The overall objective for initiating the TG person specific comprehensive package intervention is to create a single window model as part of wholistic approach for the community. It is also to ensure increase in access to comprehensive STI/HIV services for the at-risk population, along with other health and social needs under one roof, in a stigma and discrimination free environment. Lastly, the package is also to ensure increase the community ownership, participation, strengthening networks and partnerships, and creating an enabling environment.

## 5.1. COMPREHENSIVE SERVICE PACKAGE FOR TG PERSONS

The comprehensive services envisaged for TG persons broadly covers the following areas:

- Essential services under the comprehensive package
- Additional services
- GAC (including gender-affirmative hormonal therapy and surgeries)
- Treatment as prevention for transgender persons living with HIV



The details of are explained in the following sections:

### A) ESSENTIAL SERVICES IN THE COMPREHENSIVE PACKAGE

#### HIV SPECIFIC SERVICES

- Counselling services
- Promotion of treatment literacy and adherence
- Promote HIV testing within unreached/ uncovered TG population and their sexual partners
- Community based HIV screening

#### TG SPECIFIC SERVICES (BEYOND HIV)

- Mental health counselling and support
- Sexual health services – STI, treatment through referrals, condom promotion
- Sharing information on PreP, feminization, sex reassignment surgery
- Community Based HIV Screening (SRS)
- Skill building and referral for employment
- Addressing issues related to Gender based Violence

### B) ADDITIONAL SERVICES IN THE COMPREHENSIVE PACKAGE

#### ADDITIONAL SERVICES

##### Gender affirmation support

- Documentation support – social identity Aadhar card, pan card, bank account, name change documentation change. Online government portal
- Garima Griha Shelter Support by Ministry of Social Welfare for crisis
- Documentation for Gender Change Certification for surgery
- Gender support helpline linkages
- Post-surgery support

##### Additional referrals & linkages

- Psychiatrist – mental health (public health system)
- Public Hospitals, primary and community health centres
- Gender affirmative interventions (hormone, surgery, feminization, cosmetic) – private gender change clinics
- Establish linkages with existing / upcoming facilities for GAC
- OST Centre, harm reduction services and substance abuse rehabilitation centre
- NCD and other lab testing

##### Social wellbeing support

- Social scheme linkages – pension plan, skill building
- Employment support linkages with corporate
- Distance learning for transgender through open university assistance
- Family counselling – Sweekar Group linkage LGBTQI+ parents
- Leadership development program for young TGs
- Advocacy towards mainstreaming stigma reduction activities

### C) GENDER AFFIRMATION CARE

Persons experiencing gender incongruence, which though in itself is not a mental health disorder face multiple health issues, including risk for sexually transmitted illnesses<sup>(7)(8)(9)</sup> Non-acceptance by family and society, lack of understanding of gender, sexuality and differences in sexual development, the prejudiced behavior of the cis-majority and lack of social security makes them prone to abuse, hate crimes and violence<sup>(11)</sup>. This coupled

with minority stress, intersectionality and poor health seeking behavior of the individual results in unfavorable health outcomes and decreased life expectancy<sup>(12)</sup>. The unanimous opinion of the medical fraternity, based on the strength of evidence emanating from research carried out and scientific advances made, stands in support of affirmative care<sup>(13)</sup>. TG persons' health is a multispecialty, multidisciplinary, relatively young and evolving field of healthcare<sup>(16)(17)</sup>. Learning from



the lived experiences of the community members, it seeks to address the felt needs of persons with gender incongruence, people with differences in sexual orientation and individuals with differences in sexual development, by integrating medical and social interventions for the delivery of accessible and standardized holistic transgender healthcare. Recognizing that gender awareness and identity start very early in life, laying the foundation for psychosocial development, highlights the need for early intervention by trained professionals to prevent gender dysphoria which remains the root cause of poor health outcomes<sup>(16)</sup>. Social attitude towards people who do not conform to the populist binary view, cultural context, political will and legal provisions, all impact health outcomes<sup>(18)</sup>. Compounded by the existence of differences and diversity across the states and regions of our country, this calls for reforms in education and training curriculum for care providers from both medical and social streams and the development of standards of care which are “Indian” in content and context <sup>(19)(20)</sup>. Establishing Centers of Excellence (CoE) for imparting education and skill training in the various disciplines of TG health to the graduates and postgraduates from both medical and social streams needs to be done on priority in order to develop a cadre of trained and certified care providers with representation from the community<sup>(22)</sup>. Lessons learned from centers operating across the globe for providing transgender healthcare suggests use of multiple models of service delivery including one stop standalone facilities herein designated as GACs<sup>(23)</sup>. The GAC should provide services catering to the medical and social needs of the community members, serve as training grounds for the professionals and repositories for data needed for undertaking research activities and policy making, acting as a single window interface between the community and the various government and nongovernment agencies, State Transgender Welfare/Empowerment Boards, and the National Council for Transgender Persons <sup>(24)(25)</sup>.

## **D) TREATMENT AS PREVENTION FOR TG PERSONS LIVING WITH HIV**

A PHLIV, who is on regular ARV drugs/ART treatment as prescribed with good adherence leads to viral suppression (viral load <1000 copies). Furthermore, undetectable levels of viral load leads to untransmittable (U=U), which means the HIV viral load in the blood is at a level which cannot be detected and hence cannot be sexually transmitted to others. Another benefit of reducing the amount of virus in the body is that it helps prevent transmission to others through sex or syringe sharing, and from mother to child during pregnancy, birth, and breastfeeding. Therefore, transgender persons living with HIV should be initiated on ART as early as possible through rapid initiation of ART policy under the programme to ensure faster viral load suppression and quality of life. This is sometimes referred to as treatment as prevention. There is strong evidence on treatment as prevention for some of the ways HIV can be transmitted, but more research is needed for other ways.

## **5.2. APPROACHES FOR PROVIDING COMPREHENSIVE PACKAGE OF SERVICES**

### **5.2.1. ESTABLISHING A COE FOR GAC**

AIIMS being a public institute of national importance and the seat of academic excellence, is best suited for setting up of a “CoE in Transgender Health” for imparting education and skill training in this multispecialty, multidisciplinary, relatively young, and evolving field of healthcare. Its autonomous status and international repute will give transgender health its due importance and catalyse the much-needed reforms in medical education. The trained human resource shall not only provide the role models but shall also setting the template for delivery of holistic gender-friendly healthcare in the country.



### 5.2.2. CREATING AN ENABLING ENVIRONMENT

Social protection for TG people has to be rights-based, gender-sensitive, transformative (addresses discrimination and inequities) and anticipatory (e.g., anticipates economic vulnerabilities and risks at stages in life). The framework should emphasize reduction of stigma, discrimination and violence against transgender people, as there is evidence that social exclusion and discrimination against sexual and gender minorities, including transgender people, negatively affect economic development in India,<sup>26</sup> and evidence is available for the connection between gender minority status and poverty.<sup>27</sup> One such example of enabling environment is of TI under NACP, which emphasizes creating safe space for TG persons by establishing 'Drop-in-Centre', sensitization of stakeholders and crisis response.

In line with the Transgender Persons (Protections of Rights) Act, 2019, the economic empowerment should focus on a multi-pronged strategy for mainstreaming welfare of transgender people with objectives of:

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

### 5.2.3. CAPACITY-BUILDING OF COMMUNITIES ON HEALTH SERVICE PROVISIONS

Based on the community need assessment and in collaboration with civil society organizations (CSOs) in the local areas, TG population centric programs can consider

specific capacity building programmes to improve skills, leadership qualities of the TG persons as per requirement. To sustain the work done and maximize the benefit from this approach, efforts can also be made to network with willing TG persons by reaching them with sustainable ways such as through mobile phones and allow them to access information about drop-in facilities, ICTCs, and other service facilities established under NACP and other development partners working in the states.

Other capacity-building measures focus on the below mentioned areas:

- Orientation and sensitization of healthcare providers
- Identify, train, and promote people from the community
- Increased visibility of community members at all strata of healthcare delivery and improve community participation
- Affordable, accessible, and standardized healthcare delivery
- Effective feedback mechanism
- Sustainability of delivery module

### 5.2.4. BUILDING SYNERGIES BETWEEN THE STAKEHOLDERS

Aligning with the standard demand observed in redressal of gender-based violence, livelihood, and linkages with social entitlements beyond sexual health of TG population, the SACS as state nodal agency will initiate coordination with respective state-level division of 'Ministry of Social Justice and Empowerment'. The National Transgender Council and state level TG welfare board to be engaged in bi-annual coordination meeting with relevant stakeholders under leadership of SACS reflect state level progress on TG welfare and to decide next possible action. At the field level, the activity to be translated by TG-specific TIs in service linkages.



# 6 WAY FORWARD

Provision of a comprehensive package for TG persons is a critical component of the national AIDS response by way of meeting the target of HIV prevention and care cascade. This will not only meet the unmet the needs of the communities but also empower them to lead a positive life.

As the immediate next steps, it is critical to bring all the stakeholders providing services and support to TG persons on board, as recommended in the White Paper. The initiatives taken by NITI Ayog, NHRC, AIIMS, and national and international associations/civil society organisations for TG persons is providing an enabling environment to implement the services package developed and strategies adopted for the purpose. More critical is to build the synergies between all the stakeholders and to develop a framework for monitoring the progress of the implementation of the activities.

The program needs to continue to explore suitable methods and outreach strategy to reach out to the communities with expanded package as per need.



# 7

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