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*The Case of*
**TAMIL NADU TRANSGENDER WELFARE BOARD:**
Insights for Developing Practical Models of Social Protection Programmes
for Transgender People in India

Policy Brief

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**Disclaimer:** The views in this publication are those of the authors and do not necessarily reflect those of the United Nations Development Programme

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## ACRONYMS AND ABBREVIATIONS

| | |
|---|---|
| CBO | Community-based Organisation |
| FGD | Focus Group Discussion |
| GH | Government Hospital |
| GO | Government Order |
| IAY | Indira Awaas Yojana |
| KII | Key Informant Interview |
| KMCH | Kilpauk Medical College and Hospital |
| NACO | National AIDS control Organisation |
| NGO | Nongovernmental Organisation |
| NRHM | National Rural Health Mission |
| SHG | Self Help Group |
| SRS | Sex Reassignment Surgery |
| TANSACS | Tamil Nadu State AIDS Control Society |
| TG | Transgender (people) |
| TGWB | Transgender Welfare Board |
| TI | Targeted Intervention (HIV) |
| TN | Tamil Nadu |
| UNDP | United Nations Development Programme |

# EXECUTIVE SUMMARY

## BACKGROUND

Tamil Nadu State government has shown unprecedented efforts to address the social protection needs of *aravani* or *thirunangai* (male-to-female transgender people). In April 2008, Tamil Nadu Aravanigal (Transgender) Welfare Board was formed as the nodal body to address the social protection needs of transgender people. TGWB has introduced TG-specific schemes of its own and has facilitated transgender people's access to existing social protection schemes of the State and Central government.

The **purpose** of documentation of the TG welfare board as a case study is primarily **to provide action points for other Indian states to introduce similar state level initiatives for addressing the social protection needs of transgender people.**

**This report provides:**

- Incisive analyses on the formation, and functioning of the Transgender Welfare Board in Tamil Nadu; its accomplishments and challenges
- Suggestions for other state governments to introduce state level programme to address the social protection needs of transgender people
- Suggestions for transgender groups and their advocates on what could be done to hasten the process of formation of similar initiatives in their states
- Suggestions for the central government to introduce a national programme to address the social protection needs of transgender people

## METHODOLOGY

This instrumental case study is based on two data sources: review of key documents and qualitative research data from key informant interviews and focus groups. Documents that were reviewed include: all relevant government orders of the Tamil Nadu government in relation to the formation of the TGWB, formulation and implementation of schemes for TGWB, and funding related to TGWB; and online documents from the TN government (such as policy notes) and other reliable web resources. A total of 23 key informant interviews and 4 focus group discussions (n=20 TGWB beneficiaries) were conducted. Key informants include members of TG welfare board, TG community leaders and civil society stakeholders.

## TAMIL NADU TRANSGENDER WELFARE BOARD

### Formation

A confluence of several factors contributed to the formation for Tamil Nadu Transgender Welfare Board (**TGWB**). These factors ranged from gain in the political support as a legitimate minority, increase in the acceptance of the general public and mass media, and advocacy efforts of transgender community leaders and activists and civil society.

### Governance and Structure

Tamil Nadu TGWB functions under the leadership of – Minister of Social Welfare; Special Commissioner and Secretary of Social Welfare and Nutritious Meal Programme Department; and Director of Social Welfare - who are President, Vice-President and Member Secretary, respectively, of TGWB. The board has official and non-official members. The official members are the representatives from the various government bodies that include: Department of Finance, Department of Law, State Women Commission, Police Department, Human Rights and Social Justice Commission, Women Development Corporation, Department of Higher Education, Department of

Medical Education, and Department of Employment and Training. Out of the eight non-official members, 7 are TG community leaders, and one person is a NGO leader.

The strength of this structure is that it allows interaction among various government departments that facilitate inter-departmental coordination allowing access of transgender people into the existing government schemes. This arrangement, in which members from various government bodies and TG communities are present, thus enables board to have different perspectives of the issues and formulate effective schemes – reflecting a true participative democracy in action.

**Schemes**
TGWB addresses the social protection needs of TG people - income assistance, housing, education, employment and health care.

TGWB addresses these needs as:
- an agency that *designs and implements schemes exclusively for TG people*  focusing on income/employment, housing, education and health care needs of TG people.
- a platform to bring *various government departments together to discuss what can be done to address these basic needs by allowing access to government's pre-existing services, schemes, or institutions* for TG people – thus trying to end the social exclusion and marginalization of TG populations.

*TG-specific welfare schemes funded and implemented by TGWB*
These include small grants for self-employment and providing material support (such as sewing machines) for needy TG people. Some eligible TG people have also received support for their higher education. Furthermore, short-stay home was started in Chennai to serve as a temporary shelter for TG people in crisis and as a safe place to for TG people to stay when they visit Chennai for medical care and sex reassignment surgery.

*Access to existing government schemes*
The existing state government schemes that are accessed by TGWB members include TG self-help groups (SHGs) supported by accredited agencies. To address housing needs of TG people, the state government offers free land *pattas.* Besides, the central government's scheme – Indira Awaas Yojana (IAY) – is also used to provide free housing for TG people.

TGWB facilitates access to existing government institution-delivered programmes such as insurance, education, and employment. TGWB facilitates access to employment opportunities for TG people by enabling them to register in the state government 'employment exchange'. TGWB also facilitates provision of free sex reassignment surgery through select government hospitals in Chennai. Moreover, ration/food cards that are usually provided to a family are now provided to TG people even if they live alone.

## MODELS FOR STATE GOVERNMENT PROGRAMME FOR SOCIAL PROTECTION OF TRANSGENDER PEOPLE
Depending on the number of TG people in a state, the state government can decide whether a specific state level nodal body (such as TG Welfare Board) is needed or whether a nodal department (e.g., Department of Social Welfare) to implement and coordinate schemes for TG people. One can start with a nodal department and then later decide whether or not a specific state level nodal body is required - based on the work load and resource requirements and availability.

Irrespective of whether it is a specific nodal body or a nodal department that will address the social protection needs of transgender people, all relevant government departments and government

bodies (such as State Commission for Women and State AIDS Control Society) need to be involved so that transgender people can access the existing government schemes in relation to – income, employment, housing, education and health care, and use existing resources such as public education and public health care.

Similarly, irrespective of whether or not a specific state level nodal body is established, it is a good practice to involve TG representatives when designing what needs to be done and how to implement the activities or schemes. An advisory committee that involves key stakeholders (including state and national level networks that work with transgender people) can be established to use their suggestions and resources to strengthen the social protection programme for TG people in the state.

## MODELS FOR CENTRAL GOVERNMENT PROGRAMME FOR SOCIAL PROTECTION OF TRANSGENDER PEOPLE

A national level consultation is required with key stakeholders to arrive at a suitable model to address social protection needs of transgender people. Decision needs to be taken on whether such a model needs to be expanded to other sexual minorities as well. This is because, the National Planning Commission in its approach paper to Twelfth Five Year Plan has clearly articulated "lesbian, gay, bisexual and transgendered (LGBT) community" as a group that has traditionally been neglected and pointed out the need to meet their health and social protection needs.

### Models for structure and its functions

Based on national consultations with key stakeholders, the central government can decide whether a specific national level nodal body (such as TG Welfare Board) is needed or whether a nodal ministry (e.g., Ministry of Social Justice and Empowerment) will be sufficient. One can start with a nodal ministry and then later decide (based on the work load and resource requirements) whether or not a specific national level body for transgender welfare is required. The nodal ministry or the national level nodal body (once formed) can formulate and implement TG-specific schemes as well as take a coordinating role to bring together relevant ministries and departments (such as Ministry of Health and Family Welfare and National AIDS Control Organisation and National Rural Health Mission). This will enable TG people to access existing social protection schemes of various government departments in relation to income assistance, employment, housing, education and health care.

The nodal ministry or the national level nodal body can consider the possibility of identifying a relevant nodal department of the state governments and fund those nodal departments to implement TG welfare schemes at the state level.

### Meaningful involvement of TG communities

Irrespective of whether or not a separate national level nodal body is established, it is a good practice to involve TG representatives when designing what needs to be done and how to implement the activities or schemes. Besides, it is suggested to conduct a community needs assessment when formulating TG-specific schemes.

### Resource mobilisation

For allowing TG people to access existing schemes of the various departments of the central government, no additional money is necessary. A central government order is sufficient if it states that transgender people are allowed to use the existing central government schemes in relation to employment, income generation, housing, education and health care. A mechanism for access should, however, needs to be decided. For securing resources in the long-term, a costed TG-specific plan can be submitted to the National Planning Commission and other ways also need to be identified.

## A. **INTRODUCTION**

Social protection originates from the idea of the state as a provider and protector of all its citizens.[1] Conceptually, social protection offers a way of thinking the requirements of groups and individuals to live a fulfilling life, the role of the government in facilitating this, and the vulnerabilities of particular groups or individuals. Social protection ensures that a vulnerable individual, family or group is provided support for the basic needs – health, housing, income, education and food.

Social protection[2] has been given adequate importance in India's 11th five year plan and the Government of India Common Minimum Programme[3]. Being a Welfare State, India provides targeted welfare for several marginalized communities who have faced long-term oppression on the basis of their caste, tribe, religion or occupation. However, transgender people (including hijras) in India have long been neglected[4] and did not come into the purview of targeted welfare programmes of the state or central government until recently[5]. Lack of recognition (both at legal and administrative levels) of the gender identity of the transgender people means they could not access the existing government schemes even otherwise if they are eligible for those entitlements and benefits.

Tamil Nadu government has shown unprecedented efforts to address the social protection needs of *aravani* or *thirunangai* (Tamil names for the broader umbrella term – male-to-female transgender people). What started as a sub-committee under the Department of Social Welfare, Tamil Nadu government, to address the 'rehabilitation' of transgender people in 2003 eventually led to the formation of a separate nodal body – 'Tamil Nadu Aravanigal (Transgender) Welfare Board (hereafter, shortly 'TGWB') – to address the social protection needs of transgender people in Tamil Nadu, both by introducing TG-specific schemes of its own and facilitating transgender people to access the existing government schemes implemented by other government bodies.

Tamil Nadu TGWB has been lauded for its involvement of transgender representatives in the board as equal partners in decision-making, and for providing targeted welfare to several needy TG people. Thus, the purpose of documentation of the TG welfare board as a case study is primarily ***to provide action points for other Indian states to introduce similar state level initiatives for addressing the social protection needs of transgender people in their states.***

The key **research questions** for this case study are:
1. What are the various factors that led to the formation of TG Welfare Board in the state of Tamil Nadu?
2. What have been the accomplishments of the board and what challenges it faces?
3. What lessons can be learnt from studying the formation and functioning of the TN TGWB, which can be useful in forming and implementing similar initiatives for transgender people in other states of India?

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[1] Norton, A., Conway, T and Foster, M., 2001, 'Social Protection Concepts and Approaches: Implications for Policy and Practice in International Development', Working Paper no. 143, Centre for Aid and Public Expenditure, Overseas Development Institute, London.
[2] The term 'social protection' may not be found in most of the previous documents of the government. Terms such as 'social welfare' and 'social equity' may be used instead. In this report, the terms social welfare and social protection are used interchangeably.
[3] Social protection for a changing India (Vol. 1 of 2): Executive summary. (2011). Report from the World Bank.
[4] Chakrapani, V. (2010). Hijras/Transgender Women in India: HIV, Human Rights and Social Exclusion. Issue brief published by UNDP-India. http://www.undp.org.in/sites/default/files/reports_publication/TG-issue-brief.pdf
[5] The approach paper to the Twelfth Five Year Plan specifically mentions about 'Lesbian, Gay, Bisexual, and Transgendered community" at least three times in relation to health policy and social equity. http://planningcommission.nic.in/plans/planrel/12appdrft/appraoch_12plan.pdf

**This report provides:**
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# B. METHODOLOGY

Case study methodology[6] – especially instrumental approach – was used. ***Instrumental case study[7]*** means that even though the case by itself is unique, it is studied in-depth to understand and ***gain insight on what led a state government to focus its attention on a traditionally neglected marginalised population (TG people) and to create a body to address their issues; and what good practices can be extracted from this case.***

**Methods**
The case study is based on two data sources: documents review and qualitative research data. i.e., data from key informant interviews and focus group discussions. The study received approval from an independent ethics review committee.

**Diagram 1.** *Case study design*



**1. Qualitative methods**
- Key informant interviews (n=23)
- 4 Focus groups (n=20 participants)

**2. Review of Documents**

**Synthesis of Inferences**
(to answer research questions)
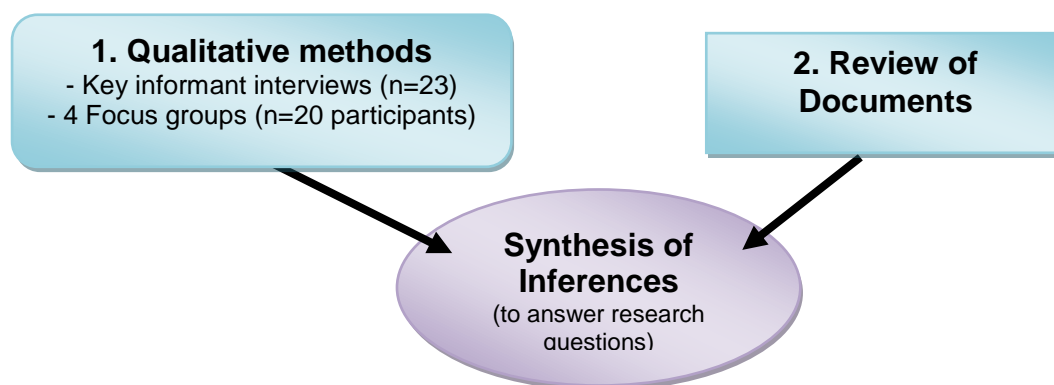
***Documents review***
Documents that were reviewed include: all relevant government orders of the Tamil Nadu government in relation to the formation of the TG welfare board, formulation and implementation of schemes for TGWB, and funding related to TGWB; and a Tamil guide on the schemes available for TG people in Tamil Nadu. We also reviewed relevant reports from the government and non-governmental agencies. Some of the government documents (such as government orders and

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[6] Robert K. Yin. *Case Study Research: Design and Methods*. Fourth Edition. SAGE Publications. California, 2009
[7] Robert E. Stake, *The Art of Case Study Research* (Thousand Oaks: Sage, 1995)

information of schemes) were downloaded from the government web sites and some were obtained as hard copies. (See Appendix 1)

### *Qualitative methods*

A total of **23** key informant interviews and **4** focus group discussions (**n=20** TG beneficiaries) were conducted.

### *Key informant interviews*

Information-rich participants were identified as potential key informants and their participation was sought through face-to-face visits, telephone calls and sending official request letters. The key informants include past and current members of TG welfare board, officials of Tamil Nadu State AIDS Control Society (TANSACS), past and current officials of Tamil Nadu Social Welfare and Nutritious Meal Programme Department, TG community leaders and NGO/CBO stakeholders.

### *Focus group discussions (FGDs)*

The focus group participants were beneficiaries of Tamil Nadu TGWB that included: TG people involved in sex work, TG people working in NGOs and CBOs, rural TG people living with their family, and TG folklore artists living in rural areas. Informed consent was obtained from all participants.

### Data collection procedure

Key informant interviews and focus group discussions were conducted using a semi-structured in-depth interview guide in Tamil with scripted probes. Questions were modified or added over the course. Focus group facilitators and interviewers were native Tamil-speaking people and were trained in interviewing and research skills.

All the interviews and communication with the participants were conducted in Tamil or English (with some key informants). The duration of key informant interview is approximately 60 minutes and focus group discussion ranged from 60 to 90 minutes. An honorarium of 300 Indian Rupees was given to the focus group participants. Key informants did not receive any honorarium. Interviews were digitally recorded and transcribed verbatim in Tamil and translated into English for data analysis.

### Data analysis

Focus group and interview data were explored using framework analysis. Framework approach allowed a detailed analysis of emerging themes and concepts raised during focus group and key informant interviews. Process tracing[8] was done to identify various events that contributed to the formation of Tamil Nadu TGWB. Document reviews and interview data were used for process tracing.

A priori coding scheme was devised to identify themes. Four data analysts coded one key informant interview together and coded the additional transcripts separately. The coding book was continuously updated among the four analysts. Any uncertainties in the coding were discussed with other members of the research team to ensure consistency and revisions to the coding scheme were made as necessary. Theoretical coding was undertaken to identify higher-level codes and categories.

Findings were arrived at by triangulation of the key informant interviews, focus group discussions and information from the documents. Four-member research team discussed over phone periodically and had several day-long meetings to finalize the overall categories and themes, and ruled out rival (alternative) explanations.

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[8] George A. L. & Bennett, A. (2005). Case Studies and Theory Development in the Social Sciences. MIT Press.

**Validity [9] [10]**

For ensuring validity, the following strategies were employed.

*Triangulation of data:* Data were collected through multiple sources and methods *(source and method triangulation)* – interviews with key informants; focus groups with transgender people; and documents review. Also, the evidence behind inferences was checked by more than one investigator before conclusions were drawn and more than one investigator was involved in arriving at inferences (investigator triangulation).

*Peer debriefing*: We discussed the findings/interpretation with select key informants ('member checking' or 'respondent validation') and their inputs and suggestions were also included as 'feedback data' and analyzed further.

**Socio-demographic profile of participants**

Socio-demographic questions including age, education, occupation, and work experience were asked of all key informant interviews and focus group discussion participants.

*Socio-demographic profile of focus group participants*

Four FGDs were conducted among 20 transgender participants who were the beneficiaries of TGWB. The participants were purposively recruited based upon the occupation and geographical area (urban/rural). Participants' age ranged from 21 to 40 years (mean = 28.5). About one-third of the participants have completed 10th grade and another one-third have completed 12th grade.

*Socio-demographic profile of key informants*

A total of 23 interviews were conducted. Key informants included government officials and staff or leaders of NGOs/CBOs working with TG people. Participants' age ranged from 26 to 63 years (mean age = 42.5). Two-third (69.6%) of participants had completed their college graduation.

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[9] Lincoln, Y. S., Guba, E. (1985). *Naturalistic Enquiry.* Newbury Park, CA: Sage.
[10] Ritchie, J., & Spencer, E. (1994). Qualitative data analysis for applied policy research. In, Bryman, A. and Burgess, R.G. (eds.) Analyzing Qualitative Data. London: Routledge.

## C. TAMIL NADU TRANSGENDER WELFARE BOARD

### *FORMATION OF TRANSGENDER WELFARE BOARD*

A confluence of several factors contributed to the formation for TG welfare board. These factors ranged from gain in the political support as a legitimate minority, increase in the acceptance of both the general public and mass media (which once denigrated the TG community), and advocacy efforts of transgender groups (both individual activists, and community leaders of TG CBOs) and civil society. A detailed analysis of the distal and proximal factors that led to the formation of TGWB is beyond the scope of this study. Here, the key events that are more likely to have contributed to the formation for TG welfare board are presented.

**Diagram 2. Events associated with the formation of Tamil Nadu Transgender Welfare Board**
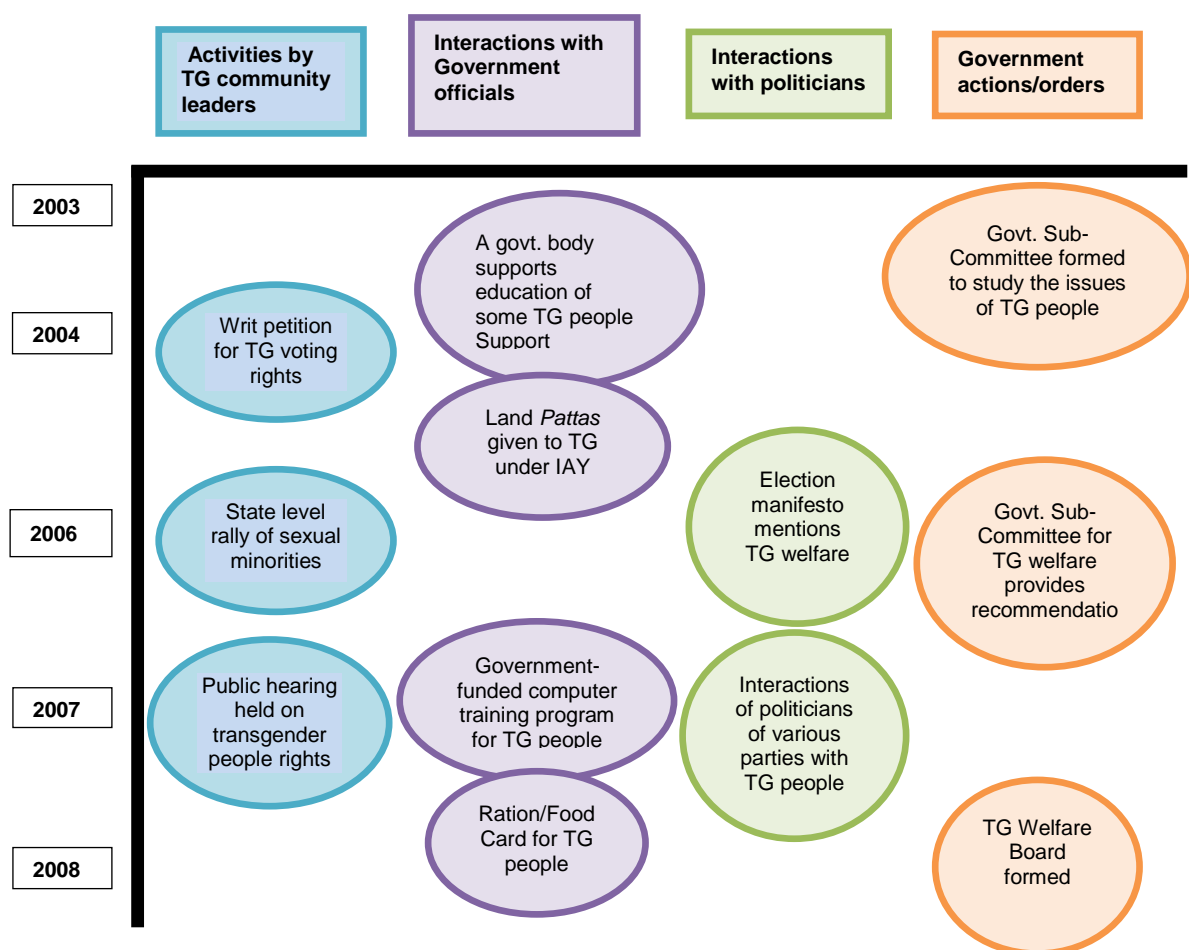


A summary of events from early 1990s to early 2000s is essential to understand the context behind the favourable climate for the formation of TGWB. A study conducted in Chennai by the World Health Organisation (WHO) in 1991/92 revealed that men who have sex with men and transgender people[11] were engaging in high risk sexual behaviours that put them at risk for HIV. Eventually, *HIV*

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[11] at that time referred to as 'ali', usually used as a derogatory term in Tamil language

***programmes*** were initiated by some non-governmental organisations[12] for vulnerable groups including transgender people in sex work. Towards the end of 1990s, some senior transgender community leaders initiated the formation of community-based organisations for aravanis, and succeeded in getting resources for implementing HIV interventions. The first TG CBO that received the government funding for HIV intervention was Thamil Nadu Aravanigal Association (THAA) in Chennai in 2001[13]. Soon, Tamil Nadu State AIDS Control Society, a government body, started funding interventions among MSM/TG people from 2001 onwards. Later HIV funds from other sources also started to flow and advocacy activities around HIV prevention work increased the importance on the need to focus on transgender people.

Most of the proximal factors that might have contributed to the formation of TG welfare board appear to be around the early 2000s, when the TN government authorities took initiative to address the "sexual exploitation of women and children" that also led the government to acknowledge the social marginalization of TG people in sex work.

In 1998, a national plan of action was developed to combat "trafficking and commercial sexual exploitation of women and children". State-level coordination committees were constituted in several states, including Tamil Nadu, as trafficking is both a state and central government subject. In the fourth Tamil Nadu state level co-ordination committee meeting[14] held on 4th August 2003, the Commissioner of Social Defence requested the TN government to constitute a ***sub-committee to conduct a detailed study on the 'rehabilitation' of transgender people***. Consequently, the TN government formed a sub-committee called 'sub-committee for rehabilitation of transgender people" (hereafter shortly 'sub-committee') under the Social Welfare and Nutritious Meal Programme Department (Hereafter, shortly 'Department of Social Welfare'). A government order dated 23rd October 2003 was issued to authorize the formation of such a sub-committee, with the Director of Social Welfare as its nodal officer. The sub-committee was asked to submit a report on the strategies for rehabilitation of TG people within a month from the date of its formation. However, the second meeting involving this sub-committee did not happen until October 2006.

In the meantime, possibly due to the ***initiatives of key government officials*** who were part of the sub-committee, ad hoc activities were initiated to improve the economic conditions of transgender people.  For example, in April 2004, the Tamil Nadu Corporation for Development of Women (organised a state consultation meeting titled 'Government-NGO partnership', in which transgender people who underwent computer training were awarded certificates. In that meeting, officials from the Department of Social Welfare, and other departments participated[15]. Similar initiatives were taken by government officials in other parts of Tamil Nadu as well. For example, the district collectors of Kancheepuram and Vellore began offering ***free and subsidised housing for aravanis*** under the central government scheme 'Indira Awaas Yojana' (IAY).[16]

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[12] A notable agency that implemented HIV interventions among transgender people in Chennai was 'Community Action Network' that involved TG people as peer-educators.

[13] THAA was formed by three aravani community leaders in 1998. From 2001, THAA was funded by Chennai Corporation AIDS Prevention and Control Society (CAPACS) for a couple of years. In 2002, THAA received funds from the Tamil Nadu State AIDS Control Society (TANSACS) to organise an advocacy programme. From the last quarter of 2010, TANSACS funds THAA to manage a five-bedded community care centre project for HIV-positive TG people

[14] G.O. No. 201, dated 23rd October 2003, Constitution of sub-committee for rehabilitation of [transgender people]. http://www.tn.gov.in/gorders/social/sw-e-201-2003.htm

[15] Press Release, dated 2nd April 2004.
http://www.tn.gov.in/pressrelease/archives/pr2004/pr020404/pr020404.htm

[16] Govindan, P., & Vasudevan. A, (2009) *The Razor's Edge of Oppositionality: Exploring the Politics of Rights-based Activism by Transgender Women in Tamil Nadu.* http://www.lassnet.org/2009/readings/govindan-vasudevan2008razors-edge.pdf

In parallel, ***advocacy activities*** to secure the rights of transgender people began. In July 2004, a group of TG activists filed a writ petition in the Chennai high court[17], and the court ruled that transgender people chose to vote either as a male or female. This outcome of the writ petition drew the attention of media as well as politicians who had overlooked this constituency until that time. Later, several interactions between political leaders (and government officials) and transgender communities have been documented. Both political leaders and government officials had presided functions in which transgender people were honoured, or had attended the functions or events organized by the TG community groups. Eventually, the issues of transgender people entered into the election manifesto of a major political party in Tamil Nadu. Released in April 2006[18], it stated "with a view to protect the welfare of 'aravanis' …. We will take appropriate decision after a thorough examination of various demands made by them".

Early 2000s also was the time of collectivisation of same-sex attracted men and women across the socioeconomic classes under the common umbrella term 'sexual minorities' at the national and state levels. Interactions of Tamil Nadu transgender groups with same-sex attracted men through HIV-related programmes and legal rights-related advocacy activities (that eventually led to reading down of Section-377) led to a decision to conduct a ***public rally of sexual minorities*** in Chennai in August 2006.[19] After this rally, the group representatives submitted a memorandum with several recommendations (including the need to focus on the social, and health needs of transgender people) to the then TN Social Welfare Minister who assured that she will follow up with her department about the promises made in the election manifesto.

This later led to a ***meeting in October 2006***, which was convened by the Director of Social Welfare. The relation between the fulfilment of election manifesto of the government and the meeting was explicitly stated in the G.O. related to this meeting. In that meeting, the original sub-committee (on TG people) was re-convened three years after its first meeting, and representatives from various government departments, NGOs and TG representatives participated as well. The subcommittee made several recommendations that include: sex re-assignment surgery for eligible TG people; family counselling for acceptance of TG people; admission of TG students in schools and colleges; special vocational training and skill development training for TG people; and special grievance redressal meetings to be convened by the district collectors. These recommendations were later issued as a government order on 21st December 2006 (G.O. No. 199).[20] The same G.O. also stated the need to conduct a detailed survey among aravanis to improve their lives.

On 24th August 2007, the Co-operation, Food and Consumer Protection Department in its press release[21] mentioned that transgender people were issued ration/food card even if they live alone. Meanwhile, key political leaders started openly talking about the need to include transgender people in the mainstream society.[22]

In December 2007, a ***'public hearing'***[23] ***on the issues of aravanis*** was organized by a federation of NGOs working with marginalized groups that included TG CBOs. The Jury[24] of this public hearing

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[17] 2004, March 6th Transgender demanding for voting right – High court notice to election commission. *Dinakaran, Chennai Edition.*
[18] D.M.K. Election Manifesto (2006) p.25.
[19] http://www.infosem.org/news.htm#chennairally
[20] http://www.tn.gov.in/gorders/social/sw_e_199_2006.htm
[21] http://www.tn.gov.in/pressrelease/archives/pr2007/pr240807/pr240807_550_e.pdf
[22] http://www.hindu.com/2007/09/28/stories/2007092860970200.htm
[23] http://www.frontline.in/fl2504/stories/20080229607610000.htm
[24] Jury members included Ms. Ramathal, K. Sampath Kumaran (Retired Punjab High Court Judge), K.M. Marimuthu (former Vice-Chancellor, Bharathiyar University), Ossie Fernandez (Director, Human Rights Research and Advocacy Foundation), P. Kalimuthu (Former Director-General of Police) and Qudsia Gandhi (Member, State Commission for Women)

issued several recommendations to various departments of the TN government – most of which were in line with the recommendations made in the October 2006 subcommittee meeting. One of the jury members was Ms. R. K. Ramathal from State Women Commission (SWC). After that public hearing, SWC took lead in forming a four-member committee and submitted the recommendations[25] to various government departments including the Department of Social Welfare.

In relation to these recommendations, the Director of Social Welfare wrote to the Tamil Nadu government, which led to the government order that announced the formation of the TG welfare board on *April 15, 2008.*[26] Later, the Tamil Nadu government officially announced April 15 as 'Thirunangai day'[27] to commemorate the day in which the Transgender Welfare Board was formed.

Thus, the commitment made by the ruling government in its election manifesto, demands by the TG communities and other civil society groups, recommendations of the subcommittee on transgender people, willingness among the government officials to work with transgender people – all ultimately led to the formation of Tamil Nadu Transgender Welfare Board.

## *STRUCTURE AND GOVERNANCE OF TGWB*

The Transgender Welfare Board (TGWB) functions under the leadership of – Minister of Social Welfare; Special Commissioner and Secretary of Social Welfare and Free Meal Department; and Director of Social Welfare - who are President, Vice-President and Member Secretary, respectively, of TGWB.

The board has official and non-official members. The official members are the representatives from the various government bodies that include: Department of Finance, Department of Law, TN State Commission for Women, Police Department, Human Rights and Social Justice Commission, TN Corporation for Development of Women, Department of Higher Education, Department of Medical Education, and Department of Employment and Training. Out of the eight non-official members, 7 are TG community leaders, and one person is a NGO leader. The TG community leaders are form different regions of the state to ensure representation from various parts of Tamil Nadu. Four non-official members were nominated by the consortium[28] that organized a public hearing in December 2007 on transgender issues, the rest were chosen after consultation with District Collectors.

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[25] The recommendations included: sex-change surgeries for transgender people at government hospitals, regulation of portrayals of TG people in media, and providing insurance and jobs for TG people.
[26] G.O. No. 38, dated 15th April 2008, Social Welfare – Aravani Welfare Board Formation Order
[27] G.O. No. 27, dated 28th February, 2011
[28] Tamil Nadu AIDS Solidarity Action group (TASA), Tamil Nadu State Commission for Women and ActionAid

**Diagram 3. Structure of Tamil Nadu Transgender Welfare Board**

**President** (Minister of Social Welfare)
- *Chairs the Board meeting*

**Vice-President**
(Special Commissioner and Secretary of Social Welfare & Nutritious Meal Programme Dept.)
- *Co-chairs the Board meeting*

**Member Secretary** (Director of Social Welfare)
- *Convenes the Board Meeting*

Passes G.O. for scheme implementation and allocate resources

Reports their activities

**District Social Welfare Office**

*Implements the schemes at the district level*

**Official Members**
(Representatives of various Govt. bodies)

*Enable use of existing govt. schemes*

**Non-Official Members**
(TG community Leaders & NGO Leaders)

*Provide inputs for formulation and implementation of schemes*

At the state level, the President and Vice-President chairs and co-chairs the board meeting, respectively, and approve the schemes of TGWB. The Director of Social Welfare (Member Secretary of TGWB) convenes the board meeting and coordinates with official and non-official members to formulate schemes. The official members provide inputs to the board in framing strategies and designing the schemes. The official (government) members also discuss how they plan to facilitate transgender people to access existing government schemes and what changes they have introduced for ensuring access. The official members inform the Secretary and President about the steps taken to address the issues of TG people.

The non-official members interact with the TG communities at the grass-roots level and identify the emerging needs of TG people and issues related to accessing and using the existing schemes. During the board meetings, non-official members present the issues and needs to the board and assist in designing the schemes, and suggest ways to remove the bottlenecks in access and use of schemes. Thus, the non-official members have more of an advisory and consultative role, and seen as representatives of the diverse TG communities.

At the district level, the District Social Welfare Office takes responsibility of implementing and monitoring the schemes, and gets feedback from the non-official members (who represent that region) of TGWB and NGOs/CBOs working with TG people in that particular district. The District Social Welfare Office periodically reports to the Secretary and President of TGWB about the progress in the implementation of schemes.

The strength of this structure is that it allows interaction among various government departments and thus facilitates inter-departmental coordination. Thus, the various government departments have facilitated access of transgender people to the existing government schemes. Inclusion of TG representatives from various regions of the State enables the board to understand the difference in the issues of TG people from all regions. This arrangement, in which members from various government bodies and TG communities are present, thus enables board to have different perspectives of the issues and formulate effective schemes – reflecting a true participative democracy in action.

## SCHEMES OF TGWB

TGWB has addressed a variety of social protection needs of Aravanis since its inception. For simplicity and discussion purposes, the schemes are grouped as 'TG-specific' schemes – which are new schemes introduced by the TGWB to cater to the needs of TG people; and facilitating access to 'existing schemes' – that is, allowing transgender people to access the government schemes that existed in the various government department even before the formation of the TGWB (See Table 1 for the classification of the schemes and Table 2 that provides details of those schemes).

### TG-specific welfare schemes by TGWB
TG-specific schemes are those that are formulated and funded by TGWB exclusively to benefit the transgender people. These include self-employment grants (up to INR 20,000) primarily to address the income needs of TG people. Material support such as sewing machines is given to needy TG people. Furthermore, short-stay home was started in Chennai to serve as a temporary shelter for TG people in crisis and as a safe place to for TG people to stay when they visit Chennai for medical care and sex reassignment surgery.

### Access to existing government schemes from various government departments
The existing state government schemes that are accessed by TGWB members mostly include income generation by formation of TG self-help groups (SHGs) operated by accredited NGOs (which usually manage SHGs for women).

To address housing needs of TG people, the state government offers free land *pattas.* Besides, the central government's housing scheme – Indira Awaas Yojana (IAY) – is also used to provide support for housing to TG people.

TGWB facilitates access to existing government institution-delivered programmes such as health insurance, education, and employment. TGWB facilitates access to employment opportunities for TG people by enabling them to register in the state government 'employment exchange'. TGWB facilitates provision of free sex reassignment surgery through select government hospitals in Chennai. Kilpauk Medical College Government Hospital and Madras Medical College Government Hospital offer free SRS that include removal of male genitalia, and vaginoplasty (See box 2). Moreover, ration/food cards that are usually provided to a family are now provided to TG people even if they live alone.

**Eligibility criteria and subgroup-specific schemes**

All aravanis with the TGWB identity card are eligible for receiving TG-specific schemes of TGWB. The process of providing identity card is explained in box 1. But other eligibility criteria are also applied if aravanis need to apply for schemes provided through the various government departments. Sometimes, they share the quota reserved for the women. For example, for getting admission in schools/colleges, aravanis can apply in the women quota that has a 30% reservation.

Focus group beneficiaries felt that there could be specific schemes for TG people in sex work, HIV-positive TG people, and older TG people. Key informant community leaders suggested that formulation of TG-specific schemes from TGWB can be based on some specific categories such as age, socio-economic status, literacy level, HIV status, and occupation – as these considerations could ensure equity in access to schemes by all sub-groups of TG communities.

**Table 1. List of Schemes and Benefits available for Transgender People in Tamil Nadu**

| Social protection needs | TG-specific schemes formulated and funded by TGWB | Facilitating access to existing government schemes | | Facilitating Access to Institutions and Services |
|---|---|---|---|---|
| | | State Govt. Schemes | Central Govt. Schemes | |
| **Income / Jobs** | Self-employment grants (up to INR 20, 000) to small business entrepreneurs<br><br>Vocational training (e.g., jewellery-making, tailoring)<br><br>Material support for self-employment (e.g., sewing machines) | Loans to TG Self-help Groups (SHGs)<br><br>TG SHG formation and trainings (governance and management)<br><br>Vocational trainings to TG people (beautician, drawing) | | Initiatives to employ TG insurance (LIC) agents<br><br>Access to employment opportunities by registering in the government employment exchange |
| **Housing / Shelter** | Short-stay home for TG people in crisis | Free registered land | Grants for building houses (Indira Awaas Yojana – IAY) or free supply of materials to build house | |
| **Education** | Individual grants | | - | Government colleges are open for transgender people |
| **Health** | | Free Health insurance | | Free sex reassignment surgery in select government hospitals |
| **Food** | | Ration/Food cards | | |

**Table 2. Details of Schemes available to Transgender People in Tamil Nadu**

| Social protection needs | Schemes | Benefits and Rationale | Eligibility Criteria |
|---|---|---|---|
| **Income / Jobs** | Self-employment grants (INR 20,000) for small business entrepreneurs | Income generation | - TGWB identity card<br>- Self-Help Group (SHG) member |
| | Vocational training projects implemented by TG CBOs (e.g., tailoring) | Income generation | No specific criteria |
| | Material support (e.g., sewing machines) | Income generation | TGWB identity card |
| | Individual grants to TG people for starting small businesses | Income generation | - Individual TG people (up to INR 20,000)<br>- A group of five TG people (up to 1 lakh INR) |
| | Training by NGOs on formation and governance of TG SHGs | Income generation | - Five to eight TG members from the same locality<br>- TGWB identity card |
| | Vocational trainings to TG people (e.g., beautician, artist) | Income generation | TGWB identity card |
| | Access to employment opportunities by registering in state government 'employment exchange'[29] | To provide employment opportunity for literate TG people | TGWB identity card |
| **Housing / Shelter** | Short-stay home / Transit home | Shelter for TG people in crisis | Open for any self-identified transgender people |
| | IAY (Indira Awaas Yojana) – Subsidies or Grants for constructing houses | Free Housing | TGWB identity card |
| | Free registered land | Housing | TGWB identity card |
| **Education** | Education grants | To support higher education of TG youth | - TGWB identity card<br>- Certificate/document that state the total fees required to complete a course in govt. colleges |
| | Government schools and colleges are open for transgender students[30] | To support education of TG youth | TGWB identity card |
| **Health** | Free health insurance | To address emergency health needs | TGWB identity card |
| | Free sex reassignment surgery (SRS) in select government hospitals | To support gender transition needs of transgender people | - TGWB identity card (not mandatory)<br>- Support letter from a community representative of TGWB (not mandatory) |

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[29] The Department of Employment allows unemployed educated youth to pre-register for impending job vacancies occurring in different sectors of the State.
[30] 'other' column added to the 'sex'/gender category – male/man and female/woman

| | | | |
|---|---|---|---|
| | | | - Any TG person properly assessed by physicians in the government hospitals |
| **Food** | Ration/Food cards (Public Distribution System) | To provide food materials at free/subsidised cost | TGWB identity card |

**Table 3. Achievements of Tamil Nadu TG Welfare Board**

| Schemes/Activities | Beneficiaries/ Achievements |
|---|---|
| 1. **Number of TG people reached through enumeration** | 3887* |
| 2. **Distribution of Aravani Identity Card** | 2411* |
| 3. **Ration/Food Card distribution** | 1211* |
| 4. **Free Land Pattas** | 335** |
| 5. **Education Grants** | 2** |
| 6. **Material support (Sewing machines)** | 100** |
| 7. **Self-Employment grants (INR 20,000)** | 320** |
| 8. **Free Sex-Reassignment Surgery (SRS)** | 49** |

\* For the year 2009
\*\* For the year 2010

| |
|---|
| **Box 1.**<br>**Enumeration of aravanis in Tamil Nadu and process of providing TGWB identity card** |

Enumeration is one of the first activities conducted by the TGWB in 2008 and partly in 2009. With inputs from the community representatives, an action plan was devised on how best to know the number of aravanis in Tamil Nadu, and to capture socio-demographic and other relevant information to help planning evidence-informed welfare schemes. Enumeration form was prepared with inputs from the community representatives, pilot-tested and fine-tuned.

To ensure successful enumeration, information about the enumeration was provided through various channels that include advertisements in the Tamil newspapers, radio, and TG-specific gatherings (such as Koovagam festival), and messages through posters, community leaders, and staff of agencies working with transgender people.

Tamil Nadu has 32 districts. TGWB community representatives helped in identifying two TG community people for each district who served as field staff for enumeration. There was a centralised training for all the field staff on how to enumerate and fill the enumeration form. Enumerators engaged in outreach, data collection and submitted the filled-in form to TGWB.

After the survey, community enumerators informed TG people through written communication or by word-of mouth about the screening process required to provide them an identity card (See diagram 3). In each district, a district level screening committee was constituted by TGWB. In general, the committee was under the Chairmanship of District Collector and members included Deputy Director of Medical and Rural Health Services, District Social Welfare Officer, a clinical psychologist, a psychiatrist, and a transgender community representative.

The function of the committee was to screen the self-identified transgender persons and certify them as aravani. The committee assessed psychological (Transgenderism) status and emasculation status (that is, whether or not the person has undergone emasculation or sex change operation). In particular, role of the community representative was to assess whether the person belongs to the transgender community (irrespective of self-identify of the person).

The committee acknowledged the diversities within the transgender community in relation to attire and sex change operation, and agreed that persons who belong to one of the following categories can be considered as 'aravani' for programmatic purposes.
- Persons who have undergone emasculation, live in full-time woman attire, and who may or may not be living with their biological family members
- Persons who have not undergone emasculation (yet), live in full-time woman attire, and who may or may not live with their biological family members
- Persons who are affiliated with the Aravani's Jamath system, who may or may not have undergone emasculation, live in part-time woman attire or even full-time male attire, and who may or may not be living with their biological family members

For persons who are certified as aravani by the screening committee, the TGWB issued ID card within a reasonable time period.[31]

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[31] Enumeration process was conducted once or twice in the districts so far. Transgender people will continue to come out in the society and hence a periodic enumeration process is needed.

**Diagram 4. Steps in the Enumeration of Transgender people in Tamil Nadu**

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┌─────────────────────────────────────────────────────┐
│   Enumeration plan and form content finalized in     │
│       consultation with the TGWB members             │
└─────────────────────────────────────────────────────┘
                         ⇩
┌─────────────────────────────────────────────────────┐
│   Appointment of TG community enumerators and training│
└─────────────────────────────────────────────────────┘
                         ⇩
┌─────────────────────────────────────────────────────┐
│     Filled-in form submitted by enumerators to TGWB  │
└─────────────────────────────────────────────────────┘
                         ⇩
┌─────────────────────────────────────────────────────┐
│  Screening of applicants by district level committee that│
│       included a TG community representative         │
└─────────────────────────────────────────────────────┘
                         ⇩
┌─────────────────────────────────────────────────────┐
│      Submission of screening results to the TGWB     │
└─────────────────────────────────────────────────────┘
                         ⇩
┌─────────────────────────────────────────────────────┐
│        Issue of aravani identity card by TGWB        │
└─────────────────────────────────────────────────────┘
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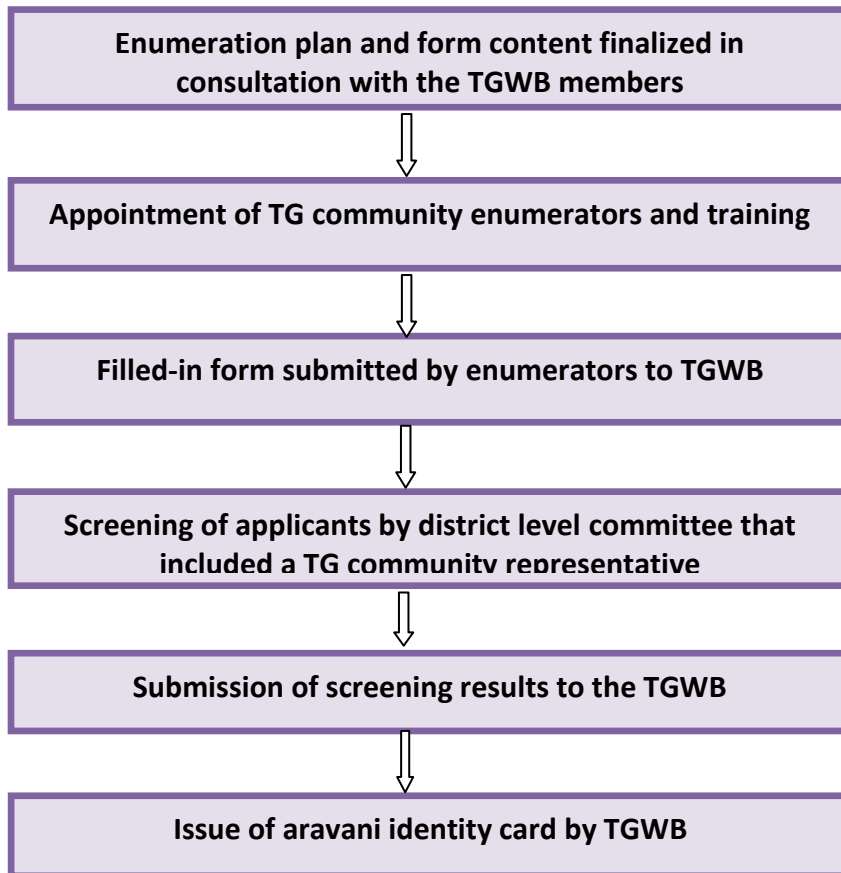
Alternatively, a mechanism needs to be developed for persons to apply for aravani identity card and not waiting for the second round of enumeration.

| | |
|---|---|
| **Box 2. Typical process adopted in a Tamil Nadu government hospital for performing sex reassignment surgery for male-to-female transgender people** | |

Sex reassignment surgery in select government hospitals was being done in Tamil Nadu in an ad hoc manner even before the formation of TGWB. However, after the formation of TGWB, a government order was passed that directly stated that SRS can be provided in the government hospitals. In Chennai, SRS services are offered in Kilpauk Medical College and Hospital (KMC) and Chennai Central Government Hospital.

Free SRS procedures performed include emasculation (removal of external male genitalia) and vaginoplasty (construction of vagina) with or without labiaplasty (construction of labia/folds). Breast augmentation surgery (enlarging breasts with silicone implants) is also performed but the implants need to be purchased by the TG people. At least 300 aravanis have registered for SRS services since its inception (2009). The typical process followed is presented here.

**Registration**
Often aravanis who desire SRS present themselves to the surgery department and get registered. TGWB identity card is often required for registration. However, even individuals who come without TGWB identity card are sent for psychiatric assessment to confirm their gender identity status. Registration counter confirms the legal age of TG people by verifying any of legally valid documents such as voter identity card. Furthermore, permanent and present address proofs are recorded. After registration, a small note book was given to clients to keep track of all follow-up services.

**General medical check-up**
General medical health check-up for clients are scheduled a reasonable time after registration. Check-up include clinical and physical examination, HIV testing. HIV-positive people are not declined SRS provided their medical condition is good. At least three HIV-positive aravanis were reported to be operated in KMCH alone.

**Psychiatric counselling sessions**
After medical check-up, SRS applicants will be referred to in-house or outside government psychiatric counselling unit. Gender identity confirmation was the main focus of assessment and to help the clients in choosing whether SRS is the best option for them. Typically, at least three counselling sessions are provided[32].

**Support letter from community representatives or family members**
Surgeons usually ask clients to provide a support letter from their biological family or TG community leaders (especially TGWB TG members) to avoid any legal complications in the future. While a few TG clients provide support letter from their family members – primarily mother, most usually get support letter from TGWB TG members or senior TG community leaders who manage TG agencies.

**Scheduling and undergoing SRS**
After meeting all the above-mentioned requirements, SRS clients will be given a date for SRS usually within two or three months – depending on the client load. A team of experts including plastic surgeons or surgeons, and anaesthetist will perform the operation in one or two sittings.  Duration of surgeries vary –  removal of external male genitalia – 2 to 3 hours, and vaginoplasty – 3 to 4 hours. .

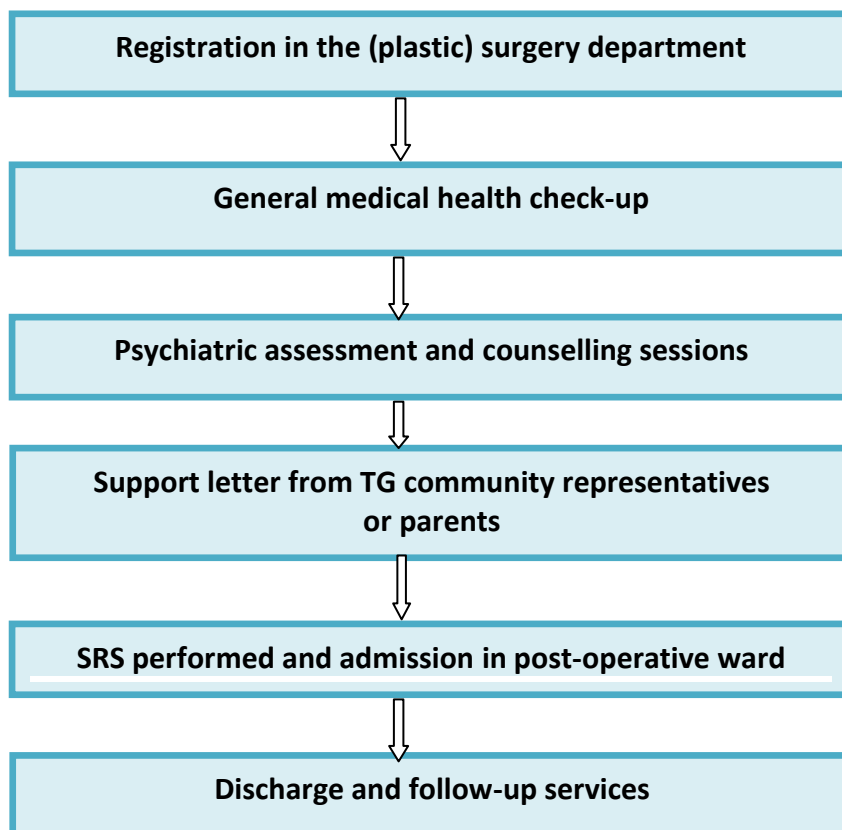**Post-SRS procedures: Admission in post-operative ward, discharge and follow-up services**

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[32] Some key informants suggested the need for more intensive counselling sessions offered by counsellors with expertise/training on transgenderism.

Post-SRS, clients are admitted in the female ward (e.g., in the plastic surgery department of KMCH) for about a week or so. One care-giver – a transgender friend or a family member –   is allowed to stay with the clients. After successful recovery, the clients are discharged after providing information on follow-up care. Usually they are asked to come for both physical and mental health follow-up within a month after the surgery[33].

**Diagram 5. Typical process followed in a Chennai government hospital before and after Sex Reassignment Surgery**

| Registration in the (plastic) surgery department |
| --- |

⇩

| General medical health check-up |
| --- |

⇩

| Psychiatric assessment and counselling sessions |
| --- |

⇩

| Support letter from TG community representatives or parents |
| --- |

⇩

| SRS performed and admission in post-operative ward |
| --- |

⇩

| Discharge and follow-up services |
| --- |

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[33] Community key informants suggested that post-operative follow-up care should be strengthened. A plastic surgeon remarked that most TG clients do not come for follow-up after SRS.

## *CHALLENGES FACED BY TGWB*

The key challenges faced by TGWB are described below. Some of these challenges have not been resolved fully. Learnings from these challenges will be helpful in preventing or minimizing such challenges when other state governments initiate similar programmes on transgender welfare.

### *Selection process of TG representatives in the TGWB*

TGWB has seven transgender community representatives as non-official board members. These TG community members are chosen based on their expertise and long-term experience in working with TG communities. When TGWB was constituted, these TG members were nominated by key government officials or political leaders as there was no time or resources to conduct an election for selecting the non-official members. This selection process by nomination has created misunderstanding among the TG community leaders (who are not part of the TGWB) and questions have been raised in public forums about the lack of zonal/regional representativeness of the TG members in the TGWB.

Recently, as TGWB has been registered as a society, the bye-laws state that non-official members will be elected through a particular mechanism and non-official members will hold the office for three years. This gives the scope for democratic process of selection of TG community representatives as non-official board members of TGWB.

### *Lack of consensus definition of aravanis (male-to-female transgender people)*

Insights from different sources (community leaders, beneficiaries and TGWB non-official members) show that there are disagreements over who should be the beneficiaries of the TGWB welfare schemes and basically thus who should be regarded as aravanis for the welfare scheme purposes. While some community leaders and TGWB members give significance to only one's stated self-identity, some others want to consider other biological and social characteristics to accept someone as a TG person: emasculation status, full-time woman attire, marital status, connections with biological families (family or origin) and affiliation with aravani community (jamath system of aravanis in Tamil Nadu).

Often, this lack of consensus definition of aravanis even within the aravani communities puzzled other TGWB officials and relevant stakeholders. For example, incidents of tension were reported among TGWB members and officials of the screening committee when applicants are screened to take a decision on whether or not they can consider the applicant as a transgender person. The differences in the conceptualisations of who is an aravani within the communities and lack of inclusive definition are likely to hinder equitable access to social benefits for deserving TG people.

### *Limited use of the expertise of the transgender board members in decision-making process*

TGWB has seven transgender community representatives as non-official board members. Discussions with some of these board members revealed that they felt not being involved properly as they pointed out that often they received a pre-decided agenda and in meeting there were discussions on pre-decided schemes often introduced by the government officials. They also noted that only limited time was available for raising issues in the board meeting, and annual budget and expenditure statements have not been seen by them.

Lack of written terms of reference for non-official board members and limited frequency of board meetings and discussion times might be some of the reasons for the apparent limited involvement of the TG community representatives. Despite the limited power of TG community representatives due to practical constraints of time and resources, TG community leaders (who are not board members)

overestimated the powers of the non-official community board members to formulate schemes and remove administrative hurdles in the implementation. This misunderstanding has also created tensions among the community leaders of what could have been done by the TG representatives and whether they are really representing the voices of TG communities.

Lack of mechanisms for regular consultations with non-board member transgender leaders and grass-roots level transgender people and beneficiaries mean that the current non-official transgender board members are held accountable if schemes are not reaching certain districts or if there is delay in getting things done (e.g., delay in getting aravani identity card). Thus, transgender board members had to deal with these high expectations from the transgender community leaders and beneficiaries when they have almost no resources to periodically discuss or update the TG communities about the progress and challenges faced by TGWB.

### *Limited number of TG-specific schemes funded directly by TGWB*
The operations of TGWB make it look more like a mere 'coordinating body' as opposed to an 'autonomous body'. Mostly, TGWB facilitated access to existing government schemes for the general public such as ration cards, insurance schemes, and free-housing schemes. On the contrary, TGWB formulated and funded relatively less TG-specific schemes such as short-stay home and small grants for education. This could be basically because of lack of adequate funds as well as indecisions over how to spend the funds. Presumably, this lack of adequate TG-specific welfare schemes through TGWB provoked some beneficiaries and community leaders to question the effectiveness of TGWB activities.

### *Ambiguous official status of the Aravani identity card issued by TGWB*
After successful screening by the district level committee (see earlier), people who are certified as aravanis (or MTF transgender persons) by the committee were provided with an identity card. The content of the card include: birth (male) name, transgender (feminine gender) name, permanent address, and membership number. Card does not mention the gender identity (as transgender/aravani) of the bearer. This identity card is usually required if transgender people apply for TG-specific welfare schemes (e.g., loans for self-help groups) of TGWB, or if they go to government hospitals to obtain SRS services[34].

While some members complained that they TGWB ID card is not accepted as a valid card for identity and address proof (e.g., for opening bank accounts), some have opened bank accounts and obtained passports using this card. So, the problem seems to lie with the lack of communication from the TGWB to relevant government departments and other institutions that TGWB ID card can be used as a legally valid card for identity or address proof.

### *Lack of adequate linkages of TGWB with other relevant government bodies*
Presently, TGWB found to have linkages with only 8 relevant government departments, as officials of all of these departments serve as official members of TGWB. Thus, there are good linkages with the government bodies related to: Finance, Law, Tamil Nadu State Women Commission, Police, Tamil Nadu Women Development Corporation, Higher Education, Medical Education, and Employment and Training. In this regard, some community leaders and TGWB members articulated the need of TGWB to establish linkages with more relevant departments. The lack of adequate linkages with other relevant departments would pose challenges in assessing possible benefits for TG people. For example, as suggested by some community leaders, linkages with slum clearance board would facilitate easy access to free housing facilities.

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[34] A detailed psychiatric assessment is, however, followed before offering SRS.

## D. PRACTICAL MODELS FOR STATE GOVERNMENT PROGRAMME FOR SOCIAL PROTECTION OF TRANSGENDER PEOPLE

Transgender Welfare Board in Tamil Nadu was formed under certain specific circumstances with commitment from the state government (with support across party lines) to improve the socioeconomic conditions of transgender people. Both the general public and the government realized that the transgender people have been ignored and marginalized for centuries and excluded from participating in the social and economic aspects of the mainstream society.

Tamil Nadu TGWB addresses the social protection needs of TG people as:
- an agency that *designs and implements schemes exclusively for TG people* focusing on income/employment, housing, education and health care needs of TG people.
- a platform to bring *various government departments together to discuss what can be done to address these basic needs by allowing access to government's pre-existing services, schemes, or institutions* for TG people – thus trying to end the social exclusion and marginalization of TG populations.

**These two key functions of the TGWB can be adapted by other state governments even if they do not currently plan for a state level nodal body for TG welfare.** For those interested in establishing a state level nodal body, box 4 provides suggestions and tips.

Assuming that a state government intends to address the social and welfare needs of the transgender people in its state, there are four main recommendations in relation to: how to provide welfare, what should be the content of the TG social protection programme, how to involve TG communities, and how to secure resources for the social protection.

**Diagram 6. Models for State Government Programme for Social Protection of Transgender People**
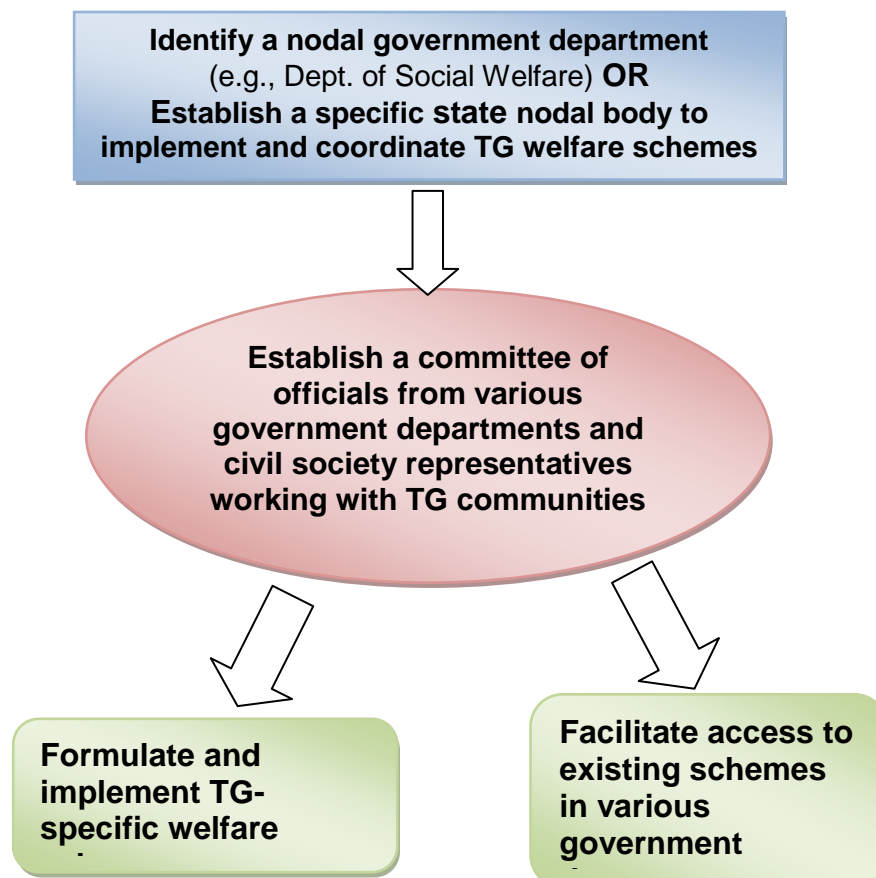
**1. How to do?: Models for the structures and mechanisms for providing social protection for transgender people**

Depending on the number of TG people in a state, the state government can decide whether a separate state level nodal body (such as TG Welfare Board) is needed or whether a nodal department (e.g., Department of Social Welfare) or a division of a particular government department will be sufficient. One can start with a nodal department or a departmental division and then later decide whether or not a separate state level nodal body is required - based on the work load and resource requirements and availability.

Irrespective of whether it is a separate nodal body or a nodal department that will address the social protection needs of transgender people, all relevant government departments and government bodies (such as State Commission for Women and State AIDS Control Society) need to be involved so that transgender people can access the existing government schemes and use existing resources such as public education and public health care.

Similarly, irrespective of whether or not a separate state level nodal body is established, it is a good practice to involve TG representatives when designing what needs to be done and how to implement the activities or schemes. One of the first activities could be to conduct a rapid needs assessment[35]: to arrive at a rough estimation on the size (or conduct a 'census') and map the location of the TG populations; and to properly assess their socioeconomic, and health conditions, which will help in designing evidence-informed policies and programmes, and to allocate resources. Then, based on the needs assessment, schemes can be designed and implemented.

An advisory committee that involves key stakeholders (including state and national level networks that work with transgender people) can be established to use their suggestions and resources to strengthen the social protection programme for transgender people in that particular state.

**2. What to do?: Suggested sets of generic schemes and modes of delivery**

The state level nodal body or the nodal department/division can take a coordinating role in bringing the various government departments together. This will enable transgender people to access the existing schemes in relation to – income, employment, housing, education and health care.

Some of the government departments with whom coordination is needed include: department of training and rural development, department of women and children, department of education, department of medical education, and department of medical services. By having coordinating mechanisms with these departments in place, these departments can be asked to allow transgender people to access and use their existing schemes or institutions (government colleges and hospitals).

Sometimes, specific schemes catering to only TG people may be needed – again, to address their basic needs in relation to income, employment, housing, education and health care. These schemes include grants to self-help groups of TG people, vocational training, and short-stay home for TG people in crisis. For designing such specific schemes, the needs assessment and consultation with TG representatives would be helpful. If a state level nodal body is available, then the TG representatives in that body can provide periodic inputs on the design and implementation of such TG-specific schemes.

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[35] a state level consultation with various stakeholders working with TG populations can be part of the rapid assessment.

| Box 3. List of generic schemes that can be offered for Transgender people | |
|---|---|
| **TG-specific Schemes**<br>1. Material support for self-employment<br>2. Vocational training<br>3. Short-stay home | **Use of existing government schemes**<br>1. Ration/Food card<br>2. Self-help groups<br>3. Vocational training<br>4. Employment opportunities (registration in 'employment exchange')<br>5. Indira Awaas Yojana (Housing)<br>6. Admission into education institutions<br>7. Health insurance<br>8. Free sex reassignment surgery (government hospitals) |

### 3. <u>How to get resources?</u>: Securing Finances for Welfare Schemes

For allowing TG people to access government's existing schemes of the various departments, no additional money is necessary. A government order is sufficient if it states that transgender people are allowed to use the existing government schemes in relation to employment, income generation, housing, education and health care. A mechanism for access should, however, needs to be decided. This may require that transgender people can apply as 'transgender' and the forms in the government applications need to reflect this policy decision.

Only for designing TG-specific schemes — such as funding self-help groups for TG people or supporting a short-stay home for TG people in crisis – separate funds are required for the nodal agency or the nodal department/division. Tamil Nadu experience is that a budget of about INR one Crore per year may be necessary for these TG-specific schemes. This money can be allocated to the nodal agency or the nodal department/division. Other possibilities for resources include 'pooled funds' with funds from the various government departments to contribute to some of the TG-specific schemes; and/or co-financing – with two or more departments jointly financing certain TG-specific schemes.

For securing resources in the long-term, TG-specific plan and budgeting need to be submitted to the state five-year planning commission and thus becomes part of the Government of India's Five Year Plan. In fact, the approach paper of Twelfth Five Year Plan mentions about the need to focus on the health and social equity needs of "Lesbian, gay, bisexual and transgendered (LGBT) communities".

### 4. <u>How to involve TG communities?</u>: Types of involvement of transgender people in the welfare programme

Transgender people need to be seen not just as beneficiaries but also as a valuable resource for providing insights about the needs of the diverse TG communities and who can provide solutions to many of the complex problems faced by TG communities. For example, Tamil Nadu TGWB involved at least 7 TG representatives (even though in a non-official capacity) who are involved in the decision-making process.

A good practice model of citizen participation will be to involve TG people at all levels of a programme – in formulation, implementation and evaluation. Suggestions for how they can be involved are provided in the box 4. Such an involvement of TG representatives in all levels is possible irrespective of whether the welfare schemes for TG people are through a state level nodal body or a nodal department/division.

**Table 4. Ways of involving Transgender People in all levels of TG Welfare Programme**

| Program / Schemes | How TG people can be involved |
|---|---|
| Planning and formulation | TG representatives need to be involved in planning and formulation of schemes to ensure that they address the priority needs of the communities |
| Implementation | Community agencies and other non-governmental agencies working with TG people can be involved in implementing the schemes and/or for dissemination of information about the welfare schemes |
| Feedback and Grievances | A mechanism needs to be developed to get periodic feedback directly from the grass-root level TG people. Redressal mechanisms need to be in place for problems related to accessing and using schemes or entitlements. |
| Monitoring and Evaluation | TG representatives can be used as volunteers or part of the evaluation team who convenes feedback sessions with the communities. |

| Box 4. Suggestions and Tips for the Formation and Governance of a State level nodal body for TG welfare |
| --- |

If a state government decides to form a body specifically for the welfare of transgender people, based on the lessons learnt from the initial few years experiences of the Tamil Nadu TGWB, the following suggestions are offered. It is not mandatory that the body needs to be a board and be only under the department of social welfare. Thus, these suggestions need to be modified according to whether the body is a board or commission or some other legal structure.

*Formation of a Nodal Body for TG Welfare*
- NGOs/CBOs working with TG people, TG community leaders, and other relevant key stakeholders (government departments) need to be before a decision is taken on formation of a state level nodal body for TG welfare.
- The government department that facilitates the formation of the body can form a multi-stakeholder interim advisory committee (e.g., TG and non-TG activists who work for the welfare and rights of TG people, lawyer, doctor, and TG representatives and women). This committee then can deliberate on the best structure for the nodal body for TG welfare and provide guidance on the same, and can suggest what can be the 'start-up' activities. It can also help in identifying potential non-official members of the future nodal body.

*Governance and Structure of the Body*
- The body can consist of official and non-official members. The official members are the government officials from relevant government departments. The non-official members need to be predominantly TG representatives and a few non-TG civil society members. The latter should be selected based on their experience in their work on TG welfare, and belong to an organization that has worked for the welfare of TG people.
- A zone-based selection (nomination or election) process can be used for appointing the non-official members (TG representatives). (Here, a zone refers to a particular number of districts)
- The TG representatives in the body needs to be trained on relevant issues (e.g., to understand government's welfare schemes in general, and administration of schemes) so that they can provide their best in their advisory role.
- The tenure for non-official members and the advisory committee can be for 3 years. An election can be conducted every three years to select the non-official members. Members in the advisory committee can be replaced periodically.

*Schemes - Dissemination and Implementation*
- Initially, schemes can be designed based on the needs assessment and inputs from the members. In subsequent meetings, introduction of schemes, implementation of the introduced schemes, and access to existing schemes of the government departments can be discussed.
- The implementation of the schemes at the district level can be monitored by the district office of the facilitating nodal department/division (for example, it will be district social welfare office if the facilitating nodal department is Department of Social Welfare). Non-official members from that particular zone can provide inputs to the district offices and facilitate interactions between the district office and local TG communities.
- Multiple channels such as newspaper, television, and brochures can be used to inform the TG communities about the schemes available through TGWB and from the various government departments, and how to access and use those schemes.
- Suitable agencies that can implement some of the TG-specific schemes (vocational training for TG self-help groups) can be identified by call for proposals. The state level nodal body then needs to develop a transparent process for selection of such agencies.

*Periodic Review, Feedback, and Evaluation*
- During the meetings, the activities can be periodically reviewed as discussed earlier. In addition, feedback from the reviews held by the district offices of the facilitating nodal department/division can be sent to the state level meetings. Mechanisms need to be available at the state level nodal body for receiving direct feedback and complaints from various parts of the state.
- At the district level, the District Collector can periodically review the implementation of the schemes and provide corrective directions. Collector can also conduct grievances meetings with the TG communities at least once in every three months.

- Evaluation meetings can be held at least annually at the state level by an external agency, to evaluate the effectiveness and achievements of the state level nodal body for TG welfare.
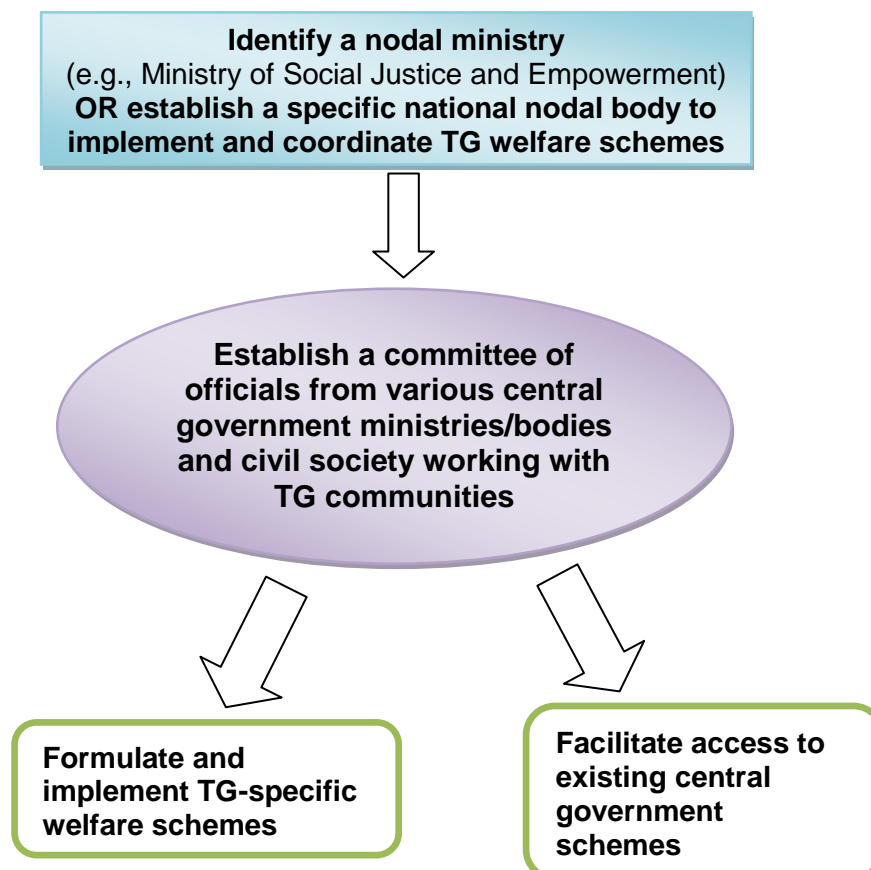
# E. PRACTICEL MODELS FOR CENTRAL GOVERNMENT PROGRAMME FOR SOCIAL PROTECTION OF TRANSGENDER PEOPLE

**Models for structure and its functions**

Based on national consultations with key stakeholders, the central government can decide whether a specific national level nodal body (such as TG Welfare Board) is needed or whether a nodal ministry (e.g., Ministry of Social Justice and Empowerment) will be sufficient. One can start with a nodal ministry and then later decide (based on the work load and resource requirements) whether or not a specific national level body for transgender welfare is required. The nodal ministry or the national level nodal body (once formed) can formulate and implement TG-specific schemes as well as take a coordinating role to bring together relevant ministries and departments (such as Ministry of Health and Family Welfare and National AIDS Control Organisation and National Rural Health Mission). This will enable transgender people to access existing social protection schemes of various government departments in relation to income assistance, employment, housing, education and health care.

The nodal ministry or the national level nodal body can consider the possibility of identifying a relevant nodal department of the state governments and fund those nodal departments to implement TG welfare schemes at the state level.

**Diagram 7. Models for Central Government Programme for Social Protection of Transgender People**



**Identify a nodal ministry**
(e.g., Ministry of Social Justice and Empowerment)
**OR establish a specific national nodal body to implement and coordinate TG welfare schemes**

**Establish a committee of officials from various central government ministries/bodies and civil society working with TG communities**

**Formulate and implement TG-specific welfare schemes**

**Facilitate access to existing central government schemes**

**Meaningful involvement of TG communities**

Irrespective of whether or not a separate national level nodal body is established, it is a good practice to involve TG representatives when designing what needs to be done and how to implement the activities or schemes. Besides, it is suggested to conduct a community needs assessment when formulating TG-specific schemes.

**Resource mobilisation**

For allowing TG people to access existing schemes of the various departments of the central government, no additional money is necessary. A central government order is sufficient if it states that transgender people are allowed to use the existing central government schemes in relation to employment, income generation, housing, education and health care. A mechanism for access should, however, needs to be decided. For securing resources in the long-term, a costed TG-specific plan can be submitted to the National Planning Commission, and other ways also need to be identified.

**Box 5. What can the advocates for TG welfare and rights do to ensure government commitment for social protection of TG people?**

**What can be done as individuals?**
**Constant capacity building:** Consistently upgrade your knowledge and skills - evidence-base for advocacy efforts, leadership skills, presentation skills, etc.

**Political correctness in expression**: Make sure that you are politically correct especially while expressing your views, opinions, perspectives, or even judgments that directly or indirectly influence political parties or leaders.

**True representation:** TG community activists need to acknowledge and represent diversities and specific needs of all sub-groups – TG people living with HIV, TG people in sex work, TG people who are in 'mangti', and pre-operative and non-operative transgender people.

**What can be done as a group of TG people?**
**Learn from others' experiences:** Develop local context-specific advocacy strategies (in consultation with TG communities and key stakeholders) by incorporating success stories and lessons learnt from other TG rights and welfare movements.

**State-wide community mobilisation:** Take efforts for state-level community mobilization and networking possibly with the help of existing of CBOs/NGOs primarily to ensure one coordinating mechanism and solidarity in planning, designing, and implementing advocacy efforts.

**One-agreed advocacy action plan:** Develop or advocate for one agreed state-specific advocacy plan with involvement of other key stakeholders that include relevant government departments, development partners, and HIV agencies.

**Rapport-building with other possible supporters:** Built rapport and establish relationship with other possible supporters such as minority groups, women groups, writers association, who can support and advocate for transgender rights.

**Managing community dynamics:** Manage community dynamics especially in-case of multiple groups working in the same geographical distribution. Also, need to ensure that community dynamics in no way not affect the larger agenda of the TG communities.

**What can be done with the General Public?**
**Public awareness:** Create public awareness about issues, concerns, and needs of TG people with the support of trans-friendly media – newspapers and TV channels. Also, depending on the state culture and context, public rallies can be organized, if needed.

**Sensitisation of specific groups:** Sensitise relevant groups such as media professionals, parents of TG people, lawyers, teachers, students, and women about TG communities – either yourselves or with the help of CBOs/NGOs working with TG people.

**What can be done with the policy-makers?**
**Personal meetings with key stakeholders:** Frequently meet key stakeholders such as political leaders, and relevant government department officials to represent the issues, concerns, and demands of TG communities.

**Involving key stakeholders:** Consistently involve (may be as special invitees) key stakeholders in the TG community events and programmes to sensitise them about the issues of TG communities.

# E. GLOSSARY

**Hijras**[36]

Individuals who voluntarily seek initiation into the Hijra community, whose traditional profession is badhai but due to the prevailing socioeconomic and cultural conditions, a significant proportion of them are into begging and sex work for survival. These individuals live in accordance to the community norms, customs and rituals which may vary from region to region.

**Transgender people**[37]

Transgender persons usually live or prefer to live in the gender role different to the one in which they are assigned at birth. The preferred gender role may or may not be related to their sexual preferences. It is an umbrella term that includes transsexuals, cross-dressers, intersexed persons, and gender-variant persons. Transgender people may or may not have undergone gender transition-related surgery or may or may not be on hormonal therapy related to their gender identity. Transgender people can be 'male-to-female' (**MtF**) or 'female-to-male' (**FtM**), and sometimes referred to as '***transgender woman / trans woman'*** and '***transgender man / trans man***', respectively.

*Aravanis and 'Thirunangi'*

Hijras in Tamil Nadu identify as "Aravani". Tamil Nadu Aravanigal Welfare Board, a state government initiative under the Department of Social Welfare defines aravanis as biological males who self-identify themselves as a woman trapped in a male's body. Some Aravani activists want the public and media to use the term 'Thirunangi' to refer to Aravanis.

*Jogtas/Jogappas*[38]

Jogtas or Jopgappas are those persons who are dedicated to and serve as servants of Goddess Renukha Devi (Yellamma) – whose temples are present in Maharashtra and Karnataka. 'Jogta' refers to male servant of that Goddess and 'Jogti' refers to female servant (who is also sometimes referred to as 'Devadasi'). One can become a 'Jogta' (or Jogti) if it is part of their family tradition or if one finds a 'Guru' (or 'Pujari') who accepts him/her as a 'Chela' or 'Shishya' (disciple). Sometimes, the term 'Jogti hijras' is used to denote those male-to-female transgender persons who are devotees/servants of Goddess Renukha Devi and who are also in the hijra communities. This term is used to differentiate them from 'Jogtas' who are heterosexuals and who may or may not dress in woman's attire when they worship the Goddess. Also, the term 'Jogti hijra' differentiates them from 'Jogtis' who are biological females dedicated to the Goddess. However, 'Jogti hijras' may refer to themselves as 'Jogti' (female pronoun) or Hijras, and even sometimes as 'Jogtas'.

*Shiv-Shakthis*

Shiv-Shakthis are feminine males who are considered to be possessed by or particularly close to a goddess. Usually, Shiv-Shakthis are inducted into the Shiv-Shakti community by senior gurus, who teach them the norms, customs, and rituals to be observed by them. In a ceremony, Shiv-Shakthis are married to a sword that represents male power or *Shiva* (deity). Shiv-Shaktis thus become the bride of the sword. Occasionally, Shiv-Shakthis cross-dress and use accessories and ornaments that are generally meant for women. Most people in this community belong to lower socio-economic status and earn their living as astrologers, soothsayers, and spiritual healers; some also seek alms.

*Identity*

How one thinks of oneself, as opposed to what others observe or think about one. However, there is a close symbiosis in societies between the formation of a sense of self-identity and the social and cultural application of labels to describe people. Identities are not acquired in isolation and are profoundly social in character.

*Sexual minorities or Sexual minority community*[39]

Refers to lesbian, gay, bisexual and transgender/transsexual persons as well as persons with other identities (such as kothis and hijras) as a minority group in a predominantly heterosexual population. (Sometimes referred to as '***sexuality minorities***'). These days, the terms '***Sexual minority communities***' or '***Sexual minority populations***' are used to stress that, like the people they comprise, these communities or populations are diverse.

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[36] *This definition is based on the consensus definition in a national consultation organised by UNDP India on hijras/transgender people (held in New Delhi in 2010).*
[37] Same reference as above.
[38] Chakrapani, V., Mhaprolkar, H., Basu, J., Kavi, A.R. (2007). Dynamics of men who have sex with men (MSM) and Hijras in Maharashtra: A qualitative study on sexual networks and vulnerability. The Humsafar Trust, Mumbai, India.
[39] Chakrapani, V; Kavi, A R; Ramakrishnan, R L; Gupta, R; Rappoport, C; & Raghavan, S S (2002). *HIV prevention among men who have sex with men (MSM) in India: Review of current scenario and recommendations.* SAATHII, India. Available at www.indianLGBThealth.info

## Appendix 1. List of Documents Reviewed

The documents reviewed include: policy documents and government orders of Tamil Nadu government, articles about transgender issues and rights in Tamil Nadu, and web chronicles on the landmark TG people-related events that happened at the state level and district levels.

The documents were gathered both manually and via electronic sources such as websites of the government. The main focus areas of the document analysis were to trace the process of formation of TGWB (establish logical connections between the events that contributed to the formation); to document the various initiatives of the government department to address the needs of the transgender people; and to identify facts and figures on the achievements of TGWB.

**List of Government Documents Reviewed**
*State Government Orders and other government documents*
1. Plan of action to combat sexual exploitation of women and children - Constitution of sub-committee for rehabilitation of [transgender people] - G.O.No. 201, dated 23rd October 2003[40]
2. Rehabilitation of Aravanis – Recommendations - Sub-committee - G.O. No. 199, dated 21st December 2006[41]
3. Formation of Aravanigal (Transgender) Welfare Board in Tamil Nadu[42]
4. Announcement of 'Thirunangai' (Transgender) day[43]
5. Non-discrimination in educational settings for transgender youth - G.O.[44]
6. Policy note of the Department of Social Welfare, Tamil Nadu[45]
7. Policy note – Performance  budget of the Department of Social Welfare [46]
8. Co-operation, Food and Consumer Protection Department, Family Cards issued to Transgender (Aravanis) people - P.R. No. 550, dated 24th August 2007[47]
9. State level consultation of 'Government-NGO partnership", dated 2nd April 2004[48]

*Articles, Press releases and other documents*
1. Padma Govindan and Aniruddhan Vasudevan. (2008). The razor's edge of oppositionality: Exploring the politics of rights-based activism by transgender women in Tamil Nadu.[49]
2. Tamil Nadu Legislative Assembly Elections, 2006, DMK Election Manifesto[50]
3. The Chennai rally by sexual minorities in 2008[51]
4. Vidhya Venkat, (2008), Transgender persons are finally getting their due with the Tamil Nadu government announcing a welfare board for them, Frontline[52]
5. Infochange human rights, 2007. TN constitutes welfare board for transgenders[53]
6. Focus on need for bringing the transgendered to mainstream [54]
7. Tamil Nadu Nayaks meeting report[55]
8. Transgender voting card writ petition[56]

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[40] http://www.tn.gov.in/gorders/social/sw-e-201-2003.htm
[41] http://www.tn.gov.in/gorders/social/sw_e_199_2006.htm
[42] G.O. No. 38, dated 15th April 2008, Social Welfare – Aravani Welfare Board Formation Order
[43] G.O. No. 27, dated 28th February, 2011
[44] http://www.tn.gov.in/gorders/hedu/hedu_e_75_2008_D.pdf
[45] http://www.tn.gov.in/policynotes/archives/policy200809/pdf/swnmp/women_child_welfare.pdf
[46] http://www.tn.gov.in/policynotes/performance_budget/PB_SWNMP.pdf
[47] http://www.tn.gov.in/pressrelease/archives/pr2007/pr240807/pr240807_550_e.pdf
[48] http://www.tn.gov.in/pressrelease/archives/pr2004/pr020404/pr020404.htm
[49] http://www.lassnet.org/2009/readings/govindan-vasudevan2008razors-edge.pdf
[50] http://www.arasiyaltalk.com/content/binary/dmk_manifesto_e2006.pdf
[51] http://www.infosem.org/news.htm
[52] http://www.frontline.in/fl2504/stories/20080229607610000.htm
[53] http://infochangeindia.org/human-rights/news/tn-constitutes-welfare-board-for-transgenders.html
[54]  http://www.hindu.com/2007/09/28/stories/2007092860970200.htm
[55] Meeting of Tamil Nadu Nayaks organized by Tamil Nadu Aravanigal Association (THAA) with support from Tamil Nadu State AIDS Control Society (TANSACS).
[56] 2004, March 6th. Transgender people demanding for voting rights – High court notice to Election Commission. *Dinakaran [Tamil daily], Chennai Edition.*

## Appendix 2. Socio-demographic characteristics of focus group participants

| Information | Cumulative Summary | FGD 1 | FGD 2 | FGD 3 | FGD 4 |
|---|---|---|---|---|---|
| **Participants** | Beneficiaries of TGWB | TG people working in NGOs/CBOs | TG people engaged in sex work | Rural TG people living with their family members | Mixed group of TG people |
| **Number of participants** | 20 | 5 | 5 | 5 | 5 |
| **Mean Age** (years) | 28.5 | 26.2 | 26.2 | 30.6 | 31 |
| **Education** | | | | | |
| 5$^{th}$ grade or less | 1 | | | 1 | |
| Completed 10$^{th}$ grade | 6 | | 2 | 3 | 1 |
| Completed 12$^{th}$ grade | 6 | 1 | 2 | 1 | 2 |
| Graduate degree | 7 | 4 | 1 | | 2 |
| **Occupation** | | | | | |
| NGO/CBO staff | 6 | 5 | | | 1 |
| Sex workers | 7 | | 5 | | 2 |
| Mangti[57] | 7 | | | 5 | 2 |

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[57] Asking money from shops

# Appendix 3. Key Recommendations for Tamil Nadu Transgender Welfare Board

This case study was not intended to be an evaluation of the Tamil Nadu Transgender Welfare Board. However, the following recommendations are based on the available evidence gathered during this instrumental case study.

### Strengthen the governance of TGWB by expanding the official membership and ensuring regional representation of elected non-official members (TG representatives)

- Currently, the board has both official and non-official members. The official membership can be expanded to include representatives from other relevant government bodies such as Tamil Nadu State AIDS Control Society and Tamil Nadu Slum Clearance Board.

- As the non-official members (TG representatives) are elected, there is a need for regional representation in the election process and mechanisms need to be devised for the same.

- To benefit from the experience and expertise of other people who are working on the issues of transgender people, TGWB can establish an advisory committee that include but not limited to media representatives, writers, social activists, and medical experts.

### Strengthen the management capacity of TGWB by having dedicated staff to oversee implementation and liaise with government officials and civil society representatives

As the work burden of TGWB is increasing, there is a need for a secretariat for the TGWB, and it can be managed by adequate number of staff members who focus primarily or exclusively on the TGWB tasks. These dedicated staff will then carry out the administrative and managerial tasks, coordinate with other government department and bodies, and liaise with the transgender communities. Thus, having dedicated staff will greatly increase the efficiency and effectiveness of TGWB.

### Develop a consensus on who can be the beneficiaries of the schemes of TGWB

- Currently, there is lack of consensus on who are aravanis and thus who should be issued TGWB identity card (this is in spite of lack of any mention of the term aravani in the card). A consensus definition of aravanis (or who should be given TGWB identity card) need to be developed to ensure that all needy aravanis are supported through the various schemes of TGWB.

- Also, a consensus decision needs to be made on the inclusion of other sexual minorities such as female-to-male transgender people, and feminine kothi-identified persons (irrespective of whether are not they are currently in the jamath system of aravanis) who are from poor socioeconomic background and engage in sex work.

### Take steps to ensure that the identity card issued by TGWB can be used a valid, government authenticated document for identity and address proof

Currently, the identity card issued by TGWB primarily serves as an authentication of the aravani identity of the card holder and thus determine eligibility of the card holder for accessing schemes of TGWB or the state government. As often the TG people do not have any other government-issued card that can serve as an authentic identity/address proof, the identity card issued by TGWB should be recognized as a valid government-authorised card that can be used as a proof of identity and address. If so, then the TGWB identity card can be used to open bank accounts, passport application, etc. – without any problems faced by the card holders.

### Consider additional ways of raising finances for the TGWB activities

- Currently, a particular amount is allocated for TGWB activities under the Department of Social Welfare. It is possible that different government departments can also allocate certain amount of funds from their budgets to co-finance certain schemes for TG people.
- The state government shall also consider allocating separate funds for TGWB and submit this request to the state planning commission so that funds can be budgeted in the next five year plan.
- As TGWB is now a registered body under the Tamil Nadu Societies registration act, it is suggested that adequate corpus fund be allocated to ensure effective cash-flow.

### Strengthen the TG community involvement in planning, implementation and evaluation

- *Planning:* TGWB needs to periodically conduct needs assessment regionally by involving CBOs and NGOs working with TG people to understand the needs, issues, concerns, and local context of TG communities. Based on findings, needs-based schemes can be formulated.
- *Implementation:* The capacity of the TG CBOs needs to be built so that they can implement some of the schemes funded by TGWB.
- *Evaluation:* TGWB activities need to be evaluated periodically with involvement of TG communities at the grassroots' level to ensure that the activities are needs-based, needy TG people are benefited, and implementation of schemes is timely.

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