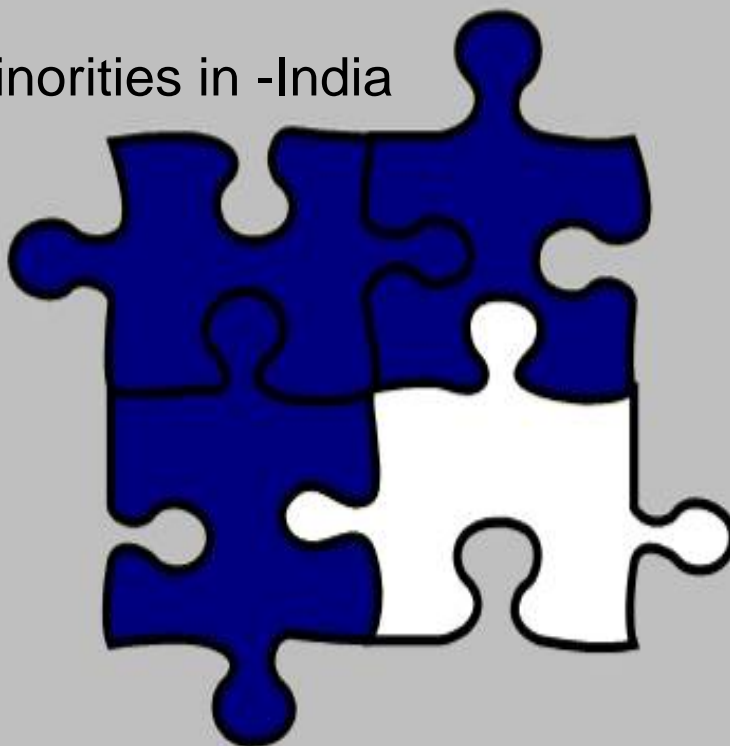


# missing pieces

HIV Related Needs of Sexual Minorities in -India

National Stakeholder Consultation Report  
October 24-25, 2008  
New Delhi, India



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A National Consultation on the HIV related needs and concerns of Sexual Minorities in India was held on October 24 and 25, 2008 at the India International Centre, New Delhi. The participants at the consultation discussed issues related to Men having Sex with Men (MSM) and Transgender (TG), as well as the status of programmes and advocacy activities within the third phase of the National AIDS Control Programme (NACP-III). They subsequently suggested action in strategic areas where UNDP can provide support to the National AIDS Control Organisation (NACO).



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# Acronyms

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AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Therapy
BCC	Behavior Change Communication
BSS	Behavioral Surveillance Survey
CBO	Community Based Organizations
CCM	Country Coordinating Mechanism
FHI	Family Health Initiative
FSW	Female Sex Workers
GFTAM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GIPA	Greater Involvement of People Living with HIV/AIDS
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug Users
IEC	Information, Education, Communication
ILO	International Labor Organization
INFOSEM	India Network for Sexual Minorities
KABP	Knowledge, Attitudes, Beliefs and Practices
MSM	Men who have Sex with Men
NACO	National AIDS Control Organisation
NACO	National AIDS Control Programme
NACP III	National AIDS Control Project- Phase III
NFI	Naz Foundation International
NACP	National AIDS Control Programme
NGO	Non-Governmental Organization
PLHIV	People Living with HIV
PLUS	People Like Us
PIP	Programme Implementation Plan
PIL	Public Interest Litigation
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
SAATHI	Solidarity and Action against the HIV Infection in India
SACS	State Aids Control Society
TI	Targeted Interventions
TG	Transgender
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDAF	United Nations Development Assistance Framework
UNDP	United Nations Development Programme
VCTC	Voluntary Counseling and Testing
WHO	World Health Organization

# Executive Summary

India has an estimated 2.3 million HIV infections, which translates into an overall HIV prevalence rate of 0.34 percent. The epidemic has many specific variations within India, as several states in southern and the north-eastern part of the country show higher HIV prevalence. They also demonstrate diversity in predominant patterns of HIV transmission as the epidemic in southern India is largely due to unprotected sexual intercourse, and that in the north-eastern part of the country due to unsafe needle usage. Even low HIV prevalence states are characterized by the presence of high risk pockets with potential for greater spread of epidemic in these states. Thirty nine percent (39%) of HIV infections are in women, and many infections are in rural areas. There could be a significant burden on communities and the health services sector with numbers of infections on the rise in many districts.

The epidemic in India is still concentrated in groups with particularly high risk behaviour including men who have sex with men (MSM), female sex workers (FSW) and injecting drug users (IDUs). At the national level, the overall HIV prevalence among different population groups in 2007 continues to portray a very high prevalence among these groups – IDU (7.2%), MSM (7.4%), FSW (5.1%) & STD clinic attendees (3.6%) and low prevalence among ANC clinic attendees (0.48%). Clearly, increased focus on MSM/TG interventions is the necessary way forward within the national HIV programme. UNDP has recently been identified as the UN agency to lead work on issues of sexual minorities, and therefore, is working to develop a strategy for its work.

UNDP India supports the National AIDS Control Organisation (NACO) of India to implement the current national programme, and helps to expand its reach. It also helps NACO to ensure that the programme is inclusive of those vulnerable to HIV. UNDP approaches its support to the NACP-III from the gender and rights perspective, with a significant emphasis on stigma reduction and greater involvement of PLHIV and members of key populations such as sexual minorities.

The practice of male to male sexuality in India is very complex and in many ways, unique; MSM and Transgenders have emerged as a core high risk group in NACP-III. Decriminalization, although necessary, is not enough to combat homophobia and even in settings where some rights have been secured for MSM, they can easily be eroded. MSM interventions have thus to go hand in hand with fighting against stigma and discrimination and promoting human rights.

At this two-day national consultation of MSM and TG, their representatives, donors, government functionaries, NACO, State AIDS Control Societies (SACS), programme planners and those involved in implementation came together to provide UNDP with strategic advice on the way forward.

## **Recommendations of the Consultation**

The participants urged UNDP to support processes that enable effective implementation of Targeted Interventions for Sexual Minorities, support rights based community action and develop leadership among their representatives, build capacities of State and District level functionaries (health and non-health) on issues of Sexual Minorities, generate new knowledge and evidence on issues of HIV and Sexual Minorities, and develop strategies to sharpen focus on the needs of the TG (Transgender) community. The report discusses these and other recommendations in detail. On the basis of this report, UNDP will work with NACO, UNAIDS and community representatives on an action framework for providing focused technical and financial support to NACP-III on issues around HIV and Sexual Minorities.

## UNDP and its Work in India

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UNDP works with other UN agencies as a co-sponsor of the Joint UN Programme on AIDS (UNAIDS). Within this partnership, UNDP has the special responsibility of addressing the connections among HIV, poverty and development, as well as advancing human rights and gender equality. UNDP tries to achieve this in a variety of ways around the world. For example, because the spread of HIV is fueled by human rights violations and by discrimination against women, men who have sex with men, people who inject drugs, and sex workers, UNDP helps countries to enact and enforce laws to protect the rights of these groups.

In addition, recognizing the role parliamentarians play in setting and enforcing new laws and jettisoning old prejudices, UNDP has collaborated with the Inter-Parliamentary Union and the UNAIDS Secretariat to produce a handbook for parliamentarians that provides guidance on the vital role they can play in responding to the epidemic.

Tackling this epidemic remains a top priority for UNDP. With strong leadership, by empowering people living with HIV, and by delivering on the promises that have already been made, there is real hope that the tide can be turned against AIDS. UNDP recognizes that no poverty reduction strategy is complete without addressing HIV; the loss of parents and productive citizens not only affects their immediate families, but schools, governments, agriculture and other productive sectors of societies. In the most affected countries, the impact of AIDS can undermine national economies and considerably reduce average life expectancy. Costly treatment, absenteeism and mortality, which is heavily concentrated among working age adults, have a direct socio-economic impact. Seeking to address this, UNDP has assisted 25 countries to integrate responses to AIDS into poverty reduction strategies and national development plans.

In India, the UNDP works with the National AIDS Control Organisation and supports the implementation of the national programme across nine states of India, with the aim of expanding its reach to include those more vulnerable to HIV. According to the UN Global Division of Labour on HIV, UNDP has recently been identified as the lead UN Agency to work on issues of sexual minorities.

## Background

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The practice of male to male sexuality in India is very complex and in many ways, unique; MSM and Transgenders as a group have emerged as a core high risk group in the national HIV/AIDS programme. According to recent sentinel surveillance data in India, sero-prevalence among MSM and TG populations is greater than among female sex workers. Interventions among MSM and TG population groups are still very new and do not perhaps reach the most vulnerable. Decriminalization, although necessary, is not enough to combat homophobia and even in settings where some rights have been secured for MSM, they can easily be eroded. MSM interventions have to go hand in hand with fighting against stigma and discrimination and promoting human rights. In this regard, UNDP India is initiating a dialogue with a range of stakeholders to contribute to UNDP's process of articulating its strategic focus on the HIV needs of sexual minorities.

## Purpose of the Consultation

UNDP is the UN Agency mandated to work on issues of sexual minorities. To develop a strategic framework for this work, based on participatory stakeholder analysis, UNDP convened a consultation to identify the urgent needs of MSM and TG communities. Community representatives, donors, government functionaries, the NACO, SACS, programme planners and those involved in implementation came together at a two-day consultation to formulate a strategy.

UNDP set out the two broad objectives of the two-day Consultation:

- To discuss the trajectory of programmatic and advocacy activities on MSM and TG issues within the framework of National AIDS Control Programme -III (NACP-III), its roll out in 2007 and the key successes; and
- To ascertain key strategic areas within MSM and TG issues where UNDP can provide support to NACO and NACP-III.



# National Response

Presenter: Mr. Pravir Krishn, Joint Secretary

Organisation: National AIDS Control Organisation (NACO)

The Joint Secretary of the NACO made a special request that the targeted interventions for MSM be made stronger in terms of quality of trainings and service delivery. He urged the community leaders, donors and state representatives gathered at the consultation to bring to NACO's notice any areas of improvement in this regard. Given that the NACP-III strategy has clear directions on creating community ownership of targeted interventions, he urged UNDP and all present to invest resources and technical support to enhance community action, and to provide the groups with high quality support to implement HIV prevention and care services at the community level.

In a moment of pride, he informed the group that the third phase of the National Programme of India is indeed one of the best and biggest in the world; however, much more can be done to improve the reach of the programme and make a real and sustainable difference.

He provided strategic direction to the Consultation members and requested them to remain focused on the gaps in the work with sexual minorities, spend time on critical analysis, and provide concrete suggestions to NACO and UNDP on the way forward. He also suggested that UNDP invest technical and financial resources to strengthen the capacity of state officials and Community Based Organisations (CBO) on diverse programme implementation issues related to sexual minorities, and to undertake specific activities to help NACO to monitor and evaluate ongoing interventions.



Members of the Consultation were appreciative of the Joint Secretary's openness to their suggestions. During a brief Q&A, they shared their concerns regarding quality of trainers who may have Masters degrees in Social Work (MSW) but lack any knowledge about the MSM community. This suggestion was taken on board and the group was informed that NACO is considering ways to include members of the community as trainers, provided they fulfill some basic criteria. The Joint Secretary urged the participants to evolve systems to develop leadership among community members, so that the programme can be showcased as a model of good practice. He was aware that while significant capacity building work is being undertaken under the Mainstreaming Project of UNDP and NACO, more focused capacity building and quality assurance work needs to be done at a larger scale on issues of Sexual Minorities.

# Historical Perspective on MSM and TG Communities

Presenter: Ashok Row Kavi  
Organisation: UNAIDS

For the past year UNAIDS has provided NACO's policy makers and implementers technical assistance on MSM and TG issues, one of the key steps forward has been the finalization of a definition of MSM for programme implementation. This definition, now accepted at all levels of the national programme, is as follows: MSM is "any man who has sex with another man, regardless of sexual orientation or gender identity, not considering the fact that he is also having sex with women."



As per available estimates, there are 3.5 lakhs estimated MSM population in the country. Those MSM who are most at risk will receive priority attention in the Targeted Interventions (TIs) as designed and implemented in the NACP. These MSM have been defined as those who have more than 15 partners. Many participants felt that limiting TIs to those 'most at risk' makes the response a very public health centric one rather than a development response. Some TI implementers, for example, may view the definition narrowly and refuse services

to men that have less than 15 concurrent partners; this can increase stigmatization, and ignore women who are at risk by virtue of being partners of MSM. UNAIDS, however, did stress that the current data methodology views HIV as a disease and that NACP-III is about disease prevention. A clear consensus emerged among participants that while the TIs will continue to function within set parameters for ease of making them measurable, there needs to be a parallel programmatic process that looks at MSM needs that fall outside the purview of a standard TI.

There was also concern expressed that 'MSM' is a very technical term. It could perhaps be more beneficial to use "male" instead of "men" because there are many males, such as eunuchs, who don't consider themselves men. Advocacy activities and interventions, therefore, should be centered on 'males' who have sex with males rather than 'men' who have sex with men. Transgenders (TG) are a vital part of the picture but NACO has not as yet determined the total number of TGs that it will work with or the number of TGs that are most at risk. New guidelines for TGs will take this forward.

With a specific view towards TIs, UNAIDS recommended that UNDP undertake:

- Mapping of MSM and TG networks and sites;
- Sensitizing health systems towards needs of MSM and TG;
- Setting up more systematic mechanisms for education about oral/anal sex and sexually transmitted infections (STIs);
- Developing holistic packages for vulnerable MSM and TG even if they do not fall in the category of the 'most at risk' as defined within the parameters of a standard TI ;
- Empowering MSM leadership at community level, with sustained capacity building;
- Developing links to the family planning clinics to reach wives and female partners of MSM ;
- Supporting NACO to develop new guidelines for working with TG;
- Advocating to remove the anti-sodomy laws and sensitizing the police; and
- Educating youth in schools and colleges as part of the overall adolescent education programme.

# Surveillance Data

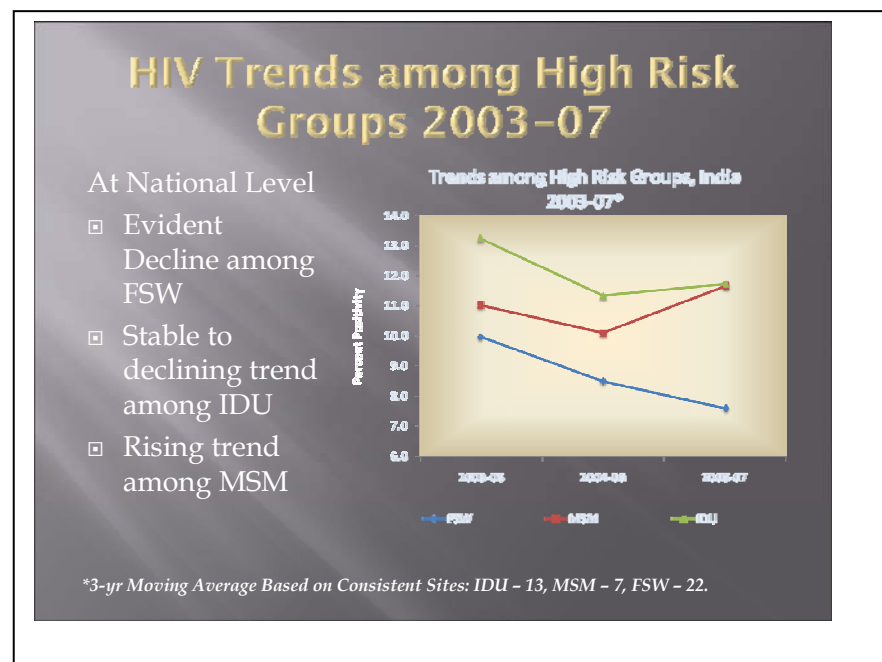
Presenter: Dr. Ajay Khera

Organisation: NACO

HIV Sentinel Surveillance is an annual exercise conducted to monitor the trends and levels of HIV epidemic among different population groups in the country. It is implemented with the support of two national institutes and seven regional public health institutes of India. The methodology adopted is Consecutive Sampling at the service facilities and Unlinked Anonymous Testing after removing all the identifiers.



HIV Sentinel Surveillance study 2007 was conducted from October 2007 to December 2007 at 1134 sentinel sites – 646 sites among general population and 488 sites among high risk group population (FSW, MSM, IDU, Migrants and Truckers). A total of 3, 58,797 samples were tested during HIV Sentinel Surveillance 2007.



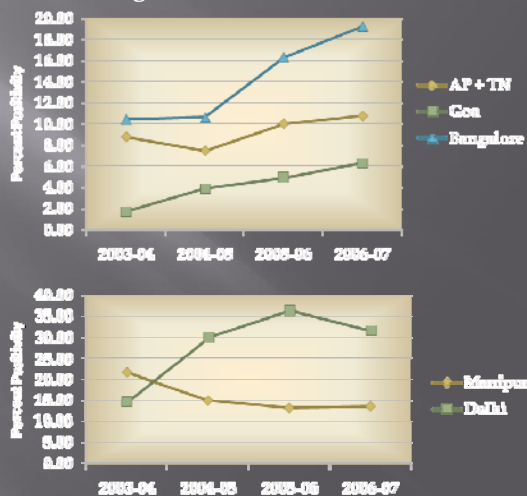
According to HIV Sentinel Surveillance 2007, the prevalence amongst MSM is 7.41%. A high HIV Prevalence is recorded in the states of Karnataka (17.6%), Andhra Pradesh (17%), Manipur (16.4%), Maharashtra and Delhi (12%), and Goa and Gujarat (8%). Overall, 11 states have shown greater than 5% HIV Prevalence among MSM. 21 districts have shown greater than 5 percent HIV Prevalence among MSM.

All the new MSM sites established in Andhra Pradesh and Orissa have shown high HIV prevalence, suggesting that there may be many pockets of high prevalence among MSM which need to be detected. Moreover, urban areas of the country such as Delhi, Pune, Bangalore, Surat, Vadodara, Rajkot and Kolkata recorded high HIV Prevalence among MSM.

## HIV Trends among Men who have Sex with Men 2003-07

- Rising trend in all the South Indian states
- Rising trend in Delhi and stable at the MSM site in the North East

Trends among MSM, Select States, 2003-07\*



\* 2-yr Moving Average Based on Consistent sites: AP + TN: 3 sites, Goa: 1 site, Bangalore: 1 site, : Delhi:1 site, Manipur: 1 site

# Roll out of the National Programme

Presenter: Dr. S. Jana  
Organisation: NACO

Dr. Jana applauded UNDP and the participants for a very timely and substantive discussion on issues of sexual minorities within the national AIDS programme. While he agreed that all the HIV related needs of Sexual Minorities that were being discussed were of key significance for the success of NACP-III, he also cautioned the group that the government programme will need additional support for undertaking these suggested activities; in which context, UNDP's support will be welcome. At present, there are 121 MSM interventions in the country. During the Financial Year 2008-09, the target is to establish 126 MSM sites. More information about MSM TI sites is given in Annexure-II. The MSM coverage at present is about 60 percent of the total estimates.



NACP-III has been developed to provide coverage of most at risk population groups through targeted interventions (TIs). This is as per the national data trends and the recent AIDS Commission report. However, several aspects of the HIV related needs of sexual minorities remain un-addressed namely, the issues around social stigma, a disempowering legal environment and the needs of those among them who are HIV positive.

He was clear that even though many may disagree with the specific benchmarking and definitions of MSM that have been adopted by NACP-III, these boundaries are required for NACO so that it can arrest the spread of the virus and remain accountable on this front. This by no means disregards the needs of those MSM and TG who do not fall within this definition; he urged UNDP to consider options for such population groups, saying this will only strengthen the national response.

The NACP-III is a clear departure from earlier programmes as it vests great emphasis on the formation and development of CBOs as a key strategy. The roll-out of this strategy requires substantial support and assistance from all development partners, especially UNDP. He laid special emphasis on the new strategy of encouraging community led and owned targeted interventions, which has worked in almost all settings, and been highlighted in the AIDS Commission report as well. However, Dr. Jana sought the support of the participants and UNDP for the smooth roll out of the strategy that encourages community action.

Participants reiterated that since NACP-III talks about a rights based approach, it should be a development mechanism not just a disease control programme. There were many concerns expressed by the participants on the manner in which NACP-III is implementing its TI work on MSM. First, the participants felt that the criteria used for selection of organizations for implementation of TIs was not always fair. Second, the mapping of MSM sites seems to have been skewed. Third, there has been insufficient monitoring and evaluation at the field level to understand successes and failures. Fourth, the absence of a complaint and redressal mechanism greatly limits debate and feedback. These critical observations were taken on board and appropriate action was promised at different levels.



# The Legal Environment

Presenter: Tripti Tandon

Organization: Lawyer's Collective

A Public Interest Litigation (PIL) had been filed by a representative from Naz Foundation contesting Section 377 of the Indian Penal Code, which criminalizes sodomy. Lawyers Collective is representing the petitioner and their representative Tripti Tandon presented an update from court sessions on the PIL.

The Assistant Solicitor General continues to cite arguments in support of the Section 377, saying that the key question that needs to be answered is whether there is evidence that decriminalization of same sex behavior will prevent HIV transmission.

The Government (Ministry of Home Affairs) has several arguments in defending the constitutionality of Section 377. The representatives state that the right to privacy can be intruded upon to preserve health, decency and morality (Article 21). They also argue that the Law is not discriminatory as it applies to all persons (Article 14), and that sexual orientation is not a prohibited ground for discrimination (Article 15). The Government also stress that this causes no interference in freedom of speech and expression (Article 19). The Government feels that the legislative intent is clear and must prevail (Article 14).



According to them, it is the legislature's prerogative to decriminalize homosexuality, and the court cannot read down the law. The judges' responses have been positive as they discount references to religious quotes or mythical ideas about HIV by urging the Government to focus on the scientific arguments.

Tripti Tandon also presented the gaps in their own arguments. First, the representatives from Lawyers Collective feel handicapped as there is very minimal data available on MSM and same sex activity, with almost no data on TG. Due to the difficulty in supplying condoms in certain spaces, such as jails, there is insufficient data to show that condom use by MSM decreases HIV incidence in MSMs. Since MSMs are driven underground due to stigma, the attendance rates at STD clinics show that MSMs don't receive services. It is also difficult for Lawyers Collective to determine the influence of HIV incidence in MSMs to HIV in India, and to capture the impact of MSM interventions.



MSM/TG living with HIV often get harassed by complaints filed under Section 268 IPC (causing public nuisance) or under Section 294 (Obscene Acts and songs). Complaints are also registered under Section 269 and 270 Act (likely to spread infection), or under the Bombay Police Act, 1951. All these result in random pickups by the police. Participants brought to light two TIs under NACO and some other interventions which show the impact of empowerment of MSM on prevention of HIV transmission. However, these are

not documented and peer reviewed in a scientific way, and UNDP was urged to undertake this documentation. Others expressed caution in using this data as the Government may use it to show that despite interventions, there is no decrease in HIV in the MSM population. It was suggested, however, that the data be used to demonstrate that consistent condom usage reduces HIV and the absence of condom use leads to an increase in HIV prevalence.

## Targeted Interventions and Beyond

Presenter: Vivek Anand

Organization: Humsafar Trust

A Targeted Intervention (TI) is a programme targeting a high risk group to bring down the HIV prevalence in that group. According to the NACP-III, there are four most-at-risk population groups, which are MSM, TG, FSW and IDU. The TI for MSM specifically aims to promote the use of lubricants and condoms among MSM, as well as conduct behaviour change communication with the help of peer educators. The TI helps to link prevention to HIV related care and support services. The TI normally also focuses on greater community mobilization, provision of STI services, promoting an enabling environment for MSM, conducting advocacy, and building stronger referral systems to health systems.



Mr. Anand however, stressed, that there aren't enough TIs that focus on MSM and TG populations, despite a commitment in the NACP-III to increase them to 230 in the next 5 years.

He provided a brief summary of the various initiatives that have been conducted across the country under the TI programme. They include the preparation of a strategic advocacy plan for MSM and TG by the India Network for Sexual Minorities (INFOSEM). Several capacity building workshops have taken place for 25 existing CBOs on issues of advocacy, grant writing, program planning, monitoring and evaluation and reporting. Research was done in four states and eight sites to explore social and sexual networks, and to help scale up NACP-III programmes. The evidence from TI programmes for MSM and TG populations clearly establishes that they have multiple partners. There is, however, no significant research available that explains the reasons behind the multiple partners.

Mr. Anand also shared his experiences in running a TI programme by highlighting some challenges. The lack of services for sexual minorities who do not fit the criteria of the TI is a definite challenge. MSMs also feel hesitant to bring their female partners to clinics. To overcome that, Humsafar Trust conducted a year-long program with family planning clinic counselors to sensitize them about these issues. It was found that the female partners of MSM then started coming for counseling at these family planning centers, and their numbers have consistently increased to 27 women per month. Participants noted that those MSM that have sex with female partners should be urged to practice safer sex outside that relationship.



UNDP should explore the integration of MSM and TG populations with national health programs so that the focus on MSM and TG populations does not get lost. More regional and local trainings are needed in view of the linguistic diversity in India. Even though the issues of MSM and TG populations are similar, they require specific attention.

The participants felt that UNDP should:

- Foster emerging CBOs from the MSM and TG communities;
- Identify gaps in NACP-III , and help focus on sexuality, crisis and trauma centers, families of MSM and TG populations, and better access to ART;
- Strengthen health care support through trainings in public health systems;
- Support rights based initiatives by NGOs and CBOs;
- Promote initiatives that build capacity, and develop organizational and leadership skills among MSM and TG populations;
- Sensitize the police and significant stakeholders like SACS, DACS and District AIDS Prevention and Control Unit (DAPCU) immediately;
- Involve female partners of MSM;
- Promote condom usage between MSM;
- Encourage regional and national networks that bring together isolated or marginalized communities to empower and effectively mobilize them; and
- Conduct regional and local trainings in view of the linguistic diversity in India.



# Missing Pieces in Interventions with MSM and TG

Presenter: Arif Jaffer

Organization: Bharosa Trust

Mr. Jaffer highlighted the missing pieces in the interventions with MSM and TG populations. He started by pointing out that targeted interventions in India currently reach out largely to Kothis (feminized males who have sex with other males), and only a limited number of the gay and the eunuch (hijra) population. In many states, SACS have preferred to combine MSM and TG populations by relying on an earlier mapping. This is also used as justification to ignore the need to separate MSM and TG populations.

There is enough diversity within the MSM group to indicate that the varying needs of eunuchs, kothis and gays need to be addressed differently. The tools and techniques used for urban MSM, for example, will be ineffective in rural areas. Rural MSM populations, for example, have mostly been ignored because most MSM programmes are located in urban areas. A mobile programme that can reach a larger population in many villages will perhaps be more successful in reaching out to rural MSM.

A number of groups with MSM and TG are also not being reached in the national programme. The male partners of kothis, hijras and other TG populations and self-identified adolescent MSMs are also not being reached in the national programme. Most programs, moreover, don't effectively target female partners of MSM including wives.

There is also insufficient data on MSMs who are also IDU's and vice versa. The possibility of cross infections and re-infections due to the lack of condom usage has not been studied. To top it all, an insufficient number of service organizations provide HIV services for MSM, which has resulted in low coverage. There are only 11 CBOs, for example, that work with TG. Peer leadership by MSMs also needs to emerge.



It is important to mainstream the issue with other development activities in order to reach the MSM and TG populations. More research is needed on these populations. Stronger community action and capacity are also required. More female counselors are needed at the community centers to encourage female partners to get counseling.

# Trends and Patterns of Growth of MSM Community Action

Presenter: Anupam Hazra

Organization: SAATHI

Presenter: Agniva Lahiri

Organization: PLUS

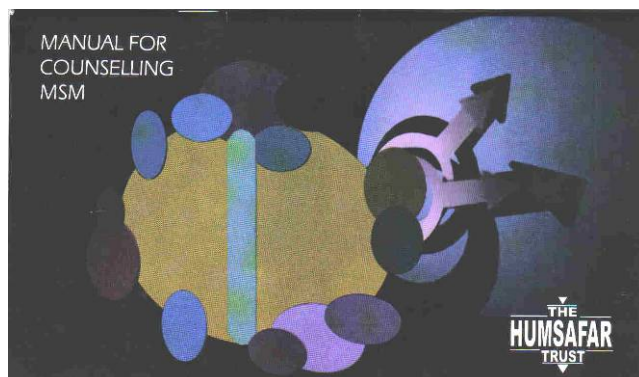
There are many innovations that have taken place over the years, which have helped to bring greater attention to the issues of the MSM and TG populations.

Bombay Dost was one of the first innovations in the arena of same sex behavior. This little magazine became an icon of the growing liberation of this marginalized population, and the NGO, Humsafar Trust, eventually grew out of the community mobilized through this magazine. Magazines for the MSM community are also a vital source of knowledge and experience. They have helped people from remote areas to come together.

Many organizations such as Manas Bangla in West Bengal, Kranti and Astitva have been pioneers in community work by going to rural areas. Sangama, a human rights organization for sexuality minorities', has helped to organize TGs and to advocate with the police in Bangalore. Prothama Plus is the first such short stay home in eastern India for TGs.



Many events also helped to bring the community together, and to highlight their issues. SAATHI organizes community parties to raise funds to support CBOs in initiatives such as non-formal education programmes. Some innovations have become regular events. They are the Rainbow Proud Week, SAATHI's Siddhartha Gautam festival, Nigaah Queer Fest and the Queer Media Awards instituted by Queer Media Journalists with innovative awards such as "Most Visible Gay Person in the Media."



The use of internet technology for improving social networks is another innovation. Some support groups, including Gay Bombay and Gay Delhi, use mobile and internet technology to access social networking sites like Orkut and G forum.

Naz and Humsafar Trust set up Drop in Centers (DIC), which ran very well, and became a model for future DIC's. At the centers, activities range from dance competitions, performance-based programmes and street

theatre. SAATHI has been an innovator and created books, journals and CDs, while Naz and Humsafar have developed training manuals for MSM and HIV interventions back in 1999. Similarly, Bharosa Trust has done trainings with medical students and Sangama has built linkages with civil society organizations. In terms of products, lube sachets are amongst the most innovative product.

These innovations have been fostered by community action. It is therefore very important that genuine community action be encouraged by those working in HIV. Ideally the identity of the CBO should stem from the community and not from its location or legal status. The participants strongly felt that being community owned implies accountability to the community, despite funding coming from government sources. The experience in the past has shown that the opening up of the Indian economy, along with ample funding, as well as high prevalence in some states has resulted in the registration of a large numbers of NGOs working on HIV. This could have resulted in the CBO's lacking democratic participation from the community. Many CBO's are also not structurally sound.



There have, however, been some critical successes in the community movement. This year, Tamil Nadu became the first Indian state to recognize TGs as a separate gender, at least when seeking government assistance. In addition, the government is attempting to broaden the employment opportunities available to TGs by providing computer, stenography and beauty parlor trainings. This victory can be attributed to direct community action alone, which in turn developed strong partnerships for advocacy and change. There are many initiatives undertaken by the Tamil Nadu State government for hijras (known as aravanis there). These include an ongoing census of 30 districts to count the number of TGs in each district. The Aravani Welfare Board will be formed in 8 districts of these 30 districts, after strong advocacy from the Tamil Nadu Women's Commission.

These rights, activities and programs are justified and needed as they are innovations that help to provide HIV services smoothly. The participants affirmed the lack of systematic documentation of these innovations is an impediment, and that is something that needs to be done.

## Care and Support of PLHIV from MSM and TG

Presenter: Vijay Nair

Organization: Udaan

Social, legal and health barriers in India often prevent the provision and access of care and support services for people living with HIV (PLHIV) among the MSM and TG populations.

Stigma and discrimination against the MSM/TG is doubled if they are also HIV positive. Exclusion and lack of support from friends, colleagues, family or partners, as well as pressure from the family to get married are other social barriers. Many MSM fear the loss of their jobs anyway, and being HIV positive doubles that risk of losing their livelihood and their dignity.

In the health care setting, many MSM shy away from testing due to the fear of being identified without informed consent. Stigma and discrimination from health care providers at various levels, and lack of support services, like homes and hospices, makes the situation worse. MSM also lack access to treatment and education especially in the first and second tiers of treatment. The lack of information on psychological and other social support systems, and non-adherence to Anti-Retroviral Therapy (ART) are other factors that exclude MSM from health care. These issues force people to hide either their MSM or HIV status. A majority of married MSMs do not reveal their MSM or PLHIV status even to their female partners because of the stigma and discrimination. When they do so, it is often too late and their partners are infected.



The following strategies were suggested to provide and strengthen the provision of care and support to PLHIV in the MSM and TG populations:

- Provide technical assistance to sensitize health care professionals and law enforcement officials working with sexual minorities living with HIV and AIDS;
- Build an enabling environment to reduce stigma and discrimination and build capacities to deal with issues like the stigma and discrimination that goes with being both HIV positive , and MSM/TG;
- Encourage NGOs working on the issues and give technical and financial help to involve members living with HIV from the community , and to ensure the meaningful involvement of MSM/TG people living with HIV at all levels;
- Strengthen syndromic management of STI;
- Support pre/post test counseling for HIV testing and psycho-sexual counseling; and
- Strengthen access to treatment for MSM/TG living with HIV

## Areas for Further Research, Exploration and Study



Even though issues of sexual minorities are becoming more and more relevant in the context of HIV prevention and care the world over, evidence on the varied aspects of these groups, their community networks, their social kinship patterns and the impact of HIV prevention and care activities on their well being is still not very well understood. There is definite scope to ask and answer some critical questions that will enhance understanding about these groups, which in turn will assist and help to develop strategies on HIV prevention and care activities.

The members of the consultation discussed and offered suggestions on the types of research that is needed on the MSM and TG populations who are vulnerable to HIV or living with the virus.

Some areas for further exploration are as below:

- Knowledge, Attitude, Beliefs and Practices surveys on HIV, especially among TG;
- Specific research studies to determine patterns of migration among TG groups, which make them more vulnerable to HIV;
- A separate consultation to understand the HIV specific needs of TG groups was recommended. This would then be a start for any research activities among this group across the country. The participants felt that no research could be facilitated if the leaders of the group were not on board;
- A focused research on the HIV prevention to determine Information Education and Communication (IEC) messages that are most applicable and effective among TG and MSM groups;
- Operations research on effective interventions among Eunuchs and TG groups;
- A study to determine the effectiveness of lubricants on the rate of transmission of HIV;
- Research to determine the rate of transmission of HIV from MSM and TG to partner, particularly female partners;
- A study of the gender based violence in MSM and TG populations;
- A study of the impact of creating proper spaces for TGs and Eunuchs in reducing prevalence of HIV;
- Study to assess the effect of promoting safer sex as a means of enhancing pleasure;

- A study of the caste system of hijras;
- Research on patterns in substance abuse among MSMs and TGs;
- The impact of condom promotion on penetrative and non-penetrative sex;
- Research to develop an operational strategy to integrate sexual minorities into Greater Involvement of People Living with HIV/AIDS (GIPA);
- Study of the products that address oral sex habits and subsequent engagement of social marketing organizations to develop specific products;
- Research on effective models of sensitization of health care workers, and the safety of Hormonal Therapy during ART;
- Establish the patterns and trends in health and treatment seeking behavior of MSM and TG;
- Research to determine how MSM access and receive treatment under NACO and SACS;
- Study the needs of people with disabilities who are sexual minorities and PLHIV;
- Needs assessment on geriatric issues of MSMs and TGs;
- Data on mental health of MSM and TG populations;
- Research on the issues and vulnerabilities of Male Sex Workers;
- Assessing the needs of people from the MSM/TG community who are children of sex workers; and
- Research on ways to reach those MSM and TG who do not visit standard cruising sites.
- Study to assess the effectiveness of lubes



# Recommendations to UNDP's Strategy

(1) **Mainstream sexual health for better delivery of health care services**

Participants called for the mainstreaming of sexual health by conducting sex education campaigns and educating people about anal sex. Messages and images for such awareness activities must be developed in collaboration with the MSM/TG communities, and be sensitive to the audience. These messages could be relayed via mainstream media including the internet and the mobile phone.

(2) **Analyze and work to fill gaps in universal access**

This would mean sensitizing people from positive networks, and building linkages with those working with positive networks for MSM's living with HIV and community centers.



(3) **Reduce stigma and discrimination**

It is essential to promote the creation of an enabling environment that helps reduce stigma and discrimination. UNDP can also build capacities to deal with issues like double stigma and discrimination of being HIV positive and MSM/TG. UNDP needs to undertake stigma reduction as a separate programme area across key populations.

(4) **Strengthen argument against section 377**

UNDP should ideally work with the National Commission to strengthen the Naz petition and arguments. UNDP could support Naz's argument that aversion therapy, which aims to change a person's sexual orientation, is a violation of human rights even if Section 377 criminalizes homosexuality. The submission of written reports for inclusion in the case will help to strengthen the Naz petition in Court.

(5) **Legal education**

UNDP could also help improve legal literacy by working with law enforcement officials, lawyers. UNDP can also provide legal support, and advice on techniques to intervene with judiciary, police, government, ministries, and other policy makers including NACO, SACS, and district level agencies such as DACS and District AIDS Prevention and Control Unit (DAPCU). This could largely be done through trainings, advocacy and human rights education.

(6) **Strengthen health care for MSM and TG**

It is essential to strengthen health care support through sensitization of health care professionals and advocacy in the public health systems. UNDP could work on the well-being of MSM and TG especially with psychological and psychiatric associations that insist that sexual orientation is a mental health problem. It would be equally important to support the provision of HIV pre/post test counseling and psychosexual counseling.

(7) **Promote accountability**

UNDP should support NACO in setting up and implementing governance structures for the MSM and TG interventions at state level. In the absence of such a system, complaints are not being heard and addressed; this will impact the quality of the interventions and, eventually on, the HIV prevention efforts of the national programme.

- (8) **Advocacy for Hijras (Eunuchs) and TGs**  
UNDP could advocate for a separate category for hijras and TGs in government documents. It would help ensure greater visibility and reduce harassment of these communities. UNDP could also work to educate diplomats of countries with whom India has diplomatic relations about the meaning of the category. The creation of a National Task Force and a Hijra Welfare Board was also highly recommended by the participants.
- (9) **Provision of lube**
- (10) **Housing for hijras**
- (11) **Educating, sensitizing and advocating to the media**
- (12) **Research on gender and sexuality from the point of view of MSM and TG concerns**

(13) **Choose representative by the community**

There are interventions needed to advocate for an elected representative to the Country Coordinating Mechanism (CCM) of the Global Fund, a representative that has been chosen by the MSM/TG community. This could be done by strengthening the civil society response to CCM.



(14) **Strengthen INFOSEM**

Strengthen INFOSEM to become the national network. It could also help increase dialogue with NACO and other regional or national networks that bring together isolated or marginalized communities to empower and mobilize them.

(15) **Foster community based organisations**

UNDP needs to support emerging MSM and TG CBOs, and actively assist them to follow a model of democratic participation and governance. Equally important is the need to support NGOs with technical and financial assistance to involve members from the community that are living with HIV and to further the meaningful involvement of MSM/TG PLHIV at all levels.

(16) **Support peer leadership**

Support initiatives focused on peer leadership by MSMs and TGs and female counselors at community centers.

(17) **Focus on crisis intervention**

UNDP should focus on crisis intervention as a strategy for HIV prevention and creation of enabling environment.

(18) **Reach out to MSM living in rural areas**

UNDP should reach out to rural MSM population and active partners of MSM. Mobile Programme targeting MSM and TG populations to reach many villages and a large population.



- (19) **Workplace issues for MSM**  
Intervening with organizations like International Labor Organization (ILO) to formulate policies to deal with workplace issues for MSM and TG populations.
- (20) **Identify gaps in NACP- III**  
Identify gaps in NACP-III especially a focus on sexuality, crisis and trauma centers, families of MSM and TG populations, and Access to ART.
- (21) **Rights based initiatives**  
UNDP should support rights-based initiatives for MSM that go beyond the TIs.
- (22) **Capacity building and leadership**  
Promote initiatives for capacity building, organizational development and leadership skills among MSM and TG populations.
- (23) **Reaching out to partners**  
UNDP needs to support programmes that reach self identified adolescent MSMs/TGs and female partners of MSMs.
- (24) **Inclusion**  
UNDP should work for the inclusion of all of these activities and initiatives in Round Nine of the Global Fund.

# ANNEXURES

# Annex I

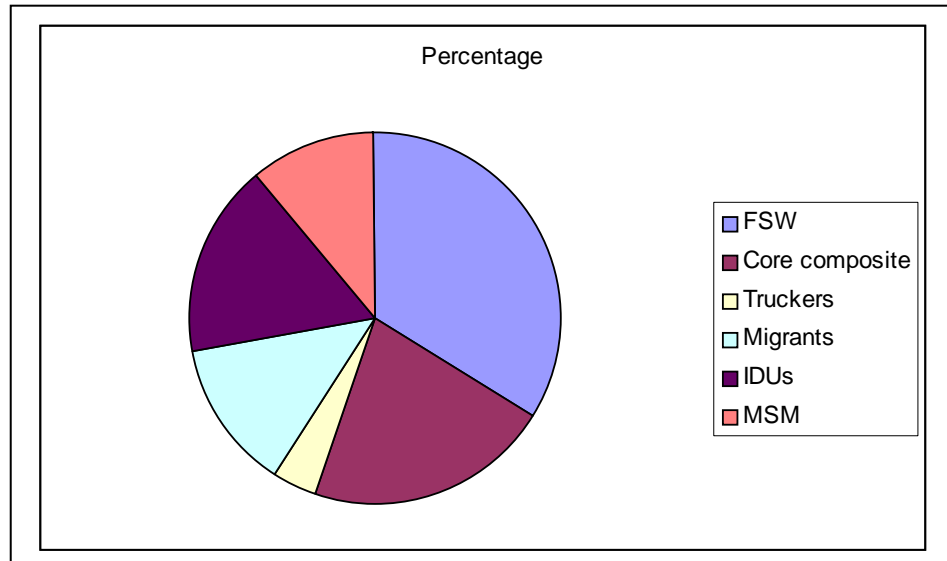
## Participants

Name	Organization
Aditya Bandopadhyay	Asia Pacific Coalition on Male Sexual Health (APCOM)
Agniva Lahiri	People like US (PLUS)
Anupam Hazra	Solidarity and Action against the HIV Infection in India (SAATHI)
Arif Jaffer	Bharosa Trust
Ashok Row Kavi	Joint UN Programme on HIV/AIDS (UNAIDS)
Billy Stewart	Department for International Development (DFID)
Dr. Khera	National AIDS Control Organisation (NACO)
Dr. S. Jana	NACO
K.K. Abraham	Indian Network for People Living with AIDS (INP+)
Laxmi Tripathy	Astitva
Mona Sinha	Hindustan Latex Family Planning Promotion Trust (HLFPPT)
Nandini Bandopadhyay	PATH
Nandita Naik	Orissa State AIDS Control Society
Pravir Krishn	NACO
P. Shailaja	HLFPPT
Rahul Singh	Naz Foundation
Raman Chawla	Lawyer's Collective
Ranjit Sinha	Anandam
R. Jeeva	Transgender Rights Association
Sabeena Sarne	DFID
Shaleen Rakesh	Family Health International (FHI)
Sonal Mehta	International HIV/AIDS Alliance in India
Subharthi Mukherjee	Prothoma Plus (Transgender Shelter Home and Crisis Intervention Center)
Sunil Anand	FHI
Sunil Menon	Sahodaran (a male sexual health project)
Sumit Baudh	Talking about Reproductive and Sexual Health Issues (TARSHI)
Sylvester Merchant	Lakshya Trust
Tripti Tandon	Lawyer's Collective
Vandana Bhatia	United Nations Population Fund (UNFPA)
Vijay Nair	Udaan
Vivek Anand	Humsafar Trust
Yatin J. Patel	SAATHI/Jyothi Welfare Society

# Annex II

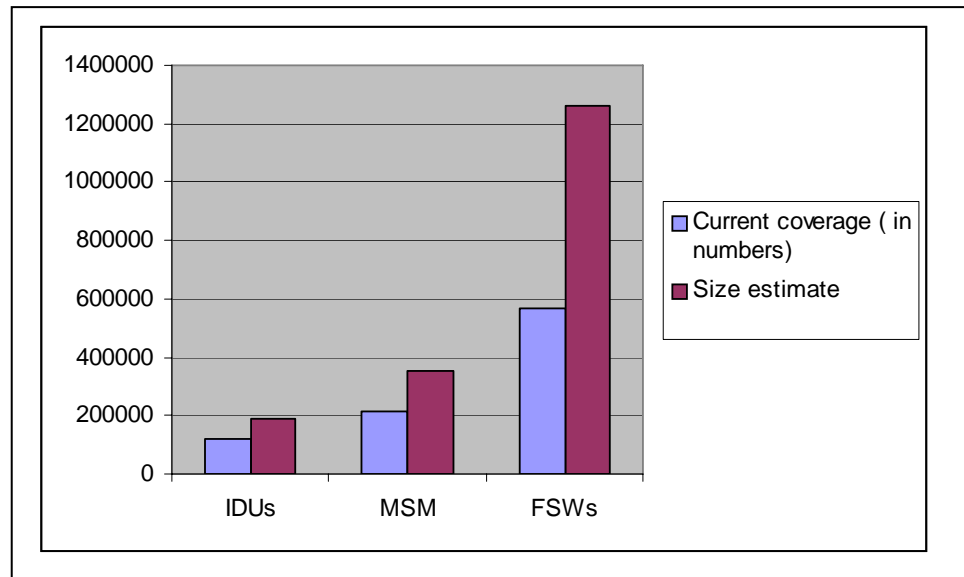
## Targeted Interventions for MSM

Distribution of TIs by typology, Oct 2008 (Total no. of TIs: 1257 till Oct 2008)



Only 11 percent of Targeted Interventions are for MSM (Source: NACO 2008 An update)

### Current coverage of high risk groups, Oct 2008



The current coverage for MSM is 212106, and the estimated size is 351013 (Source: NACO 2008 An update)

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