
A Framework for Media Engagement on Human Rights, Sexual Orientation and Gender Identity in South Asia

Regional Framework, Literature
Review and Country Case Studies

Centre for Advocacy and Research
New Delhi, India



Centre for
Advocacy and
Research



*Empowered lives.
Resilient nations.*

A Framework for Media Engagement on Human Rights, Sexual Orientation and Gender Identity in South Asia

Regional Framework, Literature
Review and Country Case Studies

Centre for Advocacy and Research
New Delhi, India



*Empowered lives.
Resilient nations.*

CFAR Research Team

Akhila Sivadas
Prashant Jha
Aarthi Pai
Sambit Kumar Mohanty
Pankaj Bedi
V. Padmini Devi

CFAR 2012–13

Disclaimer: *The views expressed in this publication are those of the authors and do not necessarily represent those of the United Nations, including UNDP, or UN Member States.*

List of Acronyms and Abbreviations

AALI	Association for Advocacy and Legal Initiatives	DGHS	Directorate General of Health Services
AAS	Ashar Alo Society	DIC	Drop-in-centre
AIDS	Acquired Immunodeficiency Syndrome	DivA	Diversity in Action (project)
amfAR	The Foundation for AIDS Research	DLLG	District Level Lawyers Group
AMU	Aligarh Muslim University	ESCAP	(United Nations) Economic and Social Commission for Asia Pacific
APCOM	Asia Pacific Coalition on Male Sexual Health	FGD	Focus Group Discussion
APTN	Asia Pacific Transgender Network	FHI	Family Health International
ART	Anti-Retroviral Therapy	FPAB	Family Planning Association of Bangladesh
ARV	Anti-Retroviral Vaccine	FPAN	Family Planning Association of Nepal
AITAM	AITAM Welfare Organisation	FSW	Female sex worker
BAP	Bangladesh AIDS Project	GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
BBC	British Broadcasting Corporation	GIPA	Greater Involvement of People Living with HIV and AIDS (Declaration)
BDHS	Bangladesh Demographic and Health Survey	GOB	Government of Bangladesh
BDS	Blue Diamond Society	GTZ	Deutsche Gesellschaft fuer Technische Zusammenarbeit (GTZ) GmbH
BLAST	Bangladesh Legal Aid and Services Trust	HIV	Human Immunodeficiency Virus
BMGF	Bill and Melinda Gates Foundation	HNPSP	Health Nutrition and Population Sector Programme
BSS	Behavioural Surveillance Survey	HSS	HIV Serological Surveillance
BSWS	Bandhu Social Welfare Society	ICAAP	International Congress on AIDS in Asia and the Pacific
CBO	Community based organisation	ICDDR,B	International Centre for Diarrhoeal Diseases Research, Bangladesh
CCM	Country Coordination Mechanism	ICESCR	International Covenant on Economic, Social and Cultural Rights
CDO	Chief District Officer	ICTC	Integrated Counselling and Testing Centre
CRIS	Country Response Information System	IEC	Information, Education and Communication
CAAP	Confidential Approach to AIDS Prevention	IDLO	International Development Law Organisation
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women	IDU	Injecting Drug Users
CFAR	Centre for Advocacy and Research		
DCPCR	Delhi Commission for the Protection of Child Rights		
DFID	Department for International Development		

INFOSEM	Indian Network for Sexual Minorities	SAARC	South Asian Association for Regional Cooperation
IPC	Indian Penal Code	SAFMA	South Asian Free Media Association
IPPF	International Planned Parenthood Federation	SEARO	Regional Office for South East Asia – World Health Organisation
KP	Key Populations	SGM	Sexual and Gender Minority
LGBTI/LGBT	Lesbian, Gay, Bisexual, Transgender and Intersex	SIDA	Swedish International Development Cooperation Agency
MARP	Most-at-risk Population	SOGI	Sexual Orientation and Gender Identity
MDG	Millennium Development Goal	SRH	Sexual and Reproductive Health
M&E	Monitoring and Evaluation	STD	Sexually Transmitted Disease
MHA	Ministry of Home Affairs	STI	Sexually Transmitted Infection
MJF	Manusher Janno Foundation, Bangladesh	SW	Sex Worker
MOHFW	Ministry of Health and Family Welfare	TAI	Tamil Nadu AIDS Initiative
MOLE	Ministry of Labour and Employment	TARSHI	Talking about Reproductive and Sexual Health Issues
MOP	Ministry of Planning	TG	Transgender Persons
MOSW	Ministry of Social Welfare	TWG	Technical Working Group
MSM	Men who have Sex with Men	UDHR	Universal Declaration on Human Rights
MSW	Male Sex Worker	UN	United Nations
MTF	Male-to-female Transgender	UNAIDS	Joint United Nations Programme on HIV/AIDS
NAC	National AIDS Committee	UNDP	United Nations Development Programme
NACO	National AIDS Control Organisation	UNESCO	United Nations Educational, Scientific and Cultural Organisation
NACP	National AIDS Control Program	UNFPA	The United Nations Population Fund
NAMA	Nepal AIDS Media Award	UNGASS	United Nations General Assembly Special Session on HIV/AIDS
NARI	National AIDS Research Institute	UNICEF	United Nations Children's Fund
NASP	National STD/AIDS Program	UPR	Universal Periodic Review
NCPI	National Composite Policy Index	USAID	United States Agency for International Development
NHRC	National Human Rights Commission	VCCT	Voluntary and Confidential Counselling and Testing
NMC	National Media Committee	WB	World Bank
NRHM	National Rural Health Mission (India)	WHO	World Health Organisation
NSACP	National STD/AIDS Control Programme, Sri Lanka	WGHR	UN Working Group on Human Rights
NSP	National Strategic Plan	WPRO-WHO	Western Pacific Regional Office-World Health Organisation
NGO	Non-Governmental Organisation		
OHCHR	Office of the High Commissioner of Human Rights		
PLHIV	People Living with HIV		
PWUD	People Who Use Drugs		
RFP	Request For Proposal		

Table of Contents

Acknowledgements	vi
Executive Summary	1
Part I: A FRAMEWORK FOR MEDIA ENGAGEMENT	
Assignment Summary and Media Engagement Framework	7
Part II: NARRATIVE REPORTS	
Literature Review	23
Narrative Report	23
Objective	23
Methodology and Rationale	23
Thrust and Findings	24
Part III: COUNTRY CASE STUDIES	
Country Case Study 1: Bangladesh	44
Strategizing Spaces for Issues of MSM: The Evolving Hijra Discourse in Bangladesh	44
Executive Summary	44
Narrative Report	48
Country Case Study 2: India	67
Focused Programme Actions Magnify Articulations on MSM and Transgender Persons' Issues: Reflections from India	67
Executive Summary	67
Narrative Report	71
Country Case Study 3: Nepal	94
The MSM and Transgender Persons' (LGBT) Movement in Nepal:	
Role and Engagement of Media	94
Executive Summary	94
Narrative Report	97
Part IV: REFERENCES	
Annexure: Country wise Advocacy Programme Briefs and Fact Sheets	107
Bibliography	128
Additional Documents Reviewed	131
Endnotes	134

Acknowledgements

This document attempts to summarise the outcomes and inferences emerging from the detailed literature review and country case studies undertaken as part of the assignment to develop a framework for media to engage on issues relating to Men who have Sex with Men (MSM) and Transgender (TG) persons in South Asia. Centre for Advocacy and Research, India (CFAR) undertook this assignment sponsored by UNDP Asia-Pacific Regional Centre between April 2012 and May 2013 in which period we interacted with community members, leaders, activists, media practitioners and civil society from across India, Nepal and Bangladesh to gather their experiences of being part of the issue discourses and of engaging with media.

The framework suggested in this document draws upon a variety of inputs by these key stakeholders. We would like to acknowledge our deepest gratitude to each one of them for sharing their insights on a range of issues of direct relevance. In undertaking the country-level interactions in Nepal and Bangladesh, we received excellent support from Blue Diamond Society (BDS) and Bandhu Social Welfare Society (BSWS), respectively. We would like to especially acknowledge the support and cooperation extended by the teams and members of these organisations.

Among the individuals, we are particularly thankful to Sunil Babu Pant, Bhumika Shrestha, Bobby, Umesh, Parshuram, Durga and many of their colleagues and members at BDS, some of who also participated in the focus group discussions (FGDs). Madhav Dulal of Ujjala FM and Kyle G Knight, journalist, researcher and chronicler, besides sharing their responses, were of immense help in facilitating our interactions with local media in Kathmandu. Basu Guragain facilitated our interaction with the young members of his organisation Pink Triangle Nepal. Of our interactions with media people, we would like to especially mention Keshav Podel of *The New Spotlight*, Ajay B

Khanal of *The Himalayan Times*, Hari Bahadur Thapa, Gopal Khanal and Atul Mishra of *The Kathmandu Post*, Ghanshyam Khadag and Sunder Khanal of *The Daily Kantipur*, and Subeena Dutt for their valuable participations.

