What Works?

Integrating Gender into Government Health Programmes in Africa, South Asia, and Southeast Asia

CASE STUDY SUMMARY REPORT:

Meeting the healthcare needs of the transgender community – The gender guidance clinics of Tamil Nadu (India)

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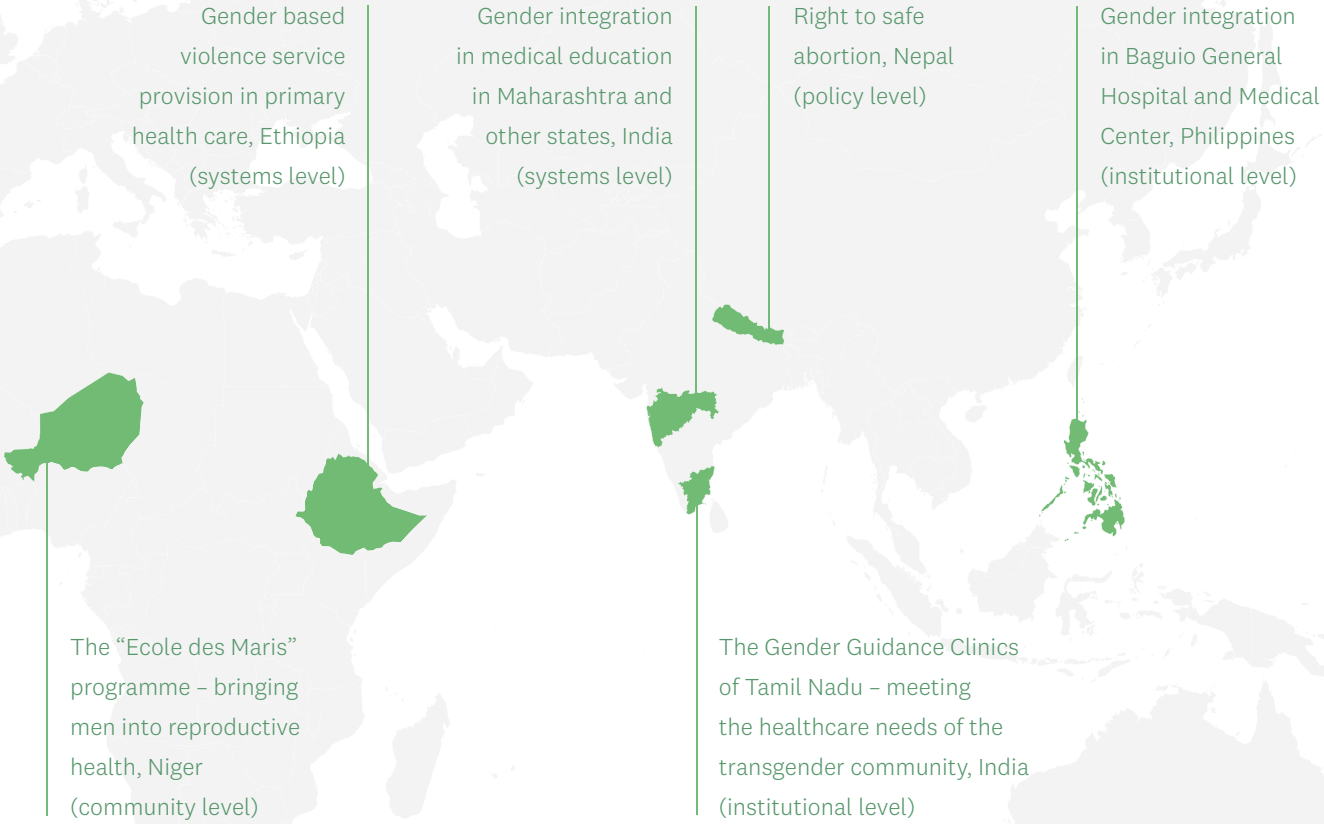
Regional promising practice project overview

Strengthening health systems in order to improve health and gender-equality outcomes requires robust country leadership and governance. Widespread commitments have been made to integrate gender into health, yet substantial gaps remain in intent, level of investment, and implementation. There is a pressing need for more contextualised, practice-based evidence of the pathways along which gender integration can be institutionalised and sustainably resourced in government health programmes.

The United Nations University International Institute for Global Health (UNU-IIGH), in partnership with the School of Public Health at the University of Western Cape in South Africa, and the Public Health Foundation of India through the Ramalingaswami Centre on Equity and Social Determinants of Health in India, co-led a collaboration to document and analyse six diverse and promising practices of gender integration in government health programmes. The resultant case study series consists of six stand-alone summaries with key findings spanning policy, systems, institutional, and community levels. Detailed case study reports are forthcoming.



Meeting the healthcare needs of the transgender community – The gender guidance clinics of Tamil Nadu (India)

This case study focuses on gender guidance clinics (GGCs) in Tamil Nadu, India, which provide services to the trans community within public hospitals. The programme was selected as a promising practice because it addresses the health needs of the LGBTQ+ community in India, a group that is largely marginalised and stigmatised. This programme stood out because of its significant government ownership and unique approach in addressing the healthcare needs of gender and sexual minorities. Furthermore, the initiative successfully withstood the disruptions caused by COVID-19 and has demonstrated the potential for expanding to other regions within Tamil Nadu, as well as to other states in India and beyond.

The case study was led by Rajalakshmi Ram Prakash and Shreelata Rao Seshadri, with support from Nasir. Based on in-depth analyses of interviews and published materials, it documents and analyses the contextual factors that gave rise to GGCs in Tamil Nadu, the enabling factors and challenges encountered, and some of the outcomes achieved and lessons learned, including those that might be transferable to other contexts (see Figure 1).

1. Background

Healthcare needs of trans populations

The health needs and access barriers faced by LGBTQ+ individuals and groups have often been disregarded in mainstream health policies, plans, and actions. Trans individuals often face multiple forms of discrimination and disadvantage along intersecting identities and experiences linked to racism, poverty, and disability when accessing healthcare compared with cisgender individuals or other members of the LGBTQ+ community. Evidence suggests that trans individuals face higher rates of mental health issues, substance abuse, and HIV infection, among other health disparities (Lancet 2016). The provision of affordable, high-quality healthcare services for this community continues to be a significant challenge in most countries, resulting in a considerable gap in the pursuit of universal healthcare and health equity (Torres and Kohler 2018; Namer and Razum, 2019). Even when efforts have been made to integrate gender into healthcare programmes and policies, they frequently fail to address the healthcare needs, preferences, and challenges of people who do not fit within the traditional binary categories of male and female (Albuquerque et al. 2016).

In India, religion, culture and colonial heritage have both elevated and denigrated the status of LGBTQ+ communities. As a political, social and geographically diverse country, the experiences of trans groups can vary across different states. With the adoption of the Transgender Persons Protection of Rights Act, 2019 (Sec VI-15), each state is required to ensure that at least one government hospital is equipped to offer gender-affirming surgeries, hormone therapies, and counselling, and to provide insurance coverage, whether at public or private hospitals. However, as of April 2023, only two (Kerala and Tamil Nadu) out of 28 states and eight union territories have drafted detailed administrative guidelines to implement these directives. Sharing lessons from the Tamil Nadu experience is intended to

provide useful insights for those planning to introduce such services within India, as well as globally.

The implementation of GGCs in Tamil Nadu

In Tamil Nadu GGCs are located at major public hospitals, and are dedicated to the healthcare needs of the trans community, particularly in terms of gender-affirming treatments.[1] GGCs have been established and funded by the National Health Mission (NHM) of Tamil Nadu, the flagship health programme of the Ministry of Health and Family Welfare. NHM provides overall leadership for the GGCs, with a stated vision to provide universal access to equitable, affordable, and quality healthcare services. The NHM receives funding from both central and state governments, and has autonomy in terms of setting budgets for state-level priorities.

The first two GGCs were both opened within teaching hospitals – one in the state capital (Chennai), in 2019, and another at a district headquarters town (Madurai), which opened in 2020. Since then, GGCs have expanded to an additional three hospitals within Tamil Nadu, with a total of five clinics in the state.

Services offered at GGCs include reconstructive breast surgery, gonadectomy and vaginoplasty, hysterectomy, vocal cord tightening, facial hair removal by laser, hormone treatment, mental health care, hepatitis B vaccination, and counselling.

The day-to-day operation of GGCs requires coordination and collaboration between several departments and programmes under the umbrella of the state health department:

- The Directorate of Medical Education is responsible for implementing teaching, training and research programmes within medical college hospitals. Psychiatry departments within the selected medical college hospitals provide gender-sensitive mental health support to trans individuals visiting the GGC.
- The Tamil Nadu State AIDS Control Society carries out various initiatives with LGBTQ+ communities on STD/HIV/AIDS awareness, prevention, and treatment. Their role has been to provide GGCs with technical support in reaching out to the trans community.
- The Directorate of Medical Rural Health Services are involved in broader outreach and sensitisation programmes.

2. What has been achieved?

Interviews conducted with beneficiaries, as well as data on service utilisation, suggest that the services provided at GGCs have improved the quality of care for trans individuals. Achievements include the following:

- **Increased accessibility** to essential gender-affirming health services that are not easily available (not even in the private sector), thereby reducing reliance on untrained or fraudulent health providers. Predictable services with fixed days and regular timings improve accessibility as clients are assured that services will be available.
- **Financial protection.** Gender-affirming treatments, including plastic surgeries, are free of charge thus saving clients substantial out-of-pocket

1 The nomenclature of GGC has evolved over time. In government documents, the clinics were initially referred to as "transgender clinics". Later on, the government extended the concept to include the larger LGBT spectrum and changed the reference to "LGBTQIA" and renamed the clinics as "GGC" in their documents. However, the focus of the clinics has remained centred around the transgender community.

expenses. The procedures offered at the clinics are linked to the Chief Minister's Comprehensive Health Insurance Scheme, ensuring sustainability.

- **Enhanced quality of care and user experience** through improvements in provider attitudes, use of more respectful communication (e.g. appropriate pronouns), and reductions in harassment. There were also reports of better post-operative care before discharge, and later with regular follow-ups and reviews, as well as clients' autonomy being supported by extending surrogate decision-making authority (for surgery and hospital attendance support) to nominees beyond next-of-kin or blood relatives.
- **Improved mental health** was reported by all interviewed beneficiaries. The clinics recognise clients' mental health concerns and provide appropriate services, such as gender-affirming surgery to address gender dysphoria. Reports indicate that such surgery promotes a sense of freedom, relief and wellbeing for clients through greater mind–body congruence[2].

3. What contextual factors facilitated initiation of the clinics in Tamil Nadu?

A broad set of contextual factors facilitated the initiation and scale-up of GGCs in Tamil Nadu. Since the mid-1990s, the high-profile National AIDS Control Programme, as well as global advocacy efforts supporting the rights of the LGBTQ+ community, have contributed to a growing recognition of the challenges faced by the community in accessing affordable, quality healthcare. Legislative changes at both national and state levels have helped move the needle on transgender rights.

National level

Supportive legal provisions have included the following:

- In 2013, the Supreme Court established that gender identity did not refer to biological characteristics, but rather "an innate perception of one's gender". It ruled that third-gender persons were entitled to fundamental rights to equality and freedom of expression under the constitution and under international law.
- After a landmark case heard by the Supreme Court of India, homosexuality was decriminalised by striking down section 377 in 2018 (Navtej Singh Johar & others v Union of India).
- The Transgender Persons (Protection of Rights) Act, 2019, defined the terms "transgender" as someone who, irrespective of whether or not they have undergone sex reassignment surgery or hormone therapy or laser therapy or such other therapy, should be considered as transgender along with persons with intersex variations, genderqueer and persons with such socio-cultural identities as kinner, hijra, aravani and jogta. The Act also prohibits the denial or discontinuation of, or unfair treatment in, healthcare services (part 3d).

State level (Tamil Nadu)

Favourable cultural and religious contexts include:

- Historically, people who identified with a non-binary gender, or "third gender" have been recognised in

2 Full case study report forthcoming.

Tamil Nadu. The annual festival of Koovagam is held for the trans community who gather to worship Lord Aravan, a character in the epic Mahabharata, and other prominent mythological figures portrayed as transgender.

- Social reform movements in Tamil Nadu propounded the ideals of self-respect and social justice, and questioned gender and caste discrimination. This has led to broad-based political and civil society support for transgender rights. For example, irrespective of the political party in power, there has been sustained support for measures promoting the welfare of the trans community

Active civil society for LGBTQ+

- The historical cultural and religious context in Tamil Nadu provided a favourable basis for the establishment of active social movements and advocacy groups to advance the rights of LGBTQ+ individuals. There are many non-governmental organisations, civil society organisations (CSOs) and solidarity networks in Tamil Nadu working to advance gender equality for sexual minorities and represent the community's concerns. For example, CSOs have advocated for the expansion of sexual and reproductive health services for LGBTQ+ communities to move beyond the limited focus on HIV prevention and treatment.

Legal and policy provisions

Several legal provisions have been initiated by the state of Tamil Nadu in support of transgender rights, presented in the table below.

Provision/policy	Overview
Right to vote (1994)	National law granting trans individuals the right to vote. However, because of low levels of awareness, few trans individuals registered as voters. In 2004, the Tamil Nadu government publicised the law more widely.
Right to marry (2019)	The Madras High Court ruled that the term "bride" under the Hindu Marriage Act, 1955, includes trans women.[3]
Tamil Nadu mental health care policy (2019)	The Tamil Nadu mental health care policy referred to the LGBTQ+ community's experiences of stigma and discrimination in mental health care systems. The policy proposes the use of appropriate terms to refer to the trans community as marginalised on account of sexual orientation, gender identity and expression, and sex characteristics. It clarified that belonging to the community per se does not cause mental health problems, but that stigma and environmental factors can cause stress, requiring access to mental health services. It reinforced the ban on so-called "conversion therapy". More importantly, in medical and surgical gender-affirming practices, it restricts the role of psychiatry to the diagnosis of gender dysphoria and assessing a person's capacity to make decisions.
Protection for queer couples (2021)	In a landmark case (Sushma v Commissioner of Police[4]), the Madras High Court ruled that the practice of conversion therapy by medical professionals was prohibited. The court directed comprehensive measures to sensitise society and the various branches of the Union and state governments to remove prejudices against the LGBTQ+ community.

3 Arunkumar & another v The Inspector General of Registration & others (https://translaw.clpr.org.in/wp-content/uploads/2019/06/Arun-Kumar-Vs-Inspector-General-of-Registration.pdf April 22, 2019).
4 Sushma and Seema Agarwal v Commissioner of Police and Others (https://www.scribd.com/document/510874731/1622882203148-W-P-No-7284-of-2021 June 7, 2021).

Organisational

- **Transgender Welfare Board (TWB).** Established in 2008, the TWB, under the Ministry of Social Welfare, focuses on the social protection needs of trans individuals, including income assistance, housing, education, employment and healthcare. Over time, the TWB has facilitated access to various services, such as identity cards, ration cards, residential homes, higher education assistance, self-help groups, free bus travel, training, and small grants for income-generating activities.

- The TWB facilitated free health insurance, gender-affirming surgery (earlier referred to as sex reassignment surgery), and also provided short-stay homes for individuals who needed to travel to Chennai for surgery (UNDP 2012).

- The TWB has been at the forefront, demanding better health services for the trans community from the government and the creation of a separate department for trans patients in public hospitals.

Leadership in government departments and medical colleges

- A key driver was the political will displayed by successive state governments. Several champions were committed to social justice and welfare of the trans community, including the health ministers of different political parties, secretaries of the Ministry of Health and Family Welfare, mission directors of the NHM and deans of medical colleges. This ensured that, once the idea of GGCs was accepted and formally approved, a range of actions were swiftly implemented in a systematic, coordinated, and sustained way.

Intersectoral coordination across regional government departments

- Once the political and bureaucratic leadership was convinced of the necessity to provide equitable access to health services for the trans community, institutional structures were created. The backing of the judiciary, which has, historically, been a more liberal force, provided the legal backing for the institutional framework.

- Intersectoral coordination of different wings of the Tamil Nadu government helped smooth implementation. For example, GGCs act as a referral point for trans patients who have not yet registered with the TWB. They may also facilitate access to Public Distribution Scheme cards. This identity card enables access to other welfare schemes related to education, employment, housing, etc. The certificates issued at GGCs use the patient's nominated gender identity.

4. What factors catalysed the creation of the GGCs?

Certain catalytic moments, whereby a change in the internal or external context opened a window of opportunity, which was seized by specific actors, included the following:

- **High demand for services.** The demand for gender-affirming surgery has been a longstanding ask from the LGBTQ+ community. Since 2008, such surgery has been available free of charge at the government general hospital in Chennai (The Hindu 2016; 2018). However, there was no clinic exclusive for LGBTQ+ patients, and some trans people experienced discrimination and harassment by providers and the public while visiting this crowded public hospital.

- **Pressure from CSOs and activists.** The demand for improved services and the need for a dedicated clinic within the public hospital was made by CSOs and other activists via the deans of teaching hospitals, as well as through the TWB. This triggered a response from the Tamil Nadu government, which moved to open a specialised clinic within the hospital.

- **Collaboration between TWB, the legal system, and the deans of medical colleges.** The TWB proactively collaborated with the Tamil Nadu legal system to promote the rights and welfare of the trans community. Over time, it cultivated strong relationships with CSOs, which called for action over inadequate services for trans people. Additionally, the TWB collaborated with the deans of medical colleges (who had also been active champions) to meet the challenges raised by CSOs.

5. What actions allowed the services to be sustained over time?

- **Building a base of evidence.** Once establishment of the GGCs was assured, the mission directors of NHM created an evidence base to understand the terrain of the health needs of the LGBTQ+ community. This included:

    - the appointment of technical consultants (one of whom was a trans woman and surgeon, and another had expertise in working on LGBTQ+ health issues) to estimate the numbers of trans women and men in Tamil Nadu. Based on these estimates, the proposed clinic's resource requirements (human resources, consumables, infrastructure, etc.) were estimated and budgeted;

    - NHM sent a delegation of officials and doctors to visit and study a privately run GGC in Puducherry;

    - NHM engaged with deans of medical colleges to understand and document their requirements in order to support the GGCs.

- **Building on an existing insurance scheme.** NHM made arrangements through the Tamil Nadu Health Systems Reforms Project, which oversees implementation of the Chief Minister's Comprehensive Health Insurance Scheme to progressively increase coverage of treatments given to trans individuals. While gender-affirming surgeries were initially offered free of charge through hospital budgets, they were later covered by the insurance scheme. Demand from hospitals drove breast augmentation surgeries to be included under the insurance scheme; however, hormonal treatments are still awaiting inclusion. The largest government-funded health insurance scheme, Pradhan Mantri Jan Arogya Yojana, is set to include these under its insurance cover.

- **Institutionalisation of inclusive and gender-responsive mechanisms**. In the process of establishing the GGC, a number of inclusive and gender-responsive mechanisms became institutionalised within NHM, and across the GGCs in Chennai and Madurai. This enhanced the acceptability and suitability of the clinics, and improved the quality of care. Actions included the following:

    - A series of government orders and circulars outlined the need for such clinics, their rationale and purpose, and the need to

alignment Indian standards with international standards and guidelines. They were also aligned with other policies and laws introduced in the state. Global influences on the day-to-day functioning of the GGC included the "Yogyakarta Principles on the Application of International Law in Relation to Issues of Sexual Orientation and Gender Identity", which were cited in the Transgender Act, and the World Professional Association for Transgender Health Standards of Care, which is referred to in both the Transgender Act and NHM guidelines.

- NHM also issued a circular to include "third gender" under the gender category in all its documents, such as application forms.

- NHM carefully planned the visual appearance and infrastructure of the clinic. A theme colour for visually distinguishing the clinic and making it appropriate and acceptable by LGBTQ+ communities was selected. The infrastructure included an examination room with privacy, and gender-neutral toilets. Adequate space was provided for all specialists to be seated together in close proximity, to save time and protect clients from discrimination.

- The mission directors appointed a trans woman in NHM to oversee and coordinate the activities of all the GGCs. Peer support for trans men and trans women was envisaged, but was not consistently implemented.

- To improve communication between providers and clients and ensure respectful care, value charts emphasising non-discrimination, inclusion, right to privacy, and confidentiality are printed and displayed prominently in the clinics in both English and Tamil. One interviewee mentioned that healthcare providers associated with the clinic were asked to take an oath to abide by these values. Healthcare providers are encouraged to use appropriate pronouns with respect to their trans clients.

- GGCs are open on specific days of the week, and this is widely publicised among the trans population.

- To enhance quality of care, GGC policy prioritises respect for self-determination. As such, parental consent is not required to access services. Rather, clients under the age of 18 years are allowed to nominate any adult to act on their behalf while accessing screening or surgical services.

6. What were the missed opportunities and challenges?

While GGCs promise to improve the quality of care for trans clients, this analysis has highlighted a number of missed opportunities and challenges that remain, including the following:

- **Insufficient sensitisation and training of healthcare providers on gender, gender identity and sexual orientation.** While NHM is cognisant of the discrimination trans clients may face, no formal sensitisation or training programmes have been offered to hospital staff. Steps to institutionalise the values have resulted in some improvement, but clients also revealed instances where discriminatory attitudes persist among providers. Frequent

rotations of medical staff at one of the clinics required additional training programmes for every new set of incoming doctors.

- **Services are targeted primarily at trans groups.** On tracing the evolution of the idea of GGCs through official documents and interviews, there seems to be a gap between what was envisioned and what has actually transpired. Frequent references to GGCs as "transgender clinics" emphasise transgender health issues, with some focus on intersex children, but hardly any attention given to the other groups (L, G, B, Q, and A).
- **Weak systems for feedback, participation, monitoring, and evaluation.** This case study found no mechanisms for regular monitoring and evaluation of GGC activities. In fact, at the time of this study, it was not clear which personnel in NHM was the focal point in terms of addressing the needs and concerns of GGCs.

7. Conclusions

GGCs have provided access to essential and quality health services to an otherwise structurally disadvantaged population in India – the trans community. The clinics demonstrate strong government buy-in at national and state levels. The fact that the GGC model is being expanded within the state, potentially serving as an example to other states, attests to its potential to be scaled up and sustained over time.

However, government buy-in does not make up for other systemic shortcomings, even in a setting such as Tamil Nadu, which arguably has a stronger general health system and support for trans communities. This case study reveals that training, monitoring, data systems, and supervision continue to require substantial strengthening. This is both necessary and desirable, as GGCs should be integrated as far as possible into the general health system to ensure sustainability.

Another lesson learned was that gender transformation is as much a political process as a social one, involving complexities that government systems often struggle with. Bureaucracies respond best to well-defined problems with structured solutions. GGCs are no exception. Presented with a well-articulated demand for a separate clinic to provide key health services for trans people, the health system was able to rally behind the initiative and make it happen. However, an expansion of gender-sensitive or gender-responsive training beyond GGCs to other areas of healthcare remains to be seen.

The story of GGCs of Tamil Nadu is just one example of how multiple stakeholders and government departments can be brought together to address challenges for marginalised communities that are often overlooked by public health systems. By adopting approaches that foreground the human rights of trans individuals, promote non-discrimination, respect the right to bodily autonomy, and challenge norms around family values and heteronormativity, GGCs present an example that can be leveraged to drive change and strengthen gender integration in current and future health programmes.

8. References

Albuquerque, G. A., de Lima Garcia, C., da Silva Quirino, G., Alves, M. J., Belém, J. M., dos Santos Figueiredo, F. W., da Silva Paiva, L., do Nascimento, V. B., da Silva Maciel, É., Valenti, V. E., de Abreu, L. C., & Adami, F. (2016). "Access to health services by lesbian, gay, bisexual, and Transgender Persons: Systematic Literature Review". *BMC International Health and Human Rights, 16*(1). https://doi.org/10.1186/s12914-015-0072-9.

The Hindu (2016). "GH in Chennai to celebrate 350 years in Nov". June 2. https://www.thehindu.com/news/cities/chennai/gh-in-chennai-to-celebrate-350-years-in-nov/article5151076.ece.

The Hindu (2018). "Eight-storeyed outpatient building coming up at GH". August 11. https://www.thehindu.com/todays-paper/tp-national/tp-tamilnadu/new-building-for-outpatients-at-gh/article24661333.ece.

The Lancet (2016). "Meeting the unique health-care needs of LGBTQ people". *Lancet, 387*(10014), 95.

Namer, Y., & Razum, O. (2019). "Subgroup-specific services or universal health coverage in LGBTQ+ health care?" *The Lancet. Public health, 4*(6), e278. https://doi.org/10.1016/S2468-2667(19)30080-5.

UNDP (United Nations Development Programme) (2012). "The case of Tamil Nadu Transgender Welfare Board: Insights for developing practical models of social protection programmes for transgender people in India". Policy brief.

Torres, F. M., & Koehler, D. (2018, June 12). "Keeping the promise of inclusive Universal Health Coverage: new data can improve health services for LGBTI people". *World Bank Blogs*. https://blogs.worldbank.org/health/keeping-promise-inclusive-universal-health-coverage-new-data-can-improve-health-services-lgbti.

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Figure 1: Key catalysts, contextual enablers and sustaining mechanisms for the gender guidance clinics of Tamil Nadu