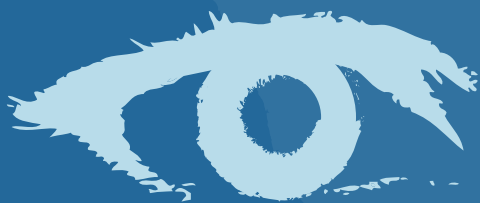


VIEWS OF TRANSGENDER PERSONS & HIJRAS ASSOCIATED WITH THE GLOBAL FUND PROGRAM, PEHCHAN, IN INDIA



**ROBERT
CARR
FUND**
for civil society
networks



**VIEWS OF TRANSGENDER
PERSONS & HIJRAS
ASSOCIATED WITH THE
GLOBAL FUND PROGRAM,
PEHCHAN, IN INDIA**

**VIEWS OF TRANSGENDER
PERSONS & HIJRAS
ASSOCIATED WITH THE
GLOBAL FUND PROGRAM,
PEHCHAN, IN INDIA**

Asia Pacific Transgender Network is grateful to Abhina Aher and Simran Shaikh, consultants and authors of this report.

Technical input was received from Joe Wong and Kevin Halim of APTN and edited by Dr. Sarah Zaidi.

Joe Wong and Kevin Halim coordinated and managed the development of this document.

Design by Ken Chin.

Photos by Joe Wong and APTN.

Copyright © Asia Pacific Transgender Network

Photography Copyright © Joe Wong and APTN (Page 7, 8, 13, 14, 15, 17, 18, 19, 20, 25, 26, 27, 29, 32 & 33).

The development of this document was supported by The Global Fund through the Robert Carr civil society Networks Fund.

All Rights Reserved. No part of this publication may be reproduced without the written permission of Asia Pacific Transgender Network or the copyright owners.

Every effort has been made to ensure that the information and facts mentioned in this book is accurate and correct at the time of publishing.

**First published in 2016 by the
Asia Pacific Transgender Network.**

CONTENTS

- 06** \ ABOUT APTN
 - \ DEFINITION OF TRANSGENDER PERSONS

- 08** \ ABOUT THE RCNF GLOBAL FUND PROJECT

- 11** \ ACKNOWLEDGEMENTS

- 12** \ EXECUTIVE SUMMARY

- 16** \ INTRODUCTION [1.0]

- 18** \ METHODS [2.0]

- 20** \ COMMUNITY VOICES [3.0]

- 21** \ VIEWS ON THE GLOBAL FUND INITIATIVES IN INDIA [4.0]

- 26** \ RECOMMENDATIONS [5.0]

- 28** \ ANNEXURE 1: INTERVIEW GUIDE

- 30** \ REFERENCES

ABOUT APTN

THE ASIA AND PACIFIC TRANSGENDER NETWORK (APTN), LAUNCHED IN DECEMBER 2009, IS A REGIONAL ADVOCACY AND PARTNERSHIP PLATFORM FOR TRANSGENDER ORGANIZATIONS. IT ADVOCATES FOR IMPROVED HEALTH, HUMAN RIGHTS, SOCIAL WELL-BEING, AND QUALITY OF LIVES FOR TRANSGENDER PERSONS.

Recognizing that HIV disproportionately affects transgender women, APTN advocates for improved access to appropriate prevention, treatment, care and support services for HIV and other sexually transmitted illnesses. APTN is legally registered in Thailand as a foundation with a two-tiered governance structure, a Thai Foundation Board overseeing legal matters and a Regional Steering Committee responsible for the strategic direction of the network. The APTN Secretariat is based in Bangkok.

For more information on APTN
please visit the website at:

www.weareaptn.org

DEFINITION OF TRANSGENDER PERSONS

APTN USES THE DEFINITION OF THE TERM “TRANS/ TRANSGENDER” FROM WHO JOINT TECHNICAL BRIEF: HIV, SEXUALLY TRANSMITTED INFECTIONS AND OTHER HEALTH NEEDS AMONG TRANSGENDER PEOPLE IN ASIA AND THE PACIFIC, 2013 REPORT:

“Persons who identify themselves in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.”



ABOUT THE RCNF GLOBAL FUND PROJECT

THE ROBERT CARR CIVIL SOCIETY NETWORKS FUND (RCNF) IS THE FIRST INTERNATIONAL 'POOLED' FUND THAT SPECIFICALLY AIMS TO STRENGTHEN INTERNATIONAL NETWORKS AROUND THE WORLD IN THE AREA OF HIV.

In 2014, RCNF entered into a partnership with The Global Fund to expand and strengthen meaningful engagement of key populations and women across Global Fund related processes and platforms. APTN was one of the grant recipients of RCNF's Global Fund Special Initiative and acknowledges RCNF support.



Dear readers,

TRANSGENDER IDENTITIES ARE NOT ALIEN TO INDIAN SOCIETY AND THERE EXISTS PEOPLE WITH A WIDE RANGE OF SEXUAL AND GENDER IDENTITIES, EXPERIENCES AND CULTURES. IN ANCIENT INDIA TRANSGENDER IDENTITIES WERE CALLED WITH VARIOUS NAMES SUCH AS KINNAR, HIJRAS, KOTIS, ARAVANI, MAISTYA, JOGTI/JOGTA AND MANY OTHER LABELS. TRANSGENDER PEOPLE ARE RECOGNIZED AS A SOCIAL GROUP AND CULTURALLY DEFINED EITHER AS “NEITHER MEN NOR WOMEN”.



India is the only country that has dedicated a temple of ‘Goddess Bahuchara Mata’ in Gujarat as the mother goddess of this community, and trans sexuality has been carved in the Khajurao temple. There are specific writings about transgender sex in the Kamasutra, and historical evidence describing transgender people as being an important part of ancient Indian society. Transgender persons were deputed as protector of harem, makeup artist, hairstylist, thinker, artist, dancers, and recognized as powerful agents conferring blessings on people on auspicious occasions such as births and marriages. Under British colonial rule, transgender identities were suppressed and criminalized under the Criminal Tribes Act of 1871 and same-sex sexual behavior penalized under India Penal Code (IPC) section 377. Transgender communities were ejected from villages. Although the Criminal Tribes Act was repealed in 1952, the stigma and discrimination towards transgender persons remained even after the independence of sovereign India. For more than 50 years, India struggled with the acceptance of transgender identities due to the prevailing socioeconomic and cultural conditions and a significant proportion of transgender people lived in poverty and resorted to begging and sex work for their survival. Although not a great deal has changed, today transgender persons are much more aware of their human rights. The transgender community is also much more aware of HIV and health issues.

Many transgender persons engage in unprotected anal sex and on most occasions they are in the role of a receptive partner, which increases their risk of HIV. Various research studies show that transgender women have very limited access to water-based lubricants and report low levels of condom use; practices which make them more vulnerable to HIV and other STI infections. Given the high risks of HIV transmission, the first hijra-led community based organization called Dai (midwives) was started in Mumbai with the help of Mumbai District AIDS Control Society and at the recommendation of Mr. Ashok Row Kavi, the first gay man to come out in India. He had established a gay organization called The Humsafar Trust working with men who have sex with men (MSM) and transgender women. For more than two decades, transgender women were considered under the grouping of men having sex with men

(MSM) category by the National AIDS Control programs (NACO) but now are recognized as a separate and legitimate group.

In late 2007, a group of advocates concerned about vulnerable sexual minorities came together on the principle that MSM and transgender communities in India must be equal partners in the HIV response. This group became the driving forces behind the Global Fund's largest single country grant on vulnerable sexual minorities launching the initiative called Pehchan. This five-year program, initiated in 2010, supported 200 community-based organizations in 17 Indian states and reached more than 450,000 MSM and transgender persons. India HIV/AIDS Alliance was chosen to be the Principal Recipient with a consortium of other partners. As a result, NACO in 2011 for the first time organized a consultation with the Technical Resource Group (TRG) to design a strategy for India and transgender persons in HIV/AIDS program implementation.

Pehchan was a dream come true for many, and this report documents its journey with the candid voices of TGH community. The report documents what worked for the community under this Global Fund supported project, Pehchan, which ended after five years of operations in 2015.

ABHINA AHER & SIMRAN SHAIKH

ACKNOWLEDGEMENTS

THE ASIA PACIFIC TRANSGENDER NETWORK COMMISSIONED ABHINA AHER AND SIMRAN SHAIKH AS INDEPENDENT CONSULTANTS TO DOCUMENT THE IMPACT OF THE GLOBAL FUND SUPPORTED PROJECT, PEHCHAN. THE AUTHORS CONDUCTED 30 INTERVIEWS WITH TRANSGENDER WOMEN AND HIJRAS WHO EITHER WORKED FOR THE PROJECT OR WERE CLIENTS. THESE INDIVIDUALS PROVIDED IMPORTANT INSIGHTS ON THE GLOBAL FUND PROGRAMS. THE ROBERT CARR CIVIL SOCIETY NETWORKS FUND PROVIDED THE FUNDS FOR THIS PROJECT.

The authors would like to thank the 30 TGHs who participated in the interview and shared their experience of working for The Global Fund project or receiving benefits.

We would like to thank Sachin Awasthy, sexual minority activist who provided essential support in transcription of these interviews and conducting some crucial interviews with Simran Shaikh.

This survey would not have been possible without the support extended by India HIV/AIDS Alliance. Special thanks to Sonal Mehta, Director of Program and Policy and Mr. James Robertson, Executive Director India HIV/AIDS Alliance, for having faith in the transgender community and providing us with the opportunity for working in key positions. We would like to thank National AIDS Control Organization (NACO) for ensuring transgender engagement in HIV program and promising to mainstream the community issues in future interventions.

Last but not least, we would like to thank transgender activists from India who are demonstrating courage and commitment to improve transgender empowerment, welfare and engagement on policies, health and human rights issues tirelessly.

EXECUTIVE SUMMARY

THE AUTHORS, WORKING FOR PEHCHAN¹, CONDUCTED A SERIES OF INTERVIEWS WITH THEIR COLLEAGUES TO UNDERSTAND THE IMPACT OF PROGRAMMING AND FUNDS PROVIDED BY THE GLOBAL FUND ON TRANSGENDER PEOPLE IN INDIA. THE INTERVIEWS, EITHER IN LOCAL LANGUAGE OR ENGLISH, WERE DONE THROUGH A STRUCTURED QUESTIONNAIRE THAT FOCUSED ON FOUR MAIN COMPONENTS: PERSONAL HISTORY, TRANS SCENARIO IN INDIA, GLOBAL FUND PROGRAM EXPERIENCES, AND SPECIFIC RECOMMENDATIONS FOR FUTURE INTERVENTIONS.

These participants were assured confidentiality and were asked to speak candidly about their experiences. Participation was on the voluntary basis, and no financial benefits were offered to the interviewees. The report is based on interviews of 30 transgender persons and hijras across India who worked with or are clients of Pehchan, and it captures the human stories explaining personal struggles in claiming of identity.

The survey observed that all transgender persons and hijras went through traumatic experiences in life while claiming their gender identity. Very few received any family support, and due to family rejection at an early age either migrated to different states or took the decision to stay away from their family members. A large number faced gender-based violence. Some could not complete their education due to stigma in the educational system. A majority of them belonged to the hijra family system and expressed that they had sought it to seek psychosocial support and earning opportunities. Participants expressed struggles around feminization and complication towards sex change and castrations. They also noted that there are two types of stigma within health care settings: first from health care providers, and the other from self-stigma associated with their appearance and gender expression. An issue discussed by participants was around lack of opportunities for transgender persons around education, employment and social entitlement support. Education, employment and housing were three important issues raised by respondents, and linked to gender identity.

Almost all participants expressed that the Pehchan program provided them a crucial platform for leadership and employment even if the work under the Global Fund was quite painstaking, involving excessive documentation and reporting. Community members expressed that Pehchan resulted an increase in visibility of TGH issues separate from men who have sex with men (MSM). A positive change were noticed in the mindset of stakeholders for communities



¹ Pehchan (acknowledgement, identity and recognition) is the Global Fund program implemented by India HIV/AIDS Alliance in 17 priority states of India with the six consortium partners over the last five years (2010 – 2015). The program focused around community system strengthening and health system strengthening at individual and institutional levels with the support of the 200 community based organizations (CBOs) and six regional consortium partners. The program reached more than 450,000 men having sex with men (MSM), transgender and hijra communities with the support of 200 CBO staff.

in smaller districts that were mobilised. The project also generated employment opportunities for the TGH communities, and new TGH CBOs were established as a result of increased capacity.

Pehchan specifically worked on violence mitigation, and respondents noted that they became aware about the issues related to violence and human rights. Several respondents talked about attitudinal changes among community members giving examples, such as previously, hijra gurus (leaders) used to disown their chelas (daughters) if they found out the daughter is positive, but now they accept HIV positive chelas.

Some participants were not fully satisfied with Pehchan, and expressed that the program did not provide support required. Since the focus was on HIV interventions registering clients for HIV testing and providing condoms, important issues around sexuality and gender were not addressed. There were no investment in improving 'life skills' among the community to improve 'quality of life'. Transgender persons continue to face stigma in health care settings.

Those participating in the study made a few recommendations for future Global Fund projects, including:

- To introduce an easier documentation system in local language
- To build capacity of transgender people so that they can scale up transgender programs
- To invest in transgender and hijra communities in a manner such that after a program comes to an end, the work should not stop.

Funding from the Global Fund for Pehchan ended in 2015, and the plans are for the Indian government to continue with programming services for transgender persons and supporting transgender-led CBOs.



THE REPORT IS BASED ON INTERVIEWS OF 30 TRANSGENDER PERSONS AND HIJRAS ACROSS INDIA WHO WORKED WITH OR ARE CLIENTS OF PEHCHAN, AND IT CAPTURES THE HUMAN STORIES EXPLAINING PERSONAL STRUGGLES IN CLAIMING OF IDENTITY.







INTRODUCTION **1.0**

TRANSGENDER WOMEN ARE DISPROPORTIONATELY AFFECTED BY HIV/AIDS. A META-ANALYSIS OF STUDIES BETWEEN 2000 AND 2011, PUBLISHED IN 2013, SHOWS THAT THE POOLED HIV PREVALENCE RATE FOR TRANS WOMEN IS 19.1% AND THEY ARE NEARLY 49 TIMES MORE LIKELY TO ACQUIRE HIV THAN THE GENERAL ADULT POPULATION (BARAL, 2013).

YET TRANSGENDER WOMEN ARE OFTEN EXCLUDED FROM POLICY, PROGRAM AND FUNDING DECISIONS AT NATIONAL, REGIONAL AND GLOBAL LEVELS. THIS EXCLUSION CONTRIBUTES TO TRANSGENDER WOMEN BEING SEVERELY UNDERSERVED BY THE GLOBAL HIV EPIDEMIC RESPONSE². TRANSGENDER WOMEN FACE ELEVATED RISKS OF STIGMA, DISCRIMINATION, AND REPRESSIVE LAWS AND POLICIES THAT INCREASE THEIR VULNERABILITY TO HIV INFECTION AND REDUCE THEIR ACCESS TO CARE AND TREATMENT SERVICES.

² IRGT report on The Global Fund investments: MSM GF. 2016. *Most Impacted, Least Served: Ensuring the Meaningful Engagement of Transgender People in Global Fund Processes*. California: Oakland

For more than a decade, The Global Fund to Fight AIDS, Tuberculosis, and Malaria (The Global Fund) has been one of the world's largest donors for the HIV epidemic. Due in part to the community activism of key affected populations (KAPs), including transgender women, The Global Fund has established processes for engaging local civil society and KAPs groups through processes such as Country Coordinating Mechanisms (CCMs), country dialogue, and supported programs that focus on HIV prevention and treatment for KAPs. Pehchan (identity or recognition in Hindi) was a program that contributed to India's HIV response by building capacity of MSM and transgender persons and by providing a more enabling environment for

them to access services. Managed through Alliance India along with a consortium of six organizations, it was funded by The Global Fund from 2010 to 2015. Although extensive barriers remain to sufficiently address the needs of transgender persons in the HIV epidemic, this study documents good practices for engaging transgender persons through successful interventions such as Pehchan.

We found that the Global Fund resources of five years have contributed in four major areas: (1) Increasing mobilization and increasing visibility of 'third gender' people; (2) Creating faith in the health care system among the transgender



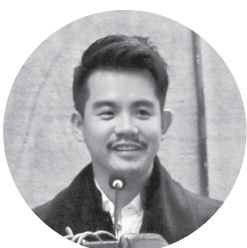
persons' community and increasing their HIV/AIDS access;

(3) Responding to core needs of the transgender women and hijras to lead an empowered life; and

(4) Creating a positive and socially just environment by influencing major gender policies to reduce stigma and discrimination towards third gender people in India.

Since 2010 until 2015, Alliance India was the principal recipient of

Global Fund monies for Pehchan, a program focusing on scaling up HIV prevention services, building capacity of CBOs, and creating an enabling environment for MSM and transgender persons. This report documents the impact of these funds through the views of those working for the program and others who have been its beneficiaries. The report in addition to the Introduction has three sections: Methods, Community Voices, and Recommendations.



THIS REPORT DOCUMENTS THE IMPACT OF THESE FUNDS THROUGH THE VIEWS OF THOSE WORKING FOR THE PROGRAM AND OTHERS WHO HAVE BEEN ITS BENEFICIARIES.

METHODS 2.0

THE AUTHORS CONDUCTED 30 IN-DEPTH INTERVIEWS WITH INDIVIDUALS WHO IDENTIFIED AS TRANSGENDER PERSONS AND HIJRAS AND WHO WERE ASSOCIATED FOR MORE THAN TWO YEARS WITH THE GLOBAL FUND PROGRAM, PEHCHAN, AS EMPLOYEES, CLIENTS OR DESIGNING OF THE PROJECT.

The selection of interviews were evenly balanced according to four regional zones (East, North, South, and West) of India in which the program operates (Figure 1.0). Those working for Pehchan included community counsellors, program managers, outreach workers and community mobilizers.

Interviews were done using a standardized set of questions in a variety of ways, face-to-face meetings, Skype, or phone calls. Consent were sought at the beginning of each interview after the purpose of the study had been explained.

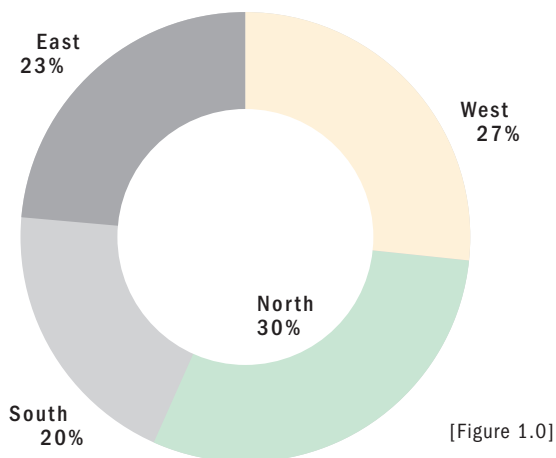
Participants were informed that they could drop out at any stage of the interview process, and were also given the option to not answer questions if they felt uncomfortable. However, there were no refusals. A standardized questionnaire (Annexure 1) was used, and it had four major sections:

- Personal history of the respondent – to capture their struggles
- Transgender scenario in India – to gather their community perspective
- Contributions through The Global Fund program Pehchan
- Community recommendations for The Global Fund



PARTICIPANTS WERE INFORMED THAT THEY COULD DROP OUT AT ANY STAGE OF THE INTERVIEW PROCESS, AND WERE ALSO GIVEN THE OPTION TO NOT ANSWER QUESTIONS IF THEY FELT UNCOMFORTABLE. HOWEVER, THERE WERE NO REFUSALS.

TRANSGENDER PARTICIPANTS



[Figure 1.0]

RESPONDENTS BY AFFILIATION & INTERVIEW METHOD/LANGUAGE

INTERVIEWEE AFFILIATION	NUMBER OF PARTICIPANTS	METHOD USED FOR THE INTERVIEW	LANGUAGE USED FOR THE INTERVIEW
Program Officers/ State Officers	4	Face-To-Face Interview, Skype, Telephone Call	English, Gujarati, Hindi, Marathi
Counsellors	3	Face-To-Face Interview, Telephonic Interview	Hindi
CBO Board Members	4	Face-To-Face Interview, Telephonic Interview	Hindi
Outreach Workers	5	Face-To-Face Interview, Telephonic Interview	Gujarati, Hindi, Marathi, Punjabi
M&E Persons	2	Face-To-Face Interview, Telephonic Interview	English, Hindi
Community Advisory Body	2	Face-To-Face Interview, Telephonic Interview	Hindi
Community Leaders	2	Face-To-Face Interview, Telephonic Interview	Hindi
Program Beneficiary	5	Face-To-Face Interview, Telephonic Interview	English, Gujarati, Hindi, Marathi, Punjabi
Advocacy Officers/ Training Officers	3	Face-To-Face Interview, Skype, Telephone Call	English, Hindi
TOTAL	30		

[Table 1.0] presents those who were interviewed for this study



COMMUNITY VOICES 3.0

WHEN ASKED ABOUT THE CURRENT SITUATION CONCERNING TRANS COMMUNITY, THE MAJORITY OF RESPONDENTS REGISTERED THAT THERE ARE STILL HUGE AMOUNTS OF STIGMA DISCRIMINATION TOWARDS TRANSGENDER PERSONS AND HIJRA COMMUNITIES IN INDIA. EDUCATION, EMPLOYMENT AND HOUSING WERE THREE IMPORTANT ISSUES RAISED BY RESPONDENTS.

The respondents mentioned that lack of education results in economic vulnerability, and both are linked with the gender identity. They also noted that family rejection is another important issue, and that there continues to be extremely low family acceptance. Many transgender persons lack support and as a result face mental health issues and harbour suicidal tendencies. Substance abuse is also high due to lifestyle. It is a vicious circle of life for transgender persons in India, especially if they are HIV positive.

Access to health care services are limited, and there are no information available on transitioning and safe feminization processes. The trans community relies on private health care for care and support since they face stigma in the public health setting which is still not equipped and educated to address the health care issues related to feminization and hormone treatment. In government hospitals, the TGH are treated as anomalies. The Tamil Nadu Transgender Welfare Board has offered free sexual reassignment surgeries, but health care professionals are not properly trained to conduct the error free surgeries.

Post-surgical management is left to recent medical graduates who are not equipped to handle complications. Very few medical units in India can perform the transgender feminization surgeries well. The private medical practitioners who are equipped to do these surgeries take huge amounts of money from transgender persons in India.

Despite the Supreme Court judgment of legal gender recognition of third gender (15 April 2014, Writ Petition of National Legal Services Authority), there continues to be unresolved issues relating to issues around the sexual practices, marriage, children, rights to adoption, and social entitlements. The lack of political attention has kept issues of transgender woman hijra welfare on the back burner. Recently Rajya Sabha, Ministry of Social Justice and Welfare (MSJW), has taken steps to put forward and introduce 'The Rights of Transgender Bill 2015' in the upcoming parliamentary session.



MANY TRANSGENDER PERSONS LACK SUPPORT AND AS A RESULT FACE MENTAL HEALTH ISSUES AND HARBOUR SUICIDAL TENDENCIES. SUBSTANCE ABUSE IS ALSO HIGH DUE TO LIFESTYLE.

VIEWS ON THE GLOBAL FUND INITIATIVES IN INDIA 4.0

“NOW I SHARE MY TRANS IDENTITY WITH MY FAMILY, OVER THE PERIOD THINGS HAVE CHANGED IN INDIA FOR THE TRANSGENDER WOMEN AND HIJRAS AND NOW THANKFULLY MY PARENTS ACCEPT ME AND LET ME LIVE THE WAY I AM”

-RESPONDENT FROM WESTERN INDIA

RESPONDENTS EXPRESSED THAT THERE WAS A DEFINITE POSITIVE CHANGE IN PERCEPTION OF TRANSGENDER PERSONS AMONGST GENERAL SOCIETY, ESPECIALLY FOR THOSE WORKING WITH CBOS WHO FELT GREATER RESPECT AND APPRECIATION. THE GLOBAL FUND SUPPORT FOR PEHCHAN ALSO GAVE TRANSGENDER PERSONS AN OPPORTUNITY TO PROVE THEMSELVES AS PROFESSIONALS.

The Global Fund resources have been extremely useful for creating safe spaces such as drop in centers for trans communities and support for trans-led CBOs. These initiatives improved community partnerships, generate employment, allow for gender sensitive counselling sessions and group meetings, and allow transgender persons to engage more broadly on policy, health and welfare issues. One key outcome of the Pehchan program was empowerment of transgender persons.

RESPONSE TO HOW THE GLOBAL FUND MECHANISMS WORK IN INDIA OR OTHER COUNTRIES

While the respondents were aware of Global Fund supported programs such as Pehchan and the regional grant on Diversity in Action (DIVA) on MSM and transgender persons, they did not know how The Global Fund operated or how grants were secured. They were aware of national Global Fund structures such as CCM, Principal Recipient, and Sub-recipient etc.

CHALLENGES FACED IN IMPLEMENTING PEHCHAN

One third of the participants expressed that the rigid reporting systems under The Global Fund program was a challenge. The advocacy officers and program managers expressed concern around the lack of direct engagement from The Global Fund with government giving more HIV programming to CBOs. Outreach workers expressed that the absence of peer educators in the phase II of the Pehchan program was also a challenge.

CHANGES TO THE COMMUNITY LINKED TO THE GLOBAL FUND PROGRAM

The major change reported by respondents was on disclosure and acceptance of their own identity as ‘transgender women’ or hijras. Before they were living as MSM due to the lack of understanding on self-identity and/or fear of society to come out in open as transgender women and living with pride. The respondents also expressed that access to HIV prevention such as condom use also increased, as did awareness around HIV transmission. The sensitization by community-based organization members and Pehchan outreach

workers has led to an increase in HIV testing as well as an understanding around the benefits of getting tested. One respondent, who is part of the hijra culture, mentioned that previously gurus (masters) would disown their chelas (disciples). But now if the guru knows that her chela is living with HIV, she encourages her to start treatment. Some of the more prominent gurus have even started getting tested for HIV as well.

The respondents also acknowledged that The Global Fund resources have contributed to strengthening the government's HIV interventions and programming. After the success of Pehchan, NACO has included social welfare schemes for transgender women/hijras and the department is also mainstreaming their needs in their work.

LESSONS FROM THE GLOBAL FUND PROGRAM

Through The Global Fund resources Alliance India managed to create, support and build organizational capacity and community members' capacity on CBO management. These CBOs in turn provided crucial counselling services for individuals and families, addressed mental health issues, and documented and supported services for trauma and violence. Several transgender persons began to live independently and were able to positively address issues around partner violence. The CBOs also provided support such as social welfare schemes and legal counselling. Community members became aware on where to receive legal support in cases of situations where they were harassed or picked

up by law enforcement agencies. The crisis response teams supported through Pehchan would provide immediate support in the field to transgender persons. CBOs could also help in resolving the family acceptance issues. The program also addressed the needs of trans youth. New leaders were developed through the Pehchan program, and they in turn have taken up the task of sensitizing others. The trans community is also much more aware of its rights, and aggressive in its advocacy. One downside according to respondents were that greater awareness and funding has also led to friction over resources in the transgender community.

“THE GLOBAL FUND RESOURCES FOR TRANSGENDER WOMEN AND HIJRAS IN INDIA IS IMPORTANT SINCE THE GOVERNMENT PROGRAM ARE NOT BEING ABLE TO ADDRESS TRANSGENDER WOMAN HIJRA NEEDS AT LARGE SCALE ”

-REPRESENTATIVE FROM WESTERN INDIA

“The community has been deprived for years and subject to intense stigma and discrimination. Today when you talk about the trans issues in India the first thing that comes to mind is ‘non-acceptance.’”

GURU ZEENATH PASHA - Transgender Hijra Community Advisory Board Member For Maharashtra

“The main challenge is there is no space for female to male (f to m) transgender and secondly a lack of awareness about the community. There are steep issues about the employment of transgender people and there are no guidelines on how to deal with issues of gender transition.”

RAJAT S. - Trans Man Program Staff For Pehchan

“As I started working under The Global Fund program I realized that the issues around health access for trans are intense, due to the steep competition in sex work trans women compromise on safe sex.

Post NALSA judgment on recognizing transgender as ‘third gender’, there are more resources needed to work on the advocacy and health issues of transgender in India. I would recommend The Global Fund and Indian government recruit community to implement TGH programming.”

DIANA - Trans Woman Pehchan Counsellor For 5 Years In Goa

“The Global Fund investment has increased awareness amongst communities of their rights and crisis mitigation. There is an ongoing need for resources and The Global Fund should invest in creating community friendly documentations.”

SITA - Trans Woman Project Director At Kinnar Bharati

“There are gaps in services as the program is coming to an end. The government program does not have community specific services. The Global Fund has helped to reach TGH in rural areas.”

SAWYMYA GUPTA - Trans Woman Training Officer Sub-Recipient Of Pehchan

“The Global Fund in India created a unique program for the transgender community at a time when the government responses were failing to address the transgender community needs. I am happy to be a part of this program since this program gave us ‘dignity’ and ‘recognition’. Initially we were not aware about the services available, but due to Pehchan (The Global Fund) program, we managed to access needed services.

The Global Fund intervention must go on.”

UNKNOWN SOURCE



RECOMMENDATIONS 5.0

ALL THE RESPONDENTS AGREED THAT THE GLOBAL FUND PROGRAM GAVE THEM A MUCH-NEEDED PLATFORM TO ACCESS HEALTH SERVICES, AFFIRM THEIR GENDER IDENTITY, AND SEEK SUPPORT FOR THEIR SPECIFIC NEEDS. BUT ISSUES SUCH AS CRISIS RESPONSE IN FACING GENDER-BASED VIOLENCE AND LEGAL SERVICES FOR DISCRIMINATORY TREATMENT REMAINED AT LARGE, AND RESOURCES THAT WERE NEEDED TO FURTHER STRENGTHEN TRANSGENDER COMMUNITIES WERE LACKING.



Recommendations provided by the respondents for the Global Fund programme were, as noted:

- The Global Fund has supported a very useful program, but more work is needed in building capacity of the trans community to implement such projects. The government and future Global Fund monies should continue to support transgender-led interventions and build trans leadership.
- The Global Fund program had too many documentation requirements detracting from the actual work, it would be better if The Global Fund, when supporting communities, streamlines the paperwork required for implementing a grant.
- The lack of documentation in local language from The Global Fund program limited community engagement. The Global Fund should consider producing its materials in local languages for communities to have greater access and engagement.
- Large scale programs such as Pehchan are necessary to achieve the AIDS targets in countries especially among transgender communities. Resources need to be targeted at transgender persons that include

sensitive interventions and also to strengthen communities in the process.

- There is a need for more advocacy resources around violence mitigation and human rights will be essential. The Global Fund should invest in developing advocacy resources for the transgender community.
- Health care strengthening and sensitization is essential to access stigma free health access and also services such as feminization and sexual reassignment surgeries
- ‘Responsible transitioning’ is extremely essential for programs supported by The Global Fund especially those that support sexual and gender minorities, the government needs to ensure trans communities that it will continue to support services provided under Pehchan.

In recent years, The Global Fund has begun to initiate processes to increase the meaningful engagement of transgender people, along with MSM, sex workers and people who use drugs, under its New Funding Model. Many Community Coordinating Mechanisms in Latin America

THE GLOBAL FUND PROGRAM HAD TOO MANY DOCUMENTATION REQUIREMENTS DETRACTING FROM THE ACTUAL WORK, IT WOULD BE BETTER IF THE GLOBAL FUND, WHEN SUPPORTING COMMUNITIES, STREAMLINES THE PAPERWORK REQUIRED FOR IMPLEMENTING A GRANT.



THE GLOBAL FUND HAS SUPPORTED A VERY USEFUL PROGRAM, BUT MORE WORK IS NEEDED IN BUILDING CAPACITY OF THE TRANS COMMUNITY TO IMPLEMENT SUCH PROJECTS.

and Asia now have transgender representatives, and in some cases, these representatives have been recognized as technical experts and have contributed to an increase in programming for transgender people. However, there is significant evidence that these achievements are fragile, and are at risk of being reversed even in countries with active trans engagement.

One key concern regards The Global Fund's anticipated transition out of many upper-middle-income countries and countries without generalized epidemics. These transitions stand to hit transgender people and other underserved groups the hardest, as it is unlikely that once The Global Fund departs, national governments

will continue to fund programming for communities whose behavior and identity are criminalized and who face social stigma and discrimination.

ANNEXURE 1: INTERVIEW GUIDE

QUESTIONNAIRE FOR APTN REVIEW OF THE GLOBAL FUND

[I] Personal Info

- Can you please introduce yourself and where are you working?
- Can you please let us know more about your organization?
- What is your age and where do you belong to?
- Can you please describe your gender?
- How would you like to affiliate yourself (i.e., he, she, miss)?
- Where are you based currently and for how long?
- How did you cope with your gender identity struggle?
- What are the challenges you faced in your life due to gender identity?
- Can you share a significant incidence that changed your life?

[II] Transgender Scenario In India

- What are the current issues of the transgender community in India?
- Do you think transgender communities have changed over time? How?
- What are the challenges of the transgender community towards the health and rights access?
- Why is there a need for resources for the transgender community?

[III] About The Global Fund Programme

- Can you share your views about The Global Fund initiatives?
- Are you aware about how The Global Fund mechanism works in India or other countries?
- How long have you been associated with The Global Fund program?
- Can you provide more details about your program? How and where was it implemented?
- In what capacity were you involved in The Global Fund program?
- What challenges have you faced in implementing The Global Fund program?
- What are the major changes you managed to bring in to your community due to The Global Fund program?
- Why do you think in India, The Global Fund program resources are important for your community?
- What are the major learnings you have managed to cull out from The Global Fund program?
- Do you think due to The Global Fund program, there has been change in your communities health access and rights?
- If so, please provide an example and also case study which will describe the best way on how The Global Fund resources managed to create changes in your community life and access to health care?
- How do you think you will be able to contribute towards the betterment of The Global Fund implementation?



- If you had to implement The Global Fund program again in the country, what changes would you like to make? How would you like to implement the program differently?
- What are the gaps in The Global Fund program implementation?
- Do you think The Global Fund strengthened the Government program?

[IV] Recommendations

- Do you think there are enough investments done on transgender in India?
- What are the recommendations you would like to give to The Global Fund regarding the resource investment towards the transgender community?
- Do you know about the CCM mechanism? What would you like to recommend to the CCM board?
- What are your recommendations to the Government program?
- How do you think The Global Fund program resources will be sustained in the future?

REFERENCES

- AIDSPAN (2015).** *Representation and Participation of KAPs on Country Coordinating Mechanisms (CCMs) in Six Countries in Southern Africa*. Retrieved October 30, 2015, from: http://www.aidspace.org/gfo_article/aidspace-finds-elements-improved-participation-key-populations-ccms-southern-africa
- amfAR, Global Action for Trans Equality, IRGT, Open Society Foundations (2014).** *Meeting Report: Funding the Trans* HIV Response*. Retrieved October 30, 2015, from: <https://globaltransaction.files.wordpress.com/2014/10/funding-the-trans-hiv-response-side-meeting-at-aids2014-final-report.pdf>
- Asia Pacific Transgender Network (2014).** *Agenda in Transition*. Bangkok: Asia Pacific Transgender Network. Retrieved June 27, 2016, from: http://static1.squarespace.com/static/53cf9459e4b0a5929855f337/t/54e6e130e4b09706d49d02a2/1424417072050/150218_UNDP_Agenda_Web_singlepage_.pdf
- Asia Pacific Transgender Network (2015).** *Finding Our Place, Finding Our Voice*. Retrieved June 27, 2016, from: http://static1.squarespace.com/static/53cf9459e4b0a5929855f337/t/56d403fcb6aa606b54a8dd28/1456735379022/APTN_Publication_OnlineViewing.pdf
- Asia Pacific Transgender Network (2013).** *Joint Technical Brief: HIV, Sexually Transmitted Infections, and Other Health Needs among Transgender People in Asia and the Pacific*. Retrieved June 27, 2016, from: http://static1.squarespace.com/static/53cf9459e4b0a5929855f337/t/548f1449e4b052ef82528a77/1418662985041/HIV_STI_Other_Health_needs_among_transgender-2.pdf
- Baral S.D., Poteat T., Stromdahl S., Wirtz A., Guadamuz T.E., Beyrer C. (2013).** *Worldwide burden of HIV in transgender women: a systematic review and meta-analysis*. *Lancet Infectious Diseases*, 13(3): 214-222. doi: [http://dx.doi.org/10.1016/S1473-3099\(12\)70315-8](http://dx.doi.org/10.1016/S1473-3099(12)70315-8)
- Communities Delegation of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria (2014).** *A Review of the Engagement of Key Populations in the Funding Model, Global Report: Results from a study in 11 countries*. Retrieved October 28, 2015, from: <http://www.globalfundadvocatesnetwork.org/resource/a-review-of-the-engagement-of-key-populations-in-the-funding-model-global-report/#.VI-D8oTGbFI>
- FHI 360-LINKAGES and IRGT (2015).** *Rights in Action: Transgender Health and HIV*. Retrieved November 30 2015, from: <http://www.fhi360.org/resource/rights-action-transgender-health-and-hiv>
- Global Action for Trans Equality and American Jewish World Service (2013).** *The State of Trans* and Intersex Organizing: A case for increased support for growing but under-funded movements for human rights*. Retrieved October 30, 2015, from: <https://transactivists.org/resources/documents/funding-report/>
- The Global Forum on MSM & HIV (2014).** *Community Update for MSM Advocates: The Global Fund's New Funding Model: Key Entry Points for Civil Society*. Retrieved November 20, 2015, from: <http://www.clac.cab/portfolio-item/community-update-msm-advocates-global-fund's-new-funding-model-key-entry-points-civil>

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (2015). *Community, Rights and Gender Report: Thirty-Third Board Meeting*. Retrieved December 11, 2015, from: http://www.theglobalfund.org/documents/board/33/BM33_09-UpdateOnCommunityRightsAndGenderMatters_Report_en/

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (2015). *Country Coordinating Mechanisms*. Retrieved November 20, 2015, from: <http://www.theglobalfund.org/en/ccm/>

The Global Fund to Fight AIDS, Tuberculosis, and Malaria (2015). *Funding Model*. Retrieved November 20, 2015, from: <http://www.theglobalfund.org/en/fundingmodel/>

Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme (2015). *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Washington, DC: Futures Group, Health Policy Project. Retrieved June 27, 2016, from: <http://static1.squarespace.com/static/53cf9459e4b0a5929855f337/t/5613e795e4b0664e55678cde/1444145324259/Asia+Pacific+Trans+Health+Blueprint.pdf>





**VIEWS OF TRANSGENDER
PERSONS & HIJRAS
ASSOCIATED WITH THE
GLOBAL FUND PROGRAM,
PEHCHAN, IN INDIA**

APTN

For more information, please contact:

Asia Pacific Transgender Network
ONE DAY | 51, Soi Sukhumvit 26, Klong Tan
Klong Toei, Bangkok 10110, Thailand

Email: hello@weareaptn.org

www.weareaptn.org