In Bangladesh, Shale Ahmed and his team at BSWS extended every support to us in facilitating the country interactions, with Premangshu Sarkar and Rahmat Ullah personally coordinating the meetings at each stage. Detailed interactions with other senior members — Umme Farhana Zakia Kanta, Foisul Ahsan, Royal and Beraj — gave us programme as well as community insights on the issues. Among the other community leaders, Bobby Hijra and Zoya Sikdar were kind enough to share their experiences, with the former also facilitating for us a group discussion with transgender persons at *Sustho Jeebon*. Media fellows Hassan Bipul of BDNews24 and Moni Mahmood of *Bhorer Kagoj* spared considerable time for us, and also led us to others in media, including Angur Nahar Monty, Saiful Islam and Shafiq Rehman. KSM Tariq of FHI360 provided useful detailed information on the HIV prevention project, Madumita. We also deeply appreciate the help extended by Sara Hossain of BLAST, who shared pertinent observations with us online.

In India, we had wonderful experiences in media engagement; and the excellent inputs shared by a range of community leaders, activists and media professionals have enriched this case study immensely. Many thanks and immense gratitude is due to Aditya Bandopadhyay, Ashok Row Kavi, Manohar Elavarthi, Laxmi Tripathi, Rex, Kalki Subramaniam, Sudha, Jaya and Krishna. Participation of community members of Sangama and Sampathik Trust and their inputs need special mention.

We would also like to acknowledge the contributions of many senior journalists who helped shape our understanding of the media scenario and engagement

with the issue. Thanks are owed to Vikram Doctor, L. Subramani, Prajakta, Akila Kannadasan, Maheshwar Reddy and Yogesh Pawar.

We use this space to individually thank each one of the above for sharing valuable time and thoughts without which we may not have been able to attend to the scope and objectives of this assignment and produce this framework document.

Lastly, we would like to make a grateful mention of the support and understanding extended by the UNDP team and leadership of Edmund Settle, Policy Advisor from UNDP Asia-Pacific Regional Centre for his guidance and valuable inputs. We also acknowledge UNDP's rewriting rights over this document. This project was supported by UNDP Asia-Pacific Regional Centre under the South Asia Multi-Country Global Fund Round 9 Programme (MSA-910-G01-H).

Executive Summary

A *Framework for Media Engagement on MSM and Transgender Persons in South Asia* aims to describe the positive ways that media can influence policies and programmes, and the political and social environments in Bangladesh, India and Nepal in relation to MSM and transgender persons. It also examines the relationship between media and MSM and TG representatives, and how these individuals or groups engage and influence the media, successfully or unsuccessfully. It includes a broader interrogation of the way the issues of HIV and sexual and gender identity are brought to the media's attention or become salient issues for media in its reporting. It outlines key events and policy documents related to creating awareness about HIV / AIDS among MSM and TG persons in Asia, and how media responded to these issues and efforts. The broader aim of the framework is to use media as a positive force to improve human rights and ensure universal access to HIV and healthcare services for MSM and TG persons in South Asia.

Part I of this document is the **Framework** itself, which, building on the literature review and case studies, found later in the document, describes key findings and recommendations towards positive media engagement for bettering the health and human rights of MSM and TG persons in South Asia.

Part II of this document is the overall **literature review** which summarises and describes the findings of a broad review of the response to HIV in Bangladesh, India and Nepal in relationship to MSM and TG issues, and an analysis of media response and engagement in each country.

Part III of this document comprises **country case studies**, including a detailed examination of sexual identities in each country, political progress and markers, challenges and success, and recommendations. Each case study includes its own executive summary.

The Framework

The creation of this framework recognised three concerns:

1. HIV prevalence among MSM and transgender persons has been increasing within the South Asian region; and could further contribute significantly to new infections.
2. Reaching these communities is affected by the social, political and legal environments, such as punitive laws, the lack of or presence of social protection, and stigma and discrimination.
3. The media has a positive role to play in affecting a country's social, political and legal environments.

The context for these concerns is the emergence, since 2000, of communities, politics and discourse centred around MSM identity and homosexuality in South Asia, the intensifying of global and regional responses to HIV such as MSM and TG-focused work funded by the Global Fund, and the strengthening of MSM and TG community organisations. Key milestones include reports, such as the 2008 Report of the Commission on AIDS in Asia and UNAIDS Global Epidemic Reports, and different positive political achievements, such as the de-criminalising of homosexuality in India in 2009, as well as opportunities for the media to engage in a positive way with the core issues of this report.

The framework maps a trajectory for the emergence of MSM and TG issues and how they can be positively supported by the media. MSM and TG issues emerge in the public eye through a variety of means: the visibility of individual activists, community organising, news reports, documentaries and films. Some of these are driven by the MSM and TG communities; others by the media reporting on MSM and TG issues.

This works to counter denial (both of HIV, and of certain gender and sexual identities). Media coverage and visibility increases social acceptance, which, in turn, contributes to health gains (such as access to HIV care and prevention services), human rights gains and political gains. At the same time, positive media coverage can help to shine the spotlight on urgent healthcare needs (that increase with a rise in HIV prevalence) and related challenges. Media has proved itself as an enabling force to effect change; for example, it can influence the decision-making processes.

The framework also notes the different ways in which media can report on MSM and TG issues. Media can report on HIV in a way that stigmatises people with HIV or those vulnerable to infection. It can report in a way that highlights the needs for vital services. It can paint individuals as victims, or as powerful advocates. The way that communities engage with media is also influential, whether they manage to create partnerships with local, state or national media and the manner in which they propose features and reports on human interest stories.

The next stage of successful media engagement is to scale up and deepen engagement beyond mere visibility and human interest stories towards more strategic and formal frameworks that involve comprehensive and continuous communication. This could involve covering areas ranging from policy and programmes to supporting community activism. Tools for communities to strengthen media engagement include media fellowships and round tables, and media tracking and monitoring. The framework also underscores the importance of articulate, trained and diverse community leaders who can represent issues to the media; this has been of the utmost importance in all countries.

Some of the challenges identified for the framework include the complex relationship between HIV and gender and sexual identity. HIV and MSM are not synonymous. In different countries, locations and times, it seems more advantageous to focus on one than the other, sometimes resulting in the erasure or diminished importance of one set of issues. Media fatigue has also been identified: for example, there

is less reporting on gay issues in India since. Representing the diversity in the community is also a challenge. For example, in the mainly urban representation of MSM and transgender persons. It can also be a challenge to identify the strongest framing devices for positive outcomes— for example, the successful emphasis of ‘right to health’ arguments, and social inclusion, parity and equality.

Some key enablers of successful media engagement were identified as: charismatic spokespeople, documenting issues such as human rights violations, combining local and national-level engagements, producing media, and nurturing supportive allies to create a positive environment for media engagement.

The final Media Engagement Framework proposes to be based on:

1. Consistent, regular and open communication exchange;
2. Regional partnership and cooperation; and
3. The use of evidence and data to strengthen discourse.

Individual projects will then include components to:

1. Provide the scope of the initiative through —
 - a. a regular mechanism for communication exchange between stakeholders;
 - b. monitoring and stimulating ground-level community responses;
 - c. tracking and monitoring media; and
 - d. the use of online media.
2. Shape evidence —
 - a. Using epidemiological evidence;
 - b. Documenting good practices and challenges; and
 - c. Creating media-friendly products.
3. Connect community with media by —
 - a. Training community representatives;
 - b. Ensuring crisis management capacity;
 - c. Sensitising media; and
 - d. Sustaining meaningful relationships.

Recommended Actions for Programme Managers

Media management

- ❖ Adopt multiple sensitisation strategies to engage the various levels of expertise and influence and reporting cadres in media.
 - Generate awareness among senior journalists about the urgency of the issue and the quality of response; engage with media leaders and decision-makers; partner with a select group of sensitive journalists; and identify and partner with sensitive media practitioners who support the community during crisis.
 - In-house mechanisms must constantly align local messages, with the discourse being steered by national and regional leads on the community and their issues. As part of this mechanism, local programmes must consistently address myths and misconceptions of journalists through formal and informal engagement strategies.
 - Focus on using events and campaigns to sensitise reporters. Include intervention site visits that provide first-hand knowledge and help build perspective.
- ❖ Generate bodies of evidence on communities' roles, leaderships and initiatives, showcasing elements of enterprise and action by the communities.
- ❖ Include monitoring and tracking of media as an essential component of the body of knowledge you are working to build and sustain at your respective levels.
- ❖ Ensure a conscious connection between micro-level and local evidence, such as case studies, and situation updates and discourse at national and regional levels. Make local voices, events and experiences become part of wider discourses.
- ❖ Develop meaningful articulation of epidemiological evidence to include and address social and familial nuances of risks and vulnerabilities.

Community management

- ❖ Focus on ensuring in-community capacities — for documentation, strengthening evidence and media engagement.

- ❖ Train community representatives engaged in advocacy in evidence-recording and developing appropriate documentation.
- ❖ Ensure regular and consistent documentation of community initiatives and challenges.
- ❖ Ensure the development of a core group of trained community spokespeople from the leadership and rank and file of community organisations.
- ❖ Adopt multiple advocacy training strategies for different layers of community leadership. Undertake orientation for community members prior to events and training workshops.
- ❖ Ensure that a handy crisis response mechanism is in place, ensuring representation from across domains — community, civil society, government and media. These must be aligned with and feed those at higher levels.

Literature Review

The literature review involved delving into major policy documents and reports, including those generated by UN systems and APCOM (Asia Pacific Coalition on Male Sexual Health), and charting key milestones that stakeholders from civil society organisations, networks and organisations of MSM and transgender communities, donors, experts and government achieved in the last 10 years.

The evidence from the literature review was classified under the following thematic areas: Scaling up Inclusive Programmatic Responses, Strengthening Policy and Legal Reforms, Facilitating Greater Community Involvement, Building an Enabling Environment, Provisioning Public Education for General Population, and Service Providers.

The review recognises the milestone marked by the Report of the Commission on AIDS in Asia in 2008 that recognised the significant need, backed with solid evidence, to address men who have sex with men in national AIDS responses. The literature review also examines early organising around MSM and TG issues in South Asia dating back to 1994 in India and tracing the advancement of the issues since then, including the Risks and Responsibilities consultation in 2006 and the formation of APCOM.

The review recommends a clear definition of MSM and transgender persons, with an explanation of their vulnerability to HIV in Asia and social marginalisation. The diversity of communities should also be represented.

The literature review compares major events in the development of a response to HIV infections among MSM and transgender persons with reporting on MSM and TG issues at the time. Not surprisingly, the coverage was found to be lacking, and varied by country. The major events or milestones examined by the literature review were: the Risks and Responsibilities consultation in 2006, the UNAIDS Action Framework 2009, the Recommendation for a Comprehensive Package of Services 2009, the regional articulation of a human rights approach to HIV including addressing barriers faced by MSM and transgender persons (as expressed in ESCAP resolutions in 2010 and 2011, and the Asia Pacific Intergovernmental Meeting of 2012), the UNDP report on legal environments, human rights and HIV responses 2010, and three major reports in 2012 on HIV and the Law, HIV and Sex Work and the Law, and Transgender people, Rights and HIV vulnerability. Finally, human rights obligations, as referenced by such protocols as the Universal Periodic Review, were compared with country responses in Bangladesh, India and Nepal.

It is proposed that all of these events and milestones form a context that can be reported in the media, used for media briefings, and to provide data and references to be used in media reports. Also, many of these documents affirm and reference the need to engage with and sensitise media on these issues.

Country Case Studies

The three country case studies — from Bangladesh, India and Nepal— describe media engagement in these countries in a way that highlights similarities and differences, and can be integrated into a set of recommendations.

In **Bangladesh**, recognition of the *hijra* (part of the TG) community by government, combined with sustained community organising on HIV prevention for TG and MSM persons have enabled positive print

media representation in recent years. Much of this can be credited to the pioneering role of the organisation Bandhu Social Welfare Society (BSWS) that, adopting a rights-based approach, engaged with media at both local and national levels.

BSWS clearly recognised media engagement as an effective strategy for its objectives and hosted roundtables beginning in 2008 and a media fellowship programme in 2011. It also produced a community-led alternative press. The overall success in media engagement in Bangladesh is due to a mutual, mediated and multi-level engagement. Its strategies for improving media engagement include: empowering media advocates; engaging online media; widening outreach with key stakeholders; deepening engagement through longer and more complex initiatives such as research; expanding subject focus beyond health; regular exchange and sensitisation with the media, and appealing to international and national human rights instruments and bodies of data and evidence to build positive public opinion.

In **India**, emerging community leadership, a favourable judicial climate and a strong national HIV prevention programme support a strong rights-based and community-led HIV response, which was able to positively engage media-persons, who then helped report on HIV risk, stigma and violence, contributing to greater acceptance in the community and greater accountability from the government. Just as in Bangladesh, community organisations partnered with media to raise issues about HIV, rights violations and human interest stories. Media sensitisation workshops and site visits were tools used to improve media coverage.

Challenges cited were a lack of national media coverage (and that national media on HIV was shaped by government officials) and a lack of a systematic approach by CBOs to use data and other evidence for media briefings and coverage. Media topics of interest included gay couples and violence towards sexual minorities. Reporting on HIV issues has at times been strong, particularly at the state level.

Recommendations from India on media engagement had some similarities with Bangladesh and some differences: the need for community leaders to work

together, to emphasise the significance of empowerment, to highlight community protest against violence and rights violations and to focus on specific programme-centred messages, as well as leverage the opportunity of events for messages. Media engagement should be consistent and planned.

Nepal provides a unique model, where the LGBT movement adopted a human rights-centred approach, and where violence towards LGBT community members overshadowed attention to HIV and a more health-centred model, resulting on a clear focus on rights. Particular success with government programming and legislation also provided positive messaging and environments for media coverage and engagement (including a court ruling in 2007-08 to stop discrimination against sexual and gender minorities).

The group Blue Diamond Society focused at first on communicating with community members and then engaged in wider public education. As in India, and

to an extent in Bangladesh (a role played more by the organisation BSWs than by individuals), the Society members feel that their success in media engagement was due to charismatic and articulate community spokespersons (such as Sunil Babu Pant). Different from other countries though was media traction on the promotion of a broader range of social issues and activities such as gay marriage, gay tourism and gay sports. They also had particular success in national politics, for example, the creation of a National Taskforce for Sexual and Gender Minorities.

On the other hand, current challenges for media engagement include sustaining interest and battling media fatigue, and that the previous media success meant that insufficient effort was put into partnerships with friendly allies to create a more generally supportive and sustainable environment for media coverage that supports MSM and TG healthcare and rights in the long term.

A Framework for Media Engagement: Improving Human Rights and Universal Access to HIV and Healthcare Services for Men Who Have Sex with Men and Transgender Persons in South Asia

Assignment Summary and Media Engagement Framework

Background

The independent Commission on AIDS in Asia (CAA) unequivocally noted that sex between men accounts for an increasing share of new infections in Asia and can no longer be treated as a taboo subject.¹ Referring to key populations at higher risk (which includes MSM and transgender persons), it stated categorically that their levels of risk behaviour, and the starting points of HIV transmission, vary from country to country, but the overall pattern tends to be consistent across the region.

Since 2000, homosexuality and gay identity issues in South Asia had begun to have a presence in the public domain, particularly in Bangladesh, India and Nepal. In fact, the issue gained momentum and began to have unprecedented visibility in countries like Bangladesh and Nepal,² and in some cases like in Nepal, communities became a visibly prominent part of popular national movements. In all of these cases, there was visibility for the issues through media coverage of the issues and its advocates and engagement with the media.³

Even as the issue discourses have, in varied ways, utilised rights, popular movements and, now increasingly, the multi-hued gay identity, there is wide recognition that the context of HIV and the communities' risks and vulnerabilities is vital not only to sustaining meaningful mass media presence⁴ but also on how the communities' enabling roles in HIV prevention and

care services can strengthen their negotiations on core issues of social inclusion, parity and equality. This realisation has been particularly evident across community nodes and leaders in the past couple of years. As Nepal grapples to re-engage an apathetic structural disposition and a disengaged media environment, communities in Bangladesh and India are keen on bringing back momentum around the issues as in the past couple of years.

Programmatic Responses Recognise Need to Revisit the Discourse

With the communities wresting a series of significant gains across Bangladesh, India, Nepal and Pakistan in the ensuing period, global responses on HIV intensified, emphasising increasing roles for the communities in their intervention frameworks. International initiatives like the Global Fund's targeted funding strategy for key populations advocate stronger community involvement in the national HIV programmes. The Global Fund's foray led to the largest ever in-country awards for HIV prevention among sexual minorities, following the first funded community-led regional programme (South Asia). In India, for example, by 2009, states such as Tamil Nadu and, to a lesser extent Karnataka, began to acknowledge the need to include transgender people in social welfare schemes and entitlements.⁵ The spirit and scope of this assignment to develop a media engagement framework draws much from this mandate.

Scope and Method

Through this assignment, CFAR attempted to etch out a Media Engagement Framework by understanding the series of emerging practices across South Asian countries which enabled community leaders and media professionals alike to understand what helped attain visible advances on their issues, and how such experiences can be consolidated to supplement the current HIV programme's mandate of arresting epidemic trends among these key populations at higher risk. As part of this, an exhaustive literature survey was undertaken to bring out the contours of the issues as represented on public and alternate domains across the South Asian countries. In addition, we profiled country-level experiences in the form of case studies for Bangladesh, India and Nepal, primarily on the basis of first-hand responses of community members and leaders, media and civil society across these three countries.

As will be illustrated in the succeeding sections of this document, and in the country case study narratives accompanying it, the method in attempting this media framework has been primarily about exploring, revisiting and regurgitating the course and experiences of communities and their issues becoming a part of public discourses in the region. Being entirely community-led initiatives, their narratives used symbols and associations, mediums and voices to nudge their way into public consciousness. Trying to understand these components, we remained equally keen on figuring out how a vital issue of risk and vulnerability reduction to HIV by key populations such as transgender people got posited.

Very often, the human rights and identity issues were used to drive key discourses for community entitlements. Here, it was important to ascertain whether and how evidence relating to HIV becomes part of it. Where it did, was it guided by a method, or a sense of consistency? We were also attempting to understand the manner in which the induction of the HIV issues in their discourse was being perceived by the community members themselves. It may have led to self-deprecation and 'double stigmatisation', thus forcing a 'cautious use'⁶ as in Nepal; or the community may have 'used HIV as an advocacy tool', as Shale Ahmed of BSWS asserts in Dhaka.⁷

An Overall Assessment

On the release of the Report of the Commission on AIDS in Asia (CAA) in 2008, *The Times of India* observed that South Asian countries could avert increases in infections and death... with high-impact interventions such as HIV prevention programmes focused on key populations and increased anti-retroviral treatment.⁸ Across the three countries that are representative of the South Asian region, successive surveillance figures show that there is cause for concern over the HIV prevalence trends among the key populations at higher risk. There is also wide recognition that HIV prevalence is increasing among transgender people and the MSM community. As institutions spearheading prevention and support programmes continue to highlight the fact through periodic assessments and global release of epidemic updates, the concern is equally shared by lay community members like Royal in Dhaka when he emphasises that the 'number of cases of new infections among community members has been on the rise'.⁹

The question is whether, to the media, the representation of this issue was sustained and strategically framed. Media tracking and monitoring¹⁰ reveals that the issue did manage to get space in the public domain across countries. On mass media, it often required dramatic and powerful spokespersons and high profile connotations ('story pegs', in media parlance). For instance in India, these reports coincided with high-profile developments such as the Delhi High Court order de-criminalising homosexuality in July 2009, the release of the UNAIDS Global Epidemic Report, 2010 and 2012, the release of the HIV sentinel surveillance report, 2010-2011. The question then is whether this augured well. Yes, in drawing attention to the issue, acting as a reminder and acting often as a timely global pressure on policy-makers to address the issue in a befitting manner.

That addressing the epidemic trends among key populations including MSM and transgender persons was going to need concerted yet highly sensitive and deft articulation is evident in the complex programme architectures and detailed action frameworks designed as a result of the Commission report on AIDS. As revealed in the literature review, too, putting out

global evidence on the epidemic¹¹ and advocating strongly for regional initiative at assessing the effect of law on the MSM community and transgender people by UNAIDS with the support of UNDP South and South East Asia,¹² proved to be decisive. Going forward, UNDP India was making major advocacy gains in strengthening legal entitlements for transgender people and mainstreaming their voice across institutions. This only demonstrated a need to mount and sustain a multi-pronged approach to negotiate socio-legal barriers, even as HIV programmes were strategising to augment institutional capacities and build appreciation, readiness and the necessary spirit of inclusion in structures of governance and service delivery. None of this could be achieved optimally without the support and the consistent engagement of media with these issues.

Making Issues Related to MSM and Transgender Persons More 'Visible'

Given this, as programme focus on the most vulnerable sections intensified in the following years, and as the increasing emphasis on 'community-led' approaches began to make members, community identities and their issues 'more visible', how did it get reflected in media? Young transgender respondents at an FGD in Kathmandu summarised the scenario in the following two observations:¹³

1. *"Earlier, we were treated very poorly, and it was common for everyone to call us using such terms as 'chhakka' and 'hijra' (the term 'hijra' is not always used in a derogatory way). Now, it's different, after the court verdict (of 2007-8). We have university interns visiting us. There are theses being written on LGBT issues. And it's the same with media. Now there are many more stories on us, mostly positive."*
2. Bobby, a present board member who has been associated with BDS since 2001 recounts: *"From a group of 10 members in 2001, we today reach out to over 300,000. But, due to a 'rumour' being aired by a media house, all of these members across 38 districts of Nepal are not getting essential drugs. Medicine supplies have been hit. We*

are forced to once again go for sex work as our salaries have stopped."

Meanwhile, in another group discussion in Kathmandu, young MSM¹⁴ refer enthusiastically to the popularity of a Nepali feature film depicting same-sex love as they narrate how social media is increasingly becoming a useful platform for their community. They echo the editor of *The Himalayan Times*, Ajay B Khanal's view that while "an active community and a series of events like gay marriages, pride marches and Olympics" have helped the issue come out in open, "we need more people from the community and streams like films, book publishing and media" to sustain and create "currency on the issue".

The Bangladesh scenario, though more challenging with regard to the sexual minority communities, evidences parallel streaks as Umme Farhana Zakia Kanta¹⁵ at BSWs asserts that "social discrimination has lessened as a result of media writings. Hijras protest at being harassed or ridiculed now. People are more accepting. We see them getting employed in news channels, beauty parlours, ministries and some have even started living with families".

The group of transgender persons (hijras) we met at *Sushtho Jeebon* in Dhaka¹⁶ did not miss the chance to emphasise how they have been organising street shows and other awareness-building programmes for "issues of the masses like tuberculosis and family planning" as it augers well with "a largely positive print media orientation and the government's attitude in the last 4-5 years" towards the hijras. The group organises the shows as part of an FHI (Family Health International) public health programme, as it continues with its "care, counselling and STI health check-ups for both transgender persons and MSM in its drop-in centres."

At the same time, both community and civil society efforts in bringing community issues into the general purview is evident across a range of films in Bangladesh. There are full-length feature films like '*Ghetoputra Kamala*' and '*Common Gender*', which became popular box office hits; as well as highly recalled documentaries on gender and sexual minorities like '*Pratibimbo*', and the BSWs produced '*Amra ki Etoi Bhinno*', which was awarded the Best

Documentary short film at the Kashish Mumbai International Queer Film Festival 2012.¹⁷

When we look at India, media clearly emerges on the frontlines as shaping thinking around the community, de-stigmatising them and enabling greater acceptance, as it played a key role in seeking government accountability towards minority rights. It was able to wade through a maze of complex issues and communicate the essential dilemmas, and most importantly, at crucial junctures, rose up to demonstrate informed engagement with the community. Especially in the aftermath of the positive judgement,¹⁸ it showed a timely consciousness to focus on the road ahead and the challenges that still remained. The media, even as it partnered in celebrating the landmark success, also stressed that the essential struggle lay in getting families and friends to accept homosexuality and until that barrier was breached, homosexuality would remain invisible to a great extent.¹⁹

At the national level self identified gay activists including Gautam Bhan, Rahul Singh, Aditya Bandhopadhyay, Ashok Row Kavi, Shohini Ghosh, Sunil Paul and Danish Sheikh were using the medium (33 features tracked from 2005).²⁰ Most of these articles dealt with securing rights of sexual minorities in light of the emerging discussions in the High Court case where Section 377 IPC was being argued. At another level, newspapers were reflecting the voice of a vast number of LGBT people who were coming out in gay pride rallies, movie screenings, protest marches, media briefings, etc. Through 2008 community voices strongly articulated the denial of rights, inclusion into society and the persistent stigma faced at familial and societal level, discrimination at workplace, and victimisation in public places. These articulations form a significant backdrop to the courtroom discussions which were more often being dominated by the government and political stand / opposition.

The educated middle class young professionals contributing responsibly to society and coping with an alternate sexuality and stigmatisation was a crucial aspect of the narrative and imagery that emerged from media coverage. Consistent community presence helped reshape the gay image in media from that of

a deviant, exotic and colourful individual to an everyday person. This is supported by the large number of stories that were emerging in the national media of gay people²¹ coming to terms with their sexuality, being persecuted by their families or village elders for being different, and seeking protection of the courts.

At the programme response level, there is a differing pattern in the state and national news reporting. The community voice was not that well represented in the national media. More often than not, media coverage was shaped by official figures, representatives of the government — the Ministry of Health and Family Welfare, Ministry of Home Affairs, officials of NACO (National AIDS Control Organisation) — and, to a much lesser extent, community representatives speaking about the presence or lack of health services. For instance, a sample of 60 national newspaper health clips analysed for the period between 2010 and 2012 showed a complete absence of the community voice.²²

However, this scenario changes when state-level media reporting is analysed and a strong presence of the community voices is noticeable in health-related coverage. The quality of articulation by the community was sharp and underscored their demand for increasing the number of interventions beyond the urban centres, improving the quality of the services by ensuring community participation in monitoring implementation, strengthening public healthcare services to include sexual minorities and ensuring accountability.

Key Gains

Let us see how such a recognisable shift in 'opening up of the issue' and growing spaces on public domains augurs for the community.

Enhanced mass media coverage, coupled with an increasing role of civil society, led to a certain level of social acceptance for the communities necessary to initiate and harness discourses and galvanise favourable opinions on key issues. It has been possible through communities' persisting roles across a range of crucial areas — ensuring access to HIV care and prevention services, addressing human rights issues, shaping up popular identities for the

community and, in Nepal's case, a proactive participation in the country's popular pro-democracy movement.

Social acceptance gains are evident in the many legal, constitutional and attitudinal gains that precipitated in these years recognising their distinct identities and fundamental rights as equal citizens. It is a process well begun, of addressing intricate and pervasive socio-legal barriers as mandated in the programme architecture and action frameworks. Media as a stakeholder and the communities' engagements with it have gone quite a distance on this mandate. However, the question is whether it has gone far enough to create a platform that can consistently sustain practices that are inclusive, unbiased and free from stigma and discrimination enabling the community to reduce its risk of HIV and the many related vulnerabilities.

Major Gaps

At a time when the number of new infections overall in the region was registering a downward spiral, the rise in HIV prevalence among MSM and transgender people has been a matter of great concern. This was particularly evident in Nepal when in 2011 the deadlock between the Government and NGOs resulted in the former not releasing funds to organisations “working with MSM and a sizeable transgender population” and therefore “unable to treat or prevent HIV from spreading because of the government's embarrassing financial disorganisation”.²³ Such voices clearly resonate with the belief that, if not arrested, HIV could undermine the many other affirmative symbols of associations the community had laboured to attain over the past decades. What is as much significant is to deliberate on what would prompt sufficient media focus on the criticality of the epidemic risks for the community.

In Nepal, although community organisation began around HIV prevention services, the nascent collective identity soon became a part of the rights and the popular pro-democratic processes, and used its presence in the public domain to claim basic rights and entitlements relating to life, identity and equality.²⁴ As a long drawn struggle, “sexual minorities continue to face problems to acquire citizenship certificates

according to their identity despite the SC order,” said Jyoti Sanghera, OHCHR-Nepal Representative, quoted in *The Kathmandu Post*.²⁵

Shaping of Discourse Determinants

As is clear, the battle for citizenship rights in fact got closely linked with enabling the community to access basic services such as healthcare. By 2010, Sunil Pant was declaring, “Without the [citizenship] cards, transgender people are denied access to education, jobs, healthcare, inheritances, passports and foreign travel.”²⁶

What this example essentially signifies for all the three countries alike is that it is today critical for the community to secure validation of the social acceptance it strove to attain over the past decade. Even more important is to consolidate the acceptance to meaningfully align the more entrenched mindsets, institutional practices and structural barriers as part of a comprehensive paradigm that is inclusive in spirit, just in outlook and capable of extending population-based outreach services for the community.

Media as an Enabler

It is important to unravel and understand the way media strove to evolve such a paradigm. We find the basis of engagement varies from country to country. In Bangladesh, 9 of the 12 media reports that came of the fellowships²⁷ focused exclusively on the unacceptable levels of indignities the hijras were subjected to. Titled as *Sad Saga of Hijras; Sufferings of Sexual Minority Students; Rights of Hijras need to be Protected; Their Miserable Life; They have a difficult life — The lives of Hijras*,²⁸ to name a few, the stories exposed in no uncertain terms the levels of stigma, homophobia and hate the hijras faced across their life cycle from childhood to adulthood. They also spoke about how key institutions such as family, hospitals, schools and colleges and police mandated to care, nurture, protect, defend and treat all human beings equally, turned vile and discriminatory against them, often reducing them to near destitution and a life of unimaginable misery. Narratives on media used voices of the affected community and messages of need for social acceptance did impact attitudes of stakeholders that mattered.

In a sample of 12 reports by media fellows, as many as 89 messages emerge including several affirmations made by decision-makers at the highest levels in government — like the one by Additional Secretary, Mr. Iqbal Khan Chaudhury of Ministry of Education, stating during the launch of the livelihood training project for hijras, “...the society does not accept them. We need to change our worldview and perceptions to include them and make them part of our mainstream society. This awareness has to spread across all layers of society... Media has to play a proactive role.”²⁹ In the midst of a variety of voices and messages on subjects ranging from stigma to affirmative action, we find a conscious community effort to retain HIV and health as a crucial focus theme. “The present healthcare system of the country is not sensitive to the sexual minorities. The community is afraid to approach the doctors for any sexual diseases. If the doctors happen to know that they are sexual minority, they are sent away or not treated properly. As an alternative we have set up the healthcare facility,” observed Shale Ahmed of BSWs.³⁰

Gaining Spaces for Community Initiatives

Similarly in Nepal, prior to the court’s judgement in 2007-08, many of the media reports graphically reported about the mindless brutality metis³¹ and the third gender were subjected to. Many of these also depicted HIV as a critical, if not the most disabling, vulnerability for the communities, often reporting how crucial services meant for community members were getting jeopardised by social and structural barriers. With a maximum judgment in favour of the community³² coinciding with the wider pro-democracy aspirations, the tone and tenor of discourses changed decidedly, with survival and aspiration-centred depictions overshadowing facets such as the continuing structural barriers, as also the persisting epidemic related risks for the community.³³

The more consistent media monitoring in India shows that, in recent years, media played a key role in supporting the community in times of crisis such as denial of healthcare, severe forms of discrimination at workplaces, denial of entitlements and violence, etc. Media, on its own initiative across the country, highlighted high levels of discrimination faced by gay persons.

In India, media was writing on a whole range of issues — the Section 377 legal debate, government efforts to mainstream the community through social protection initiatives, high levels of stigma and discrimination and violence faced by them to their role in leading HIV prevention efforts. For instance, at the national level between 2008 and 2010, a sizeable space (35% of articles tracked during the period)³⁴ was devoted to op-eds, edits and guest columns from senior journalists, social activists, lawyers, anthropologists and community activists amongst others.

During the period 2007 to 2010, in India we witnessed regular reporting on sexual minorities in the national and state media. Dates of hearing in court, gay pride rallies and other celebrations, discrimination and violations against the community were ‘story pegs’ used to reach out to the media on a regular basis. In fact, courtroom discussions were regularly picked up by the legal reporters, but the community leaders also made efforts to build consensus around some critical issues: the contradictory positions taken by the Ministries of Health and Home Affairs on homosexuality; the statement that AIDS was caused by homosexuality; opposition to anti gay statements that homosexuality destroyed family values. The consistency of community efforts revolved to a great extent as a response to the court proceedings. Gay pride rallies became a regular feature in metropolitan cities from 2007 and helped gay activists to steer media focus on calling for attention on gay rights.

At the state level,³⁵ we see that state level community organisations such as TAI - Vizhudugal working with transgender people and MSM were quite successful in maintaining a consistent relationship with media through the years, and observing community specific anniversaries (such as the Koovagam Festival), national holidays, transgender week, Indian festivals, beauty pageants. They also organised local initiatives at the state and district levels such as peer outreach week, mobilization for better community health, etc. to successfully raise their demands for social inclusion and attention to their rights. Local media was considered an important partner in all these initiatives. Consistent engagement helped the community to gain the confidence of media persons

and recognise the importance of community leadership in fashioning its response.

Apparently such human interest news reports and features on social injustice and human rights violation did help enable these communities to break the silence and denial. In an article as early as 2009,³⁶ UNDP's HIV/AIDS Group Director in the Bureau of Development Policy, Jeffrey O'Malley, while talking about Nepal, was quoted as stating that "If nothing else, people aren't denying the existence of homosexuality anymore."

According to Pradeep Khadke, the human rights coordinator at BDS, all this was possible because "rather than challenging Nepalese society, our group has built alliances within the democracy movement and tried to change attitudes and policies through political persuasion."

Did this visibility help to break the denial on HIV? According to Sunil Babu Pant, this took a different form in much of Asia, because, "...for years, authorities asserted that HIV couldn't be a problem because homosexuality simply didn't exist." But by the late 1990s, it was obvious that HIV and AIDS posed a serious public health threat that would only get worse if the official policy continued to ignore it. Therefore, it was no coincidence that Blue Diamond Society initially worked on AIDS issues.

Scaling up to Address the Deeper Challenges: Recognising Media Engagement Needs

Across countries in the region, the barriers of stigma and discrimination and the challenge of ensuring universal access for a largely hidden and closeted community are similar. Across the three countries, issue discourses on the public domains have shown versatile and progressive intensities; in each of these countries, given their specific socio-political textures, the communities have been able to wrest significant legal and constitutional breakthroughs in support of their distinct identities; there are visible strides in community organisation, leadership and a certain degree of agency with which their voices get portrayed on the public domain. And yet, the biggest programmatic challenge of the day is about the

"continued reluctance to come out of the closet". Furthermore, a significant proportion of the intended outcomes of targeted intervention and focused HIV prevention tend to get offset by continued vulnerability to violence, hate crimes and ostracism.

Clearly, impact of the 'gains' accomplished is yet to trickle down in a way that the community is able to respond cohesively to the interventions. Country specific initiatives, such as the Pehchan Project in India and the DivA project in Bangladesh and Nepal, have been responding to these barriers by emphasising proactive roles for the communities themselves. As these continue, a simultaneous focus on positioning and portraying the communities' crucial roles as enablers and change agents in the process needs to be ensured. In such a context, the significance of a media engagement framework lies in developing and sustaining a comprehensive communication paradigm. It must be able to engage with all the critical correlates such as evidence, programme architecture, best practices, reduction of stigma and discrimination and the policy and legal safeguards, and most essentially, the proactive dispositions of the communities.

Strengthening Media Engagement: Persisting Challenges

Looking at the way the LGBT community negotiated barriers, as in the case of Nepal, media discourse did not focus as much as it needed to on HIV related vulnerabilities and risks of the community. As is being realised by community leaders, lack of any informed mediation on these issues on the public domain is having an impact today in the form of low and desultory media engagement with their issues.

In the case of Bangladesh, the systematically-evolved multi-level media engagements with these issues have demonstrated some highly replicable instruments such as those of Media Fellowships or the Media Roundtables.³⁷ However, the domain-specific challenges being thrown up, as regards sustaining and evolving these instruments into wider platforms for scaled-up media engagement,³⁸ underline the need for better preparedness and capacities on the part of the communities to engage meaningfully with the diverse needs of media. It calls for focused

investments in the fundamental areas of media tracking and monitoring to build nuanced intelligence on the domain. Similarly, differentially calibrated sensitisation efforts for media practitioners would need to target barriers, lack of openness and pre-conceptions at key levels of reporting, news editing and gate keeping. And, as media overtures on the issues gets demanding the community must get simultaneously prepared with enhanced capacities to reciprocate and respond effectively.

Again, in a setting like India's, where community-led responses have been able to demonstrate some tenuous engagements on public domain especially at sub-national levels, there are replicable lessons on how concerted media engagement with issues of key populations have been able to shape and inform wider public discourses within the overall context of HIV. Notwithstanding these, issue dynamics today more than ever are having to contest deeper institutional resistances, and quite naturally, are in need of strategically nuanced mechanisms for mediated engagements not only with media but simultaneously also with other key agencies in decision-making and governance. This includes controversial statements by policy-makers, many of who allege that male-to-male sex is "unnatural".³⁹

Opportunities and Challenges: Contours of a Media Engagement Framework

Across settings in South Asia, while we have some fundamentally differing socio-legal and programmatic dispositions vis-à-vis issues of gender and sexual expressions, what is significantly common for any media engagement framework are the following.

In all the three countries, the dynamics of the issues of the gender and sexual minorities have thrown up community leaders, who in turn largely shaped the ensuing discourses around gay, MSM, transgender communities and the LGBT issues overall. As strong issue advocates, these leaders have been able to engage media with their needs and concerns, albeit in varying ways and using different instruments of engagement. There is a clear recognition, even in a relatively more challenging setting like Bangladesh, that this engagement thus far has 'helped break the silence' on their issues.⁴⁰

If we analyse the voices on media we find that community voices got represented across a range of issues, with many like Bhumika Shrestha, Roshan Mahato, Bhakti Shah⁴¹ and others getting recognised as faces depicting some key facets, too. Similarly, in Bangladesh, more and more community faces like Pinkey Sikdar, Zoya, Bobby Hijra and others show a clear ascent as leaders and spokespersons. As there is a growing recognition to widen the horizon of cross-sector issues with which communities need to connect more intently, the process of enabling more members to emerge as spokespersons and focal points needs strengthening. Media practitioners like Hassan Bipul (BD News 24, Dhaka) and Gopal Khanal (*The Kathmandu Post*, Nepal) evidence a 'pressing necessity for more and divergent voices to represent community issues' to 'sustain' or 'revive' media interest. Needless to state that such a process of enabling community representatives needs to be designed and inculcated as a consistent component of programme interventions intended for the communities.

In India, an analysis of 217 health-centred news clips from four high prevalence states (Karnataka, Andhra Pradesh, Tamil Nadu and Maharashtra) for the period 2005-2010 shows that out of an approximate 344 voices tracked, roughly 90 voices (26%) were those of community representatives, followed by NGO implementers (21%) and SACS/NACO officials (16%).⁴²

What is more significant is that the quality of articulation by the community was sharp and underscored its demand for increasing the number of interventions beyond the urban centres, improving the quality of services by ensuring community participation in monitoring implementation, strengthening public healthcare services to include sexual minorities and ensuring accountability.

Sustaining Gains: Emerging Concerns

What is of paramount importance today is how the gains made thus far can be taken forward and consolidated into a sustained advocacy that reverberates with the day-to-day realities, needs and aspirations of the millions of community members who continue to remain disengaged with many of these enabling processes.

This is clearly evident in the concerns being expressed by scores and scores of smaller community groups from far-off areas of Nepal whose members gathered in hundreds in 2012 to protest before offices of the highest government officials including the Prime Minister, the continued denial of basic healthcare and HIV prevention and care services.⁴³ Both, the blatant inaction on the part of the government, and the community's unified struggles against this, needed strategic mediation by media as a public instrument and a leveller to wrest rightful outcomes for the community.

As an enabling move, however, there has been a conscious programmatic thrust at expanding services and outreach to the remotest areas, as Premangshu Sarkar of BSWS in Dhaka pointed out: 'Programme intensities have increased manifold in the past couple of years as we have expanded from 8 DICs in 2009 to 38 across remote districts in Bangladesh. We are also networking an unprecedented number of CBOs from across these places under the DivA project'.⁴⁴

However, in India for instance, since 2011 the space for reporting on gay issues has diminished as indicated by the media tracking. There is a degree of fatigue for media, which would like different aspects of the issue to emerge and the community is also challenged on shaping up to this challenge. It is evident however that the CBOs clearly recognised media as a critical ally in shaping societal attitudes towards the gay community and understanding their role in HIV prevention efforts.⁴⁵

From this flows the obvious challenge that gender and sexual identity movements in all these countries, in spite of securing some significant mass media presence and remarkable gains and recognitions, have to contest homophobia, coupled with stigma and discrimination as the most virulent and defiant barrier. What this points to is that mass media representation on their issues have failed to sustain a momentum necessary to motivate inclusion of the issues in localised and interpersonal discourses; or that the element of people-connect (especially people who matter) in the portrayals and representation on media needed to be more vivid, diverse and consistent in order that a wider cross-section of sub groups within communities could identify more readily; or the

diverseness in perspectives necessary to co-opt a multi-sector alignment on the issues could not be forged owing to a lack of an informed mediation of issue discourses, and their agendas.

Reflecting the lack of response, Madhav Dulal, Pahichan Programme Coordinator of Blue Diamond Society stated that "the gays, who are living a dark life in the Nepalese society, cannot report that they are HIV positive...."⁴⁶

In Nepal, analysis of 62 reports with messages broken up across themes like mapping of key populations at higher risk, HIV surveillance, programmatic response, reduction in stigma and discrimination, legal barriers, social entitlements (enumerating third gender in Census, Right to Citizenship Card) shows key stakeholders executing HIV, health and social development programmes as completely disengaged on issues affecting MSM and transgender persons. In fact, out of 316 messages carried in these reports, they accounted for a mere 27 messages of which 17 were voiced by the officials of the Census Department.⁴⁷

Community-led responses and negotiations around issues of MSM and transgender persons as reflected in the media continue to have an overwhelmingly 'urban' representation. As both the programme and community leaderships recognise the difference between the urban and rural contexts, their concerns to reach out to 'the far-off and distant community members' is becoming visible in efforts like *Pahichan* in Nepal, and BSWS' focus on strengthening 'local level engagements and capacities through Stakeholder Forums and the DivA project'⁴⁸ in Bangladesh. Also significant is the latter's facilitation of national telecast of *Orao Amader*— a television programme dealing with the life realities and issues of the hijras in Bangladesh.

A national-level focal point like Sunil Pant feels enamoured of becoming 'highly recognisable among the rural folks' even as senior chronicler Kyle Knight who has travelled to many far off locations with Sunil Pant vouches for the 'popular format that Pahichan used to reach out to the widest possible populations, and made Sunil immensely popular with both the community and local media' in Nepal's remote

regions. Similarly with the radio programme *Pahichan* -begun in August 2012 and being broadcast by some 11 FM stations everyday-, its producer Madhav Dulal gets 'regular emails and phone calls with highly emotive messages in support from distant listeners.'

In Bangladesh, the fact that under the DivA project, some 61 community-led CBOs across the country have been brought into a singular training and capacity building fold is a 'promise of significantly vital outreach for our messages', feels Beraj, a community member who works as a Training Officer on the project.

Similarly in India, the *Pehchan* project undertook media outreach in Andhra Pradesh in November 2011 to prevent HIV transmission amongst MSM and transgender people through community-led efforts. It led to strong messages to implement the interventions in remote and rural areas through various initiatives such as community radio, static clinics and partnership with the link worker scheme in rural areas. An analysis of 56 messages emerging from a sample of 26 reports found strong focus on the components of the intervention that would reach the community (25% messages) while a large segment of the reports were urging stakeholders including the police, railway authorities to respond in a more emphatic manner, take measures to reduce community's vulnerability to violence and enable access to welfare measures (52% messages).⁴⁹

Another targeted media outreach effort that emerged from *Pehchan* in Tamil Nadu focused on the uptake of counselling services through a community-run helpline, providing support to those struggling with their identity.⁵⁰

Having gone through these trials and tribulations, there is an across-the-board recognition that strategic positioning of the epidemic dynamics is vital to not only sustaining any meaningful mass media presence, but also on how communities' enabling roles in HIV prevention and care services can strengthen its negotiations along core issues of social inclusion, parity and equality. As community-led initiatives in Nepal have begun to re-emphasise this context once again for positioning a gamut of LGBT issues on the mass media, in Bangladesh it has continued to be in

front, with foremost institutions reiterating the 'right to health' focus to advance issues of sexual minorities⁵¹ like the MSM community.

These clearly reflect the priorities being articulated by community leaders in different country settings, and are in unison with international efforts like the Global Fund's targeted funding strategy for key populations advocating for stronger community involvement in the national HIV programmes. The Global Fund's foray led to the largest ever in-country awards for HIV prevention among sexual minorities. In India, as mentioned earlier, states like Tamil Nadu and Karnataka began reworking social welfare schemes and entitlements by 2009 to augment access for transgender people.

In addition, with a visibly higher level of acceptance across countries for transgender people and their concerns, there is a growing consciousness to expand community-led discourses to embrace longer-term contexts of empowerment and social mobility. Senior rights activist Sara Hossain in Dhaka strongly argues for the discourse on transgender identity to 'recognise the leverage that health and HIV issues have given to the community for it to bargain for even more enabling entitlements'. Clearly, what such a cross-sector paradigm will need is deft mass media mediation capable of identifying spaces within ongoing discourses around risks, vulnerabilities and identity, to weave in and effectively coalesce the long-term aspirations of the community.

Emerging Key Correlates for Media Engagement

Through this assignment, CFAR attempted to etch out a Media Engagement Framework by understanding the continuum of practices, notions and outcomes enunciated in the succeeding sections that enabled community leaders, civil society and media professionals to respond on issues of sexual and gender minorities across countries in South Asia. As a backdrop, CFAR had its experience of intervening as part of a national response to HIV and AIDS in India since 2005 under the Avahan initiative. This broad canvas enabled CFAR to work with numerous partners working and advocating on issues related to key populations and HIV and AIDS, including the MSM and

transgender people's organisations and leadership. Part of this experience also informed the India country case study undertaken as part of this assignment.

Looking at the regional scenario, when we juxtapose community experiences, gains and breakthroughs in the preceding decade's time with the evolving contours of ground level challenges and epidemiological imperatives, we find that champions and advocates have grappled with extreme forms of issue complexities, and yet have generated some effective lessons in media engagement. In Nepal, for instance, Sunil Babu Pant asserts that 'the focus on documenting day-to-day incidences of human rights violations from early 2000s proved to be a clinching body of evidence for the historic 2007-08 court verdict'. His ascent as 'a highly affable, media-friendly and articulate issue champion' is vouched by media insiders of all hues, many of whom equally recognise the gradual shaping of other community faces like Bhumika, Roshan and others as 'promising young voices'.

In Bangladesh, the quiet yet sustained manners in which the lead community group BSWs involved local level media ever since 2008 across Dhaka, Sylhet, Chittagong and Comilla,⁵² and supplement it with national level engagement of decision makers in media through yearly Roundtables⁵³ show up as highly effective mechanisms. Of as much interest is their experiment with Media fellowship⁵⁴ as an instrument to strengthen informed expressions on the issues.

Even on relatively 'more technical' aspects of epidemiological evidence and estimation, we find that when engaged in a more coherent fashion such as through fellowships, the media has shown discernible interest in reporting in balanced forms. Evidence presented in media reports, though not significant in quantitative terms, show a qualitative shift as regards understanding the epidemic burden shared by the community and its associated risks.

Having said this, we also reckon that communities have continued to face 'gaps', and to 'address these gaps in the emerging discourses', they have responded with their own versions of 'mediating and trying to shape the discourse' through such efforts as *Orao Amader* (Bangladesh)⁵⁵ and *Pahichan* (Nepal).

Similarly, there are lessons from the way media and civil society have responded to community needs and challenges and engaged with issues. The fact that Kiran Nepal, Sudeshna Sarkar, Deepak Kharel evoke spontaneous recall among lay community members in Nepal as "highly sensitive media people who helped initiate and shape early contours of the discourse on LGBT issues"⁵⁶ clearly brings out the potential of harnessing all such affirmative voices as allies. In Bangladesh, the persevering manner in which the community has worked with diverse profiles of stakeholders from police to doctors and academia and nurtured them as 'visible support groups' has equally useful lessons in creating a strong media-friendly support system around the issue.⁵⁷

A Media Engagement Framework

Guiding Ethos

1. *Sustaining a climate of consistently regular exchange*

Given these varying experiences across countries of negotiating public domain spaces for issues of MSM and transgender persons, any media engagement framework will need to constantly keep in sight all the key elements – of evidence, programme architecture, reducing stigma and discrimination — as critical to the entire discourse, as it strives to increasingly position the communities as the node for solutions, as capable of enterprise, and most essentially, as agencies rather than just victims or survivors. Equally vital is to align the communities and its representative voices with media and other key supporting agencies in programme, governance and opinion building; and keeping this alignment mutually dynamic and vibrant.

2. *Regional backdrop for the Issue*

The expansive similarity in the socio-cultural, systemic as well as epidemiological dimensions across countries in South Asia is an opportunity that must be harnessed to keep the discourse on scale in the region. Sustaining regular exchange among communities, civil society initiatives, experts and media will strengthen a climate of dialogue, openness and innovation necessary to keep the issues meaningfully relevant in shifting socio-political landscapes and public consciousness. Senior

community leaders like Shale Ahmed in Bangladesh, who has been central to steering the issues of the MSM and transgender people in the country for over a decade, points to this need in no uncertain terms — “We need UN and international endorsements to be able to engage media” more intensely on issues of sexual minorities and be able to “bring inclusive focus on the group”.⁵⁸ Community leaders and media practitioners across the three countries often expressed the desirability of inter country exchanges “to learn from the fast changing scenarios in countries like India and Nepal” as regards increasing acceptability of these hitherto “largely hidden sections” of populations.⁵⁹

3. Cogent evidence to strengthen informed steering of the discourse

At a time when the policy and programme think tanks in the region have begun coming out with a representative body of cogent evidence in the form of the MSM Country Snapshots, it is pertinent that all issue-based engagements with media utilise the full potential of these compilations as strategic media products. As a periodic source of epidemiological, behavioural, programmatic and legal information and data pertaining to the communities, the Snapshots bring in the credibility and representativeness needed to engage the highest levels of media on the issue. It must be used as a catalytic tool to foster and deepen meaningful exchanges between lead policy and programme institutions at the regional level like UNDP, UNAIDS, APCOM and AIDS Data Hub with decision makers and opinion leads in media. More tactically, the making and release of the Country Snapshots should be occasions to bolster communities’ engagement with media on the one hand, and deliberate the discourse directions in the region on the other.

On the same plane, an online clearinghouse such as ‘The Source’ at APCOM should be used as a platform for sustaining regular interaction and sharing with a cross section of media practitioners in the region. Its presence and outreach as a credible knowledge source on the community should also be used to celebrate and showcase media’s contributions on the issues and partnerships with various community nodes.

A framework modelled on the above ethos will have as its cornerstones the following key correlates and components.

A. Scoping the initiative – At the core of the engagement framework is a comprehensive mechanism to cater consistently to the needs of convergence; and will entail:

a. Internalising guiding dimensions of the programme needs and focus — This calls for a regular mechanism of interfacing community with leaders, experts and programme managers. Emerging evidence and focus themes devised by representative institutions should be used to anchor deliberations and develop shared understanding of future roadmaps. The exchanges should aim at establishing and increasingly highlighting national and regional connects for local issues through regular flow of human interest evidence, information on community initiatives and programme data.

b. Monitoring and qualifying ground-level responses to the various stimuli (social, structural, policy and services) — Lead community entities must sustain a process of visiting and reviewing interpersonal-level discourses among members. The process would aim at fathoming day-to-day challenges and aspirations that must in turn get represented and reflected in wider discourses on community issues.

Both these components together would encourage a process such that community members can comprehend and relate with how institutions of governance, programme agencies and stakeholders like media at macro levels are responding to their issues, as it deepens the leadership’s acumen and civil society’s knowledge of ground level needs, challenges and aspirations. Organising periodic inter-country and regional symposia would expose communities to newer instruments of negotiations and strengthen networking.

c. Understanding and constantly assessing the domain of media and its responses to both programme and ground level dynamics — Tracking and Monitoring of Media is an essential pre-requisite to any informed long-term engagement, as it constantly informs the community of how the media is responding to and prioritising evidence. To engage with the domain of media, monitoring of key (and sampled) outlets and tracking of how various issues get positioned and followed up will help with necessary intelligence on domain trends, leanings of key interest groups, stakeholders and spokespersons on issues of direct and affiliate relevance, and identifying practitioners. Media monitoring is essential for any dynamic process of aligning issue needs and concerns, and establish effective cross-sector linkages.

In fact, the India case study gathered media evidence from over 3,000 clips that were analysed from the national and state newspapers and interactions with activists, community leaders and journalists who shaped evidence and coverage around the issue. This was made possible by the consistent tracking and monitoring of media by Centre for Advocacy and Research from the years 2005 to 2010.⁶⁰

The Nepal experience shows that predominantly human rights violations centred coverage by media through years preceding the judgement transformed from a victim-centric to a more open portrayal in the post-judgement period, celebrating survival-hood, triumph and performance by the community. Even a basic monitoring exercise, as the community began being widely accepted as a 'pro-democracy' enabler in these times, would have helped them utilise this shift in engaging more purposefully with the domain of media.

Simultaneously, media tracking and monitoring must inform, and lead to identifying, like-minded practitioners across spaces like news reporting, feature columns and opinion

spaces at various levels — local, sub-national, national and regional. With such a pool of information and trends, communities will be better supported in pushing issue agendas with media.

d. Utilising the 'liberating' potential of online media formats — Much as it is a great multiplier, the online media has emerged as an effective medium for attaining the necessary take-off momentums, especially on issues with complex dynamics. In a clear appreciation of this, the Executive Director of APCOM noted on its 6th anniversary on March 23, 2013: "...launching a strategic new website today which intends to create a genuine online neighbourhood where stories of best practices, lessons learnt and challenges overcome are widely shared, ensuring that we reach governments and policy-makers as well as the grassroots of the grassroots." In our content analysis, we have clearly found that a significant proportion of media interest on complex issues like those of the sexual and gender minorities have come from online media. Some of the most prolific writings, exploring the less obvious yet vital aspects of the communities, too have appeared on online editions. Both in terms of depth of coverage and quality of narratives, the online stories have been remarkably ahead of the others. Simultaneously, the recent years have also seen a proliferation of serious online media outlets, especially in countries like Bangladesh where, in a matter of two to three years, the 'numbers have grown exponentially'.

Communities and issue advocates must encourage the use of online media spaces, utilising essentially the amiable passages these ensure for community experiences to come out on public domains, including the convenience of oft-needed privacy and confidentiality.

B. Shaping evidence — As the most critical building block of the whole engagement edifice, this component needs to be constantly shaped from

the ground up and informed by both programme overtures and media responses. Its correlates would comprise:

a. A categorical focus on utilising epidemiological evidence – It is essential to recognise that epidemiological evidence is a specialised body of knowledge, and often highly technical in iteration, too. Clearly, it needs sophisticated articulation and media focus such that these can be made to relate with the more ‘visible’ or easily discernible or popularly perceived facets of the epidemic. It can be achievable by a two-pronged approach. One, by ensuring a more regular and cogent mechanism for interpolation of evidence from local to the regional levels, and portraying through documentations the impacts inter alia. It must be able to bring out how seemingly feeble local evidence (such as new infection trends in a population) is a stark corollary of a possible epidemiological behemoth at the national or regional levels. This is where the process of engagement must leverage the advantage of representative evidence like the periodic MSM Country Snapshots.

And two, by ensuring to develop and constantly nurture a pool of senior, credible and seasoned media practitioners with knowledge, expertise and institutional clout to delve into complex paradigms, and comment on these with authority. Encouraging regular exchanges within such a pool to harness inter-country and regional perspectives would augment the quality of issue narratives on media as it transcends from a mere ‘news’ format to specialised spaces like columns and special features including one-page spreads focusing just on this issue. Moreover, many publications and channels have a weekly supplement and news magazine that do in-depth issue analyses, such as BBC’s ‘Panorama’ and ‘Horizon’ programmes.

b. Documenting good practices and challenges from within community processes — The core objective of documentation, besides

creating a body of knowledge, would be to showcase the various facets — of mortal existence, of enterprise, of talent, as well as of existential dilemmas and travails as the community perseveres through reclaiming its entitlements. As a practice, documentation needs to be inculcated as a routine yet essential process because it is only a trail of incidences and events that finally produce clinching evidence necessary to precipitate meaningful actions. The guiding objective of this documentation should be to create a tapestry of human interest cases and pegs with which media can connect more readily.

c. Creating media-friendly products – Documentation of community-led initiatives and shared showcasing on mass and campaign media should be fed by a variety of products. These products can be customised in the form of issue backgrounders, campaign briefs, event handouts, etc. to policy papers on service provisions, case study compilations, fact sheets on entitlements, status updates on key demands, etc. The objective of this regular customization is to ensure engagement with diverse levels of practitioners, and to be able to cater to diverse formats.

At one level, this documentation creates a vital knowledge trail on the travails, roles and initiatives of the communities. At another, it provides for an essential ingredient in the form of credible human interest pitches for media to relate more naturally to. Furthermore, using such documentation to showcase the community across public, campaign and alternate media domains will help legitimize and strengthen evidence sharing across, which in turn is necessary to encourage more ‘free-flowing’ discourses on platforms and outlets accessed by communities farther off the mainstreams.

As evidenced in Bangladesh, community organisations like BSWS have been fairly active on both fronts - community dissemination and engaging the media.

However, a lack of connect between the two has meant that real life accomplishments or testimonies from communities could be brought out only with the use of a targeted initiative like the Media Fellowship begun in 2011. The community dissemination products like *Spandon*, continued since 2004, nonetheless have scores of accounts from communities that could have been worked upon to secure meaningful spaces on public domain.

The Unique Package of Services that MSM, transgender people and other key populations at higher risk need, go beyond just ensuring condoms, lubricants, safe sex practices, treatment for specific STIs, psycho-social and mental health support, to including legal and policy support for disseminating HIV prevention education among the peers. This implies that there needs to be clear denominators against which the communities are mapped, such as, do services reach them consistently and with all necessary prophylaxis, and that processes are tracked to assess gaps or unmet needs. Incidences like the one targeted against outreach workers in Lucknow show⁶¹ that many such community specific targets may not be achievable given the fact that mainstream health and related institutions have to be sensitised and made responsive. Thus, documentation of good and robust practices on the ground and putting these out on the media becomes all the more important.

C. Interfacing community with media – The component has three lead streaks as under:

a. A composite training framework to build capacities of community representatives at multiple levels as spokespersons and faces, and ensuring community leaders' participation in presenting evidence/testimonies of people impacted by policy and social barriers – Capacity building of a variety of issue owners must be pursued at various levels to enable them articulate not only as spokespersons, but as much as victims,

survivors, change makers, enablers, and as champions. As its format remains essentially grounded in evidence informed advocacy, capacity building of community members must ensure that key messages are in constant sight as they modulate their concerns, share dilemmas, showcase accomplishments and celebrate victories.

b. Ensuring crisis management capacities for issue owners needs to be an essential component of training of communities to engage with media. It would focus on strengthening leadership's capacities to track divergent streaks on public domain, timely sense the need for appropriate response to these, and galvanize informed multi-pronged engagement. The Nepal experience in particular brings out the criticality of this component. It further underscores the need to keep on-board a variety of stakeholders from community, media, civil society and government as part of a crisis management mechanism. Crisis response would focus necessarily on ensuring skills for interpolating evidence, intercepting opportunities, shaping and modulating messages, motivating voices from ground levels, aligning spokespersons and ensuring sustained media relations and follow ups.

c. A cohesive sensitisation of media targeting key levels of skill, expertise, institutional management and domain influences – It will need to devise and pursue sensitisation efforts with media at least at two to three levels. At one level, an exercise like the Fellowship in Bangladesh or the NAMA awards⁶² in Nepal must continue to initiate frontline cadres of reporters and journalists into the issue who can work with positive role modelling, human interest features, etc.

At another level, a much more serious, specialised and evidence-informed engagement must look at developing a breed of senior, issue-based practitioners competent to inspire dynamic alignments with other

issues of relevance, explore nuanced aspects of the issue and cross-sector linkages. The sensitisation modules for them need to incorporate interactive tutorials, site visits and expert interactions as essentials. Most importantly, it is a sustained emphasis on exposure to epidemiological and other data and evidence, facilitation by experts, and access to a diverse range of spokespersons and champions that will be crucial to an effective sensitisation regimen. Therefore, constantly informing this engagement with national policies, legal barriers, national and regional HIV responses relating to the transgender and MSM communities would be vital.

The content analysis clearly brings out how the rich evidence on epidemiology and its trends in the country snapshots, programme architectures essential for MSM and transgender people and all the barriers that need to be overcome in keeping with national and international covenants have gone severely under-reported, not finding their way onto mass media. These must be placed systematically, supported with documentation of practices and voices from the ground and local opinion leaders.

On a yet higher level, community leadership must look to utilize opportunities and spaces for engagement with professionally acknowledged media forums such as the South Asian Free Media Association (SAFMA). With a proclaimed mandate to strengthen cultural and people-to-people contacts in the region, such a body comes as a like-minded ally capable of negotiating meaningful spaces on public domains across countries for MSM and transgender people. Sustaining active dialogues and exchanges with such forums

on key community issues will not only enrich the community's perspectives, but essentially also strengthen its goodwill across media nodes in the region.

Similarly, media and cultural exchange initiatives at the regional level such as those under SAARC are opportunities that should be utilised for sharing human interest aspects across countries in the region. The advantage of people-to-people exchange that these soft mediums offer augers perfectly well for communities across populations in the region, and must be leveraged consistently, especially to showcase enterprise, assertion and triumph by communities.

- d. Sustaining a meaningfully consistent relationship** between media professionals, community leaders, and allies including experts, programme leads and civil society – The process must be conscious of retaining issues of MSM and transgender people on public domain, guiding discourse tonality and locating opportunities for cross-sector alignments. What is of utmost significance is to keep a certain intensity of media campaign alive at all times. It would have high tide and ebb tide phases, but must not go out of the radar of media. While special days, celebratory events and public functions are occasions to be utilised for creating high decibel splashes on key issues, these must be accompanied by a well-worked out plan of 'build-up' and 'follow-up'. This is to ensure that beyond the obvious proclamations, noises and rhetoric, a variety of arguments and perspectives get to deliberate the finer nuances of issues. It would encourage and bring forth voices and opinions from the peripheries to become part of the discourses, making these increasingly representative and shared.

Literature Review

1. Objective

The literature review was proposed with the aim of formulating a “Statement of Purpose” on how the media engagement could reflect and represent key concerns that the community of men having sex with men, and transgender persons experience and cope with.

Prime concerns

The concerns were three-fold:

1. There is a growing recognition that HIV prevalence among MSM and transgender persons was increasing within the region and could contribute significantly to new infections.
2. Any effort to respond to the higher incidence of HIV among the communities and scale up the programme to reach out services to them would, in all likelihood, be thwarted or not allowed to reach the target group, given the presence of punitive laws across South Asia and lack of social protection to these communities.
3. To build an enabling environment for these highly stigmatised and hidden communities, it would be necessary to harness the positive power of the media and evolve ways to engage with the domain consistently despite the hostile legal and social environment and the media’s own contradictory nature.

2. Methodology and Rationale

In keeping with this proposed design, we delved into major policy documents and reports, including those generated by APCOM⁶³ (see *Annexure 1*). They enabled us to chart out key milestones that stakeholders from civil society organisations, networks and organisations of MSM and transgender community, donors, experts and government achieved in the last 10 years. These documents helped us chart the role they have played

globally, regionally and nationally in drawing attention to the risk and vulnerability they experienced and in advocating for scaling up the response.

Before we examine how these efforts were made globally, regionally and nationally to set and advance the mandate for multi-pronged programmatic response, it would be worthwhile to articulate some opinions leading advocates expressed for a meaningful and basic media engagement.

Hon. Michael Kirby, former Justice of the High Court of Australia, while speaking of the “positive power of media in reshaping attitudes to be more supportive”, stated that given the growing impact of satellite televisions, