Original Article

Gender-responsive Planning and Development of Health-related Projects for Women and Transgender Persons at the Local Self-government Level in Kerala, South India

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Abstract

Background: Gender-responsive planning is a process that considers the different needs, perspectives, and experiences of men, women, transgender persons, and other gender-diverse people in the development and implementation of programs, policies, and projects. In the context of health, this involves integrating gender considerations into the planning and implementation of health initiatives at all the levels of government. This approach recognizes that gender is a key factor in shaping health outcomes, and certain groups often face specific health challenges that are rooted in gender-based discrimination and inequality. This study aims to understand the gender-responsive budgeting reflected in health-related project preparation for women and transgender persons at the local government. **Materials and Methods:** The secondary data analysis was conducted on the allocation and expenditure of plan funds by the local governments in Kerala from 2014 to 2020. **Results:** Gram Panchayats prepare the majority of projects relating to women's and transgender health. Projects on nutrition comprise 85% of total projects and sub-sectors such as sanitation and waste processing, public programs, women's welfare, and social security account for 5% each. By 2014–2017, micro-sectors addressing women's health existed concentrating on toilets, counseling, nutrition, menstruation, yoga, self-defense, etc., Micro-sectors addressing transgender persons' welfare added projects which accounted for only 0.2% of the total. Median values depict the allocation and expenditure for subsectors such as sanitation, waste processing, social welfare, social security, and nutrition, explicating that the disparities in addressing health concerns of women and transgender persons through these micro-sectors are stark. **Conclusion:** Development planning requires extensive data on fund allocation and expenditure on gender-responsive planning at the local body level. Improved allocation and proper utilization of augmented gender-sensitive health-care services can be brought about by engaging women and transgender persons in the decision-making process.

Keywords: Gender, gender-responsive planning, health projects, transgender persons, women

Introduction

"Gender" refers to the "socially constructed roles, behaviors, activities, and attributes that a given society considers appropriate for men and women."[1] This leads to inequalities and discrimination, especially for gender minorities who do not conform to traditional gender roles.[2]

India has made consistent efforts to promote gender equality, including the creation of the National Commission for Women and various legislative measures to address gender-based violence (GBV) and discrimination.[3-5] Despite these efforts, the status of women in India remains a concern, with declining child sex ratio, low women's workforce participation, and limited political representation. In the context of another gender diverse group, the transgender persons, which is a heterogenous section with diverse cultural and social characteristics; even though the Supreme Court of India decriminalized homosexuality and passed the Transgender

Access this article online

Quick Response Code:

Website: https://journals.lww.com/hrcm/

DOI: 10.4103/JHCR.JHCR_8_23

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Received: 27-11-2023 **Revised:** 26-12-2023
Accepted: 28-12-2023 **Published:** 08-04-2024

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How to cite this article: Sundaram DC, Madhavan M, Jose A, Ravindran RM. Gender-responsive planning and development of health-related projects for women and transgender persons at the local self-government level in Kerala, South India. J Adv Health Res Clin Med 2024;1:66-74.

Persons (Protection of Rights) Act in 2019; this marginalized group still face difficulties in accessing basic needs such as education, employment, and health care despite obvious battles with physical and mental health issues.[6-11]

Efforts were made to ensure the protection and rights of women, both at the grassroots and higher governance levels, with a focus on increasing their equal participation and involvement in decision-making processes. The 73rd and 74th Constitutional Amendment Acts reserved one-third of seats in local self-government (LSG) bodies for women, with Kerala increasing the reservation to 50% in 2009.[12] The Ninth Plan (1997–2002) introduced the "Women Component Plan" (WCP) as a strategy to achieve gender equality, but this was later deemed inadequate and replaced by macro-level budgeting.[13] Thereafter, the Government of India made a significant step toward gender equality by enacting gender budgeting.[14]

Kerala has made substantial progress in terms of social and human development, as evidenced by its favorable indices for women [Table 1]. There is minimal gender disparity in education at all levels, with women outperforming men in tertiary education. Kerala has the highest human development index in the country, but notable drawbacks exist like only around one-third of women aged 15–59 show labor market participation.[15] Women occupy limited decision-making roles in politics, hold a very low proportion of legislative positions, and face violence. Overall, the status of gender equality in Kerala fluctuates between the positive and negative realms.

In addition, the transgender persons' community faces significant disparities in social, economic, and political spheres, particularly in health care. Kerala Transgender Survey of 2015 reveals alarming school dropout rates, low access to health services including hormone therapy and sex reassignment procedures, low employment opportunities, minimal political representation, and high violence which are largely unreported, along with suicides.[16]

Table 1: Health status of women in India and Kerala (source: Economic review 2021)

Indicator	Category	Kerala	India
Infant mortality rate#	Total	6	30
	Male	6	30
	Female	7	31
Mean age at effective marriage of female*	Below 18	17	16.8
	18–20	19.1	19.2
	Above 21	24.6	24
	All age-groups	23.2	22.3
Maternal mortality rate**	-	43	113
Expectancy of life at birth***	Total	75.3	69.4
	Male	72.5	68.2
	Female	77.9	70.7

*SRS statistical report 2018, **Special bulletin on MMR 2016–2018, ***SRS life table 2014–2018, #SRS bulletin 2021 October. MMR: Maternal mortality ratio, SRS: Sample registration system

In 2008–2009, Kerala introduced gender-responsive budgeting into its state budgeting process. The 10th Five-Year Plan aimed to integrate the concepts of WCP and gender budgeting and allocated more than the 30% mandated in the 9th Plan. Kerala also aimed for gender-aware planning through decentralization and reserved 33% of local body seats for women, which was later increased to 50% in 2010.[17]

Although the 2010–2011 state budget made conscious efforts to be gender-responsive,[18] the integration of gender budgeting failed to reach the grassroots levels and address the strategic gender needs of women.[19-21] The government introduced the "Gender Equality and Women's Empowerment (GEWE) Policy" in 2015 by shifting focus from only women to gender and the iconic "State Transgender Policy" came into being in 2015, making Kerala the first state in India bring about one, post a Supreme Court ruling on equal rights for transgender persons.

The concept of gender-responsive planning itself ensures that various development projects are designed and implemented in ways that take into account the different needs, priorities, and experiences of women and other gender-diverse people, which can lead to better health outcomes. Since the LSG level in Kerala plays a critical role in planning and implementing health-related projects, these institutions must be equipped with the necessary knowledge and tools to ensure that their projects are gender-responsive. In this study, gender is considered as an important social determinant of health based on the framework by Commission of Social Determinants of Health (CSDH). Also the intersectional and social justice perspective emphasizes the role of social position and power relations in influencing gender equality and thus health equity.[22,23]

This study examined the extent to which gender-responsive budgeting was reflected in the preparation of health-related projects for women and transgender people at the LSG level from 2014 to 2020, and the indicators used to analyze the projects were derived using this perspective. This approach recognizes the specific needs, priorities, and vulnerabilities of these marginalized groups and ensures that their voices are heard and their rights are upheld. By adopting a gender-responsive approach, health-related projects can address the underlying social, cultural, and economic factors that contribute to gender inequalities in health outcomes. Ultimately, this can lead to improved health and well-being for women and transgender persons, as well as contribute to more equitable and inclusive societies.

Materials and Methods

Ethical clearance for this study was obtained from the Institutional Ethics Committee of Health Action for People, Thiruvananthapuram, Kerala, India (IEC. NoEC2/P1/Sep/2020/HAP December 10, 2020). The allocation and expenditure data on the plan funds of local governments in Kerala from 2014 to 2020 were obtained from the State Finance Commission. These data were sourced mainly from

five types of local bodies, namely Gram panchayat (GP), block panchayat, District panchayat, municipality, and corporation (collectively mentioned as local bodies). The analysis of this secondary data was conducted using the SPSS software with Microsoft 365 Excel.

Health policies must transcend the gender binary perspective and respond to population needs to achieve meaningful improvements in health equity. Moreover, it is imperative for local governments to acknowledge gender as a critical social determinant of health and address associated power dynamics, particularly considering gender equality one of the sustainable development goals (SDG).[22,24]

Indicators used for the analysis were representation of gender in documentation, components in the planning process (such as need assessment, participation, and monitoring), and representation and relevance of target population in the projects (social position and role in decision-making, access and control over the resources), etc.

The LSG-level projects are mainly categorized into two sectors-production, and service and further classified into sub-sectors and micro-sectors. The data obtained were subjected to filtering and grouping processes to concentrate on micro-sectors related to the health of women and transgender individuals [Table 2]. Analysis of the fund allocation and expenditure at the local body level under these micro-sectors during 2014–2020 was done [Table 3].

Results

Among the various types of local bodies that operate in Kerala, the majority of projects relating to women and transgender persons' health were found to be devised mostly in Gram Panchayaths.

A comprehensive depiction of projects concerning women and transgender persons' health is presented. Upon comparison of the number of projects in each sub-sector, it was observed that projects on nutrition comprise 85% of the total projects, while the remaining sub-sectors (Sanitation and Waste Processing, Public Programs, Women's Welfare, and Social Security) altogether account for 15%.

Figure 1 illustrates that from 2014 to 2016, only five micro-sectors addressing women's health existed, namely: construction of women-friendly toilets, counseling for adolescent girls, and projects on nutrition. Micro-sectors related to menstrual requirements, yoga practices, and self-defense training for girls were established in 2016–2017, and micro-sectors addressing transgender persons' welfare were added thereafter in 2017–2018.

Table 4 displays the allocation and expenditure patterns of funds utilized on these micro-sectors, which are further classified into sub-sectors. Table 4 and Figure 1 highlight the substantial disparities in addressing the health concerns of women through these micro-sectors. While nutrition projects were allocated around Rs. 1700 crores each, projects in other micro-sectors such as menstrual health received only around 10–30 crores for all local bodies in Kerala. In 2016, the Government of Kerala implemented the provision of She-Pads and related infrastructure in schools in collaboration with the Women's Development Corporation and local governments.

Transgender persons' health in Kerala

A survey by the Social Justice Department, Government of Kerala in 2015 revealed that there are approximately 250,000 individuals who identify as transgender. Projects for the welfare of transgender individuals were added to local government plans in 2017–2018. Analysis of these micro-sectors revealed that the least number of projects (only about 0.2%) contributed toward transgender persons' welfare.

There are only two micro-sectors for transgender health-(i) welfare of transgender individuals and (ii) special programs for transgender individuals. Analysis of the fund allocation and expenditure on these micro-sectors revealed that while the allocation for projects on transgender welfare was higher in 2016–2017 compared to later years, utilization of funds was lower than 50%. The special programs for transgender individuals were initiated the following year but were not effectively utilized, with this pattern being repeated in subsequent years.

Table 2: Health-related micro-sectors found relevant as women and transgender health-related projects

Sector type	Sector	Subsector	Micro sector
Service	Sanitation, waste processing	Sanitation and waste processing (individual)	Sanitary napkin for students (she pad)
			Construction of incinerator in school
			She pads storing shelf
		Public programmes	Construction of women-friendly toilets
	Social welfare, social security	Women's welfare	Counseling for adolescent girls
			Yoga practice - through AYUSH
			Self-security training for girls between 10 and 20 years of age
		Social security	Welfare of transgender persons
			Special programs for transgender persons
	Nutrition	Anganwadi level nutrition	For adolescent girls
			For lactating mothers
			For pregnant women

Fund allocation and expenditure on the micro-sectors of women's health

The micro-sectors addressing women's health have been categorized into four subsectors: Sanitation and waste processing, social welfare and social security, and nutrition. The fund allocation and expenditure for these micro-sectors have been depicted using median values due to a skewed distribution of data.

Sanitation and waste processing

In 2014–15, the construction of women-friendly toilets was deemed a priority project [Figure 2]. Despite increased allocation over the years, effective utilization of funds for this micro-sector was not up to the mark till 2019–2020. Projects for menstrual needs were introduced in 2016–2017 with constant allocation but limited improvement in utilization; except for a slight increase in 2018–2019. This underutilization of funds points to inefficient planning and a lack of expertise in the domain.

Social welfare and social security

The introduction of self-security training and yoga training for girls as new initiatives aimed at promoting the mental health and social security of women is noteworthy [Figure 3]. However, concerns remain regarding the efficacy of the utilization of funds in the micro-sectors and the implementation of the aforementioned programs.

Nutrition

Nutrition receives a higher priority in state and local government budgets in comparison to other sectors, as evidenced by a larger number of projects and higher allocation of funds also only less than 40% of the allocated funds were utilized for sanitation, welfare, and social security projects, whereas over 80% of the allocated funds for nutrition projects were expended. [Figure 1].

Projects focused on the nutrition of adolescent girls, lactating mothers, and pregnant women are given equal or greater importance while allocating funds and are coordinated through the Integrated Child Development Services (ICDSs) program through Anganwadi centers [Figure 4]. The utilization of funds for nutrition is comparatively higher than other sectors and the number of nutrition projects has shown a consistent increase from 2015 to 2020, as depicted in Figure 1.

Table 3: Filtered out micro-sectors relevant to the health-related projects for women and transgender persons

Micro sectors that address women's health	Micro sectors that address transgender person's health
Sanitary napkin for students (she pad)	Welfare of transgender persons
Construction of incinerator in school	Special programs for transgender persons
She-pad storing shelf	
Construction women-friendly toilet	
Counseling for adolescent girls	
Yoga practice joined with AYUSH	
Self-security training for girls between 10 and 20 years of age	
For adolescent girls	
For lactating mothers	
For pregnant women	

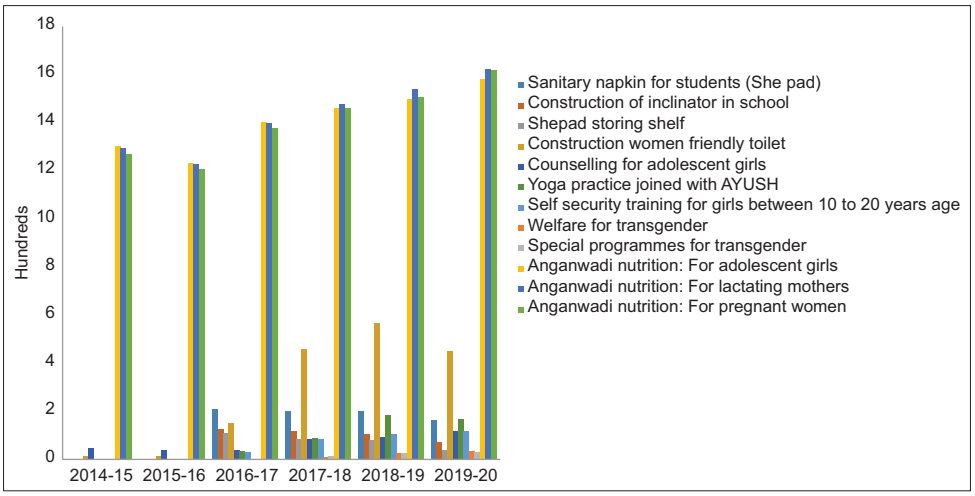
Discussion

Most projects concerning women's and transgender persons' health were noted to be formulated at GPs due to their extensive geographical coverage in the state. The implementation of She-Pads and associated infrastructure in schools around 2016 followed the introduction of the GEWE Policy in 2015. This policy emphasized the importance of gender-sensitive infrastructure and policies, ensuring women's access, ownership, and control over resources and capabilities.[25]

The study notes that gender-specific planning in Kerala predominantly focuses on women and tends to reinforce traditional gender roles. In several studies and policy discourses, gender is often reduced to a binary concept or equated mostly to women.[24] Although the scope of the term "gender" in the planning process of local governments is expanded to transgender persons, the existence and needs of other gender-diverse people remain hitherto unexplored.

The introduction and inclusion of micro-sectors such as the welfare of transgender individuals and menstrual-related facilities are commendable, as it is indicative of steps being taken toward gender budgeting and breaking down gender stereotypes. However, a lack of effective planning and expertise in project implementation remains a looming challenge. Literature on the WCP and local governments in Kerala has shown that WCP projects often lack a gender perspective and are conventional.[26] In some cases, the WCP was merely used as a means to propose projects that could have been proposed using the general plan funds, rather than being specific to gender-related needs. One of these studies identified the absence of gender-disaggregated data and appropriate planning and monitoring tools as the cause of the ineffective implementation. In addition, the low priority given to the WCP by some local governments, who focused more on general needs, and the lack of awareness among panchayat members about the WCP and its deadline-driven approach to planning may have contributed to this issue. One of the limitations of this study is the inability to access the WCP details from the local government institutions in Kerala. Hence, the micro-sectors were manually selected under the assumption that they were the most relevant ones in accordance with gender-specific planning in health-related micro sectors, showcasing that improved planning would not be possible without an eagle-eye view of gender-disaggregated data.

However, it is commendable that micro-sectors related to the welfare of transgender individuals and menstrual facilities have been considered in local government planning for the past 4 years. Although there is a noticeable level of underutilization



Year	Sanitary napkin for students (She pad)	Construction of inclinator in school	Shepad storing shelf	Construction women friendly toilet	Counselling for adolescent girls	Yoga practice joined with AYUSH	Self security training for girls between 10 to 20 years age	Welfare for transgender	Special programmes for transgender	Anganwadi nutrition: For adolescent girls	Anganwadi nutrition: For lactating mothers	Anganwadi nutrition: For pregnant women
2014-15	0	0	0	14	47	0	0	0	0	1303	1296	1270
2015-16	0	0	0	14	39	0	0	0	0	1233	1226	1206
2016-17	208	126	110	153	38	35	32	1	0	1401	1400	1379
2017-18	202	116	86	460	86	88	85	11	12	1461	1477	1460
2018-19	200	104	81	567	93	183	105	25	26	1499	1540	1507
2019-20	164	72	39	452	117	167	116	36	32	1582	1624	1618

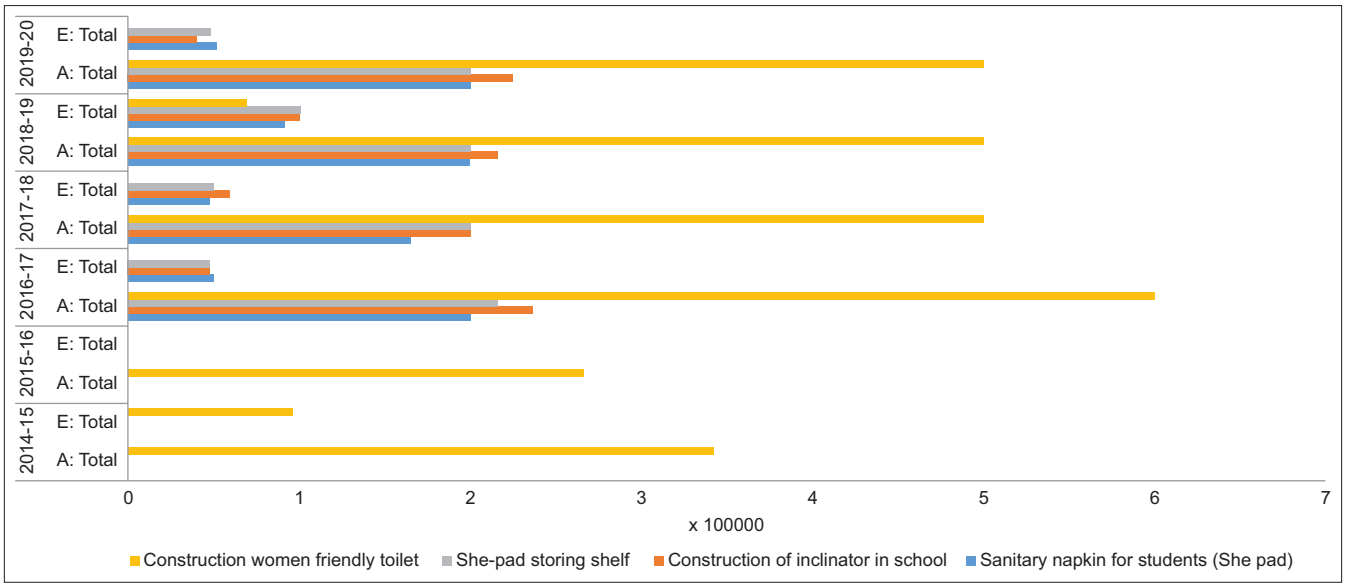
Figure 1: Number of projects in health-related micro sectors in the local self-government plan (2014–2020)

in funds allocated to these microsectors, the exception being nutrition (which is mostly carried out through the ICDS and does not present many opportunities for innovative and gender-sensitive projects) other microsectors, such as those related to gender-specific interventions, hold innovation potential (as demonstrated by projects such as the "She-Pad" as mentioned above). Nevertheless, there seems to be a lack of effective planning and expertise in the implementation of these projects.

Kerala state runs state-specific health programs and national programs targeting women and children through the Department of Health Services and the National Health Mission. During the 9th 5-year plan, the state government mandated local governments to allocate 10% of the plan fund for projects specifically targeting women. Kerala, renowned as the gender capital of India, effectively implemented policy decisions regarding gender budgeting and gender-responsive policymaking initiatives, incorporating inclusive programs for women. However, this inadvertently reinforced the gender binary concept and conservative attitudes towards women and gender-diverse individuals. A study conducted among elected male representatives in Thiruvananthapuram district, Kerala by Kodoth and Mishra in 2015 identifies this understanding of gender interventions as a major limitation to gender-responsive planning.[27] They also note that formulating projects solely focused on addressing women's practical and strategic needs might overlook the significance of addressing the perspective on gender thus hindering effective gender responsive planning.

For transgender persons, the micro-sector dedicated to transgender welfare may have been influenced by the implementation of the State Transgender Policy in 2015. However, the current policy does not mandate the allocation of funds specifically for transgender individuals at the local government level, which could be deemed significant. According to the Economic Review-2021 published by the State Planning Board, the Women Component plan (WCP) in Development Fund was 8%, plans for children were 3.88%, plans for the elderly were 2.88%, plans for the disabled were 1.48%, and plans for transgender individuals were the least at 0.009%.[28] This is, however, indicative of an effort to actively include transgender individuals as a group requiring special attention in budgeting, but is still an area that warrants more undivided attention.

In addition, gender-sensitive planning in local governments in Kerala does not appear to address gender relations in projects, such as those addressing Gender Based Violence. National Family Health Survey-V reveals that 9.9% of ever-married women aged 18–49 years have been subjected to spousal violence and 1.6% of young women aged 18–29 years have experienced sexual violence by 18 years which calls for urgent attention to be directed toward that dimension.[29] Literature reveals that this stands true for transgender individuals as well, and there is a dire need for plans to alleviate the GBV that they face.[30]



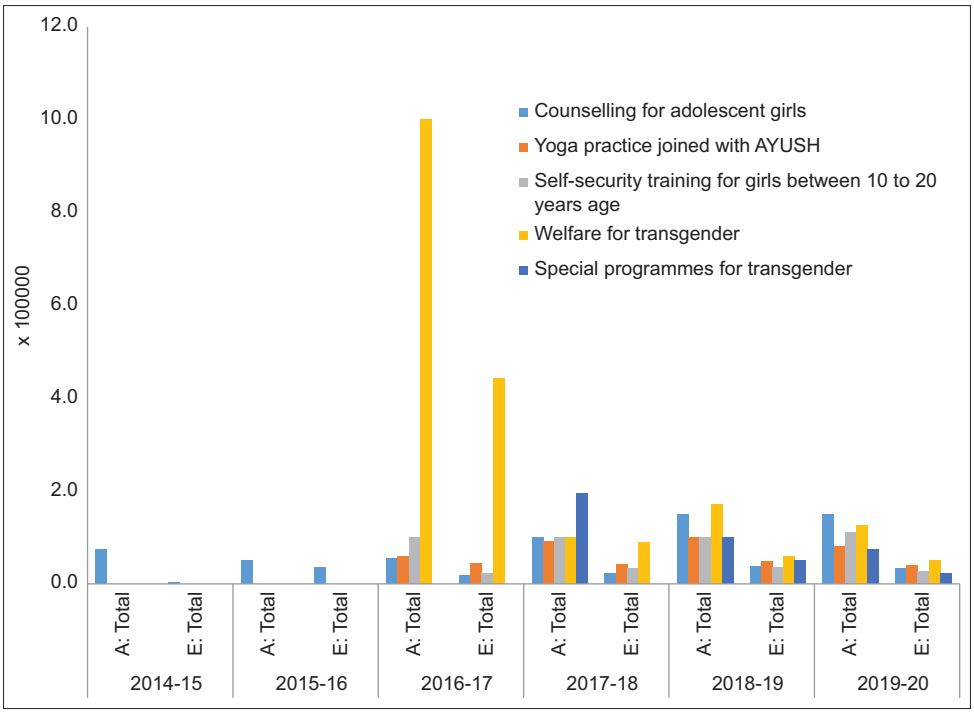
Microsectors	2014-15		2015-16		2016-17		2017-18		2018-19		2019-20	
	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total
Sanitary napkin for students (She pad)					200000	49749	165167	47768.5	199600	91370.5	200000	51820
Construction of inclinator in school					236381	47983.5	199987	59111	216088	100318	225032	40000
She-pad storing shelf					215809	47983.5	200000	50086.5	200000	100636	200000	48463
Construction women friendly toilet	342250	96065	266053.5	0	600000	0	500000	0	500000	69512	500000	0

Figure 2: Allocation and expenditure of plan funds on health-related micro sectors under sanitation and waste processing sector in the local self-government plan of Kerala (2014–2020). A: Total - Total allocation of funds. E: Total - Total expenditure of funds

Table 4: Total allocation and expenditure of funds by local self-governments on the selected micro-sectors

Microsector	Total allocation (crore rupees)	Total expenditure (crore rupees)
Sanitary napkin for students (she pad)	33.3	13.2
Construction of incinerators in schools	22.8	7.3
She-pad storing shelves	11.6	4.3
Construction of women-friendly toilets	109.9	30.3
Counseling for adolescent girls	10.5	4.2
Yoga practice through AYUSH	7.0	2.8
Self-security training for girls between 10 and 20 years of age	7.4	2.5
Welfare for transgenders	3.1	1.6
Special programs for transgenders	1.9	0.7
Nutrition for adolescent girls	1745.4	1462.4
Nutrition for lactating mothers	1796.3	1504.3
Nutrition for pregnant women	1768.9	1481.5

The state government has implemented various measures, such as the formation of "Jagrata Samiti" at the LSG level to address crimes against women and children, and the WCP, Kudumbashree, and neighborhood groups to enhance gender-sensitive approaches in policymaking. Access to gender-disaggregated data though is crucial for shaping policies and programs that address gender-related issues.[31] The decentralization of governance in Kerala has presented ample opportunities for women to participate in social and political spaces. The implementation of the State Poverty Alleviation Mission later named as Kudumbashree mission and Self Help Groups at the local government level has made a significant contribution to gender mainstreaming efforts in the state. This Kudumbashree initiative has empowered women to engage in income-generating activities, such as agricultural labor and other conventional work.[32] In addition, the SHGs formed under Kudumbashree have provided support to various initiatives, such as immunization campaigns, public health awareness programs, and sanitation movements at the local level.[33] However, despite displaying



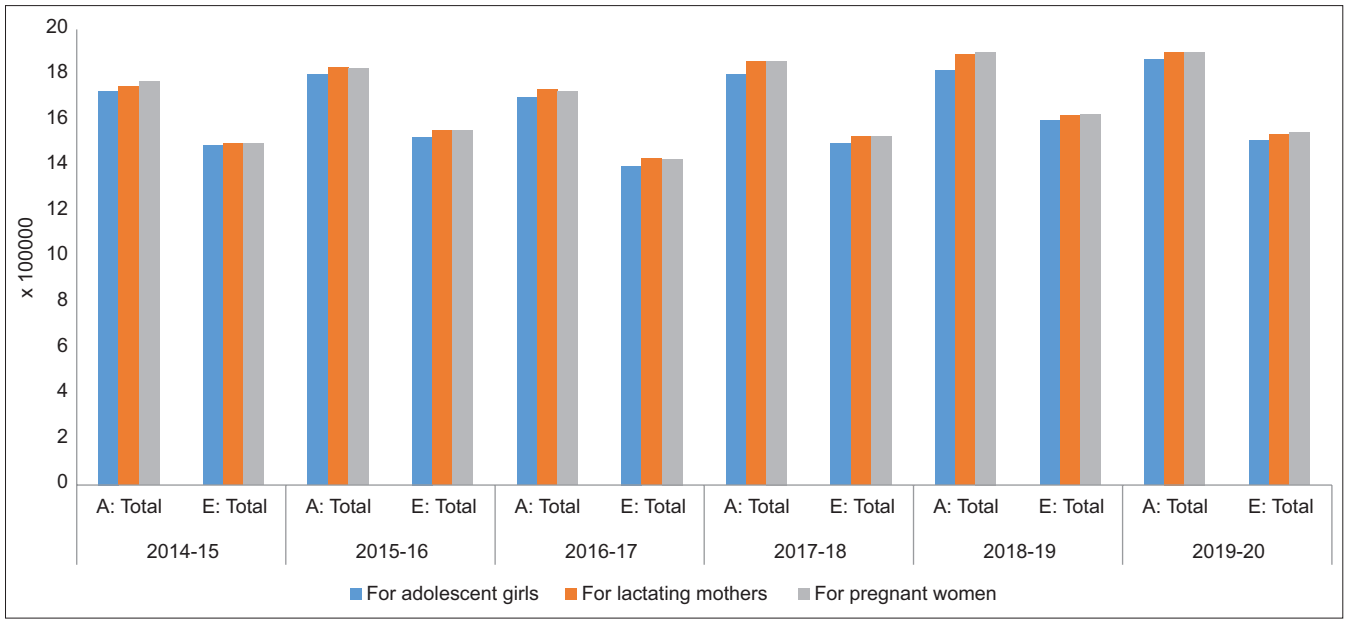
Microsectors	2014-15		2015-16		2016-17		2017-18		2018-19		2019-20	
	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total
Counselling for adolescent girls	75235	2995	50000	36000	55000	17500	100000	21595	150000	37835	150000	33450
Yoga practice joined with AYUSH					60000	44000	91500	41097	100000	48614	80000	40000
Self-security training for girls between 10 to 20 years age					100000	23375	100000	33500	100000	36000	110860	26350
Welfare for transgender					1000000	443200	100000	90000	171660	60230	125000	50176.5
Special programmes for transgender							195750	0	100000	49840.5	75000	22541

Figure 3: Allocation and expenditure of plan funds on health-related micro sectors under the social welfare, and social security sector in the local self-government plan of Kerala (2014–2020)

several competencies, a study analyzing the gender planning of three Gram Panchayats in Kerala shows that women are active participants in the Gram Sabhas, but have limited involvement in decision making spaces like and steering committees.[34] Furthermore, the multitude of roles that women from Kudumbashrees helmed during the lockdown imposed as a result of the COVID-19 pandemic is commendable.[35] It is highly praiseworthy that the Kudumbashree in some districts of Kerala had also empowered transgender persons to contribute to public service during the pandemic and the transpeople have proven their proactiveness by serving as COVID-19 volunteers when the state government welcomed 0.015% of transgender persons who enrolled for the same, during the lockdown period.[36,37]

A recent study by Ramakumar and Eapen highlights that decentralized governance in the health sector and local government initiatives helped shape Kerala's gender-responsive policy response to the COVID-19 pandemic in 2020, including addressal of not just food and financial support, but also interventions to prevent violence against women and provide psychosocial support.[38] This supports the potential for more effective planning and implementation of gender-responsive projects in the health sector in Kerala.

It is noted that tapping into the perspectives of a few actors regarding gender-responsive project preparation at the local government level is anticipated to help identify further issues. The study observes that the lack of data on fund allocation and expenditure specifically on gender-responsive planning at the local body level is a significant weakness in development planning, and so is the failure to identify need based projects for women and transpeople in the health sector. Therefore, LSG reports should mention the specifics of the WCP at the local level of planning, with a standard format provided to simplify the process and provide essential information. It is crucial to identify all projects with a gender tag, allowing local governments to distinguish between gender-related projects (for women and transgender individuals) across various sectors. This differentiation will aid development planners and stakeholders in creating projects that align with the goals of gender policies, promoting gender equality, and empowerment through a collaborative approach with the LSGs.



Microsectors	2014-15		2015-16		2016-17		2017-18		2018-19		2019-20	
	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total	A: Total	E: Total
For adolescent girls	1729506	1491492	1800000	1527987	1700000	1400000	1800000	1500000	1820000	1600000	1866185	1510714
For lactating mothers	1750000	1500000	1832500	1557324	1736854	1431996	1859900	1528612	1889275	1623896	1900000	1539480
For pregnant women	1769373	1500000	1827500	1557324	1728332	1431113	1860700	1529454	1900000	1624620	1900000	1547893

Figure 4: Allocation and expenditure of plan funds on health-related micro sectors under the nutrition sector in the local self-government plan of Kerala (2014–2020)

Conclusion

The limited number of initiatives targeting women and transgender individuals in the healthcare sector represents a significant gap. Adequate development planning necessitates comprehensive data on the allocation and expenditure of funds toward gender-responsive planning at the local level. Incorporating women, transgender individuals, and other gender-diverse people in decision-making processes can facilitate improved allocation and effective utilization of augmented gender-sensitive health-care services.

Recommendations

Planning and implementation of gender transformative policies, as well as gender mainstreaming in health, are crucial elements for fostering a healthy society. It is also important to generate and disseminate sex and gender disaggregated data in all sectors for further research and policy processes.

Acknowledgments

The manuscript was prepared from one of the sub-themes of the project Local Government and Health in Kerala, implemented by Health Action by People, Thiruvananthapuram, Kerala. We record our appreciation and gratitude to HSTP (Health Systems Transformation Platform) for supporting this research. We also gratefully acknowledge the support from the department of local-self-government, Kerala.

Financial support and sponsorship

The financial contribution from the Sir Ratan Tata Trust which made this research possible. The funders had no role in data collection and analysis or preparation of the manuscript.

Conflicts of interest

There are no conflicts of interest.

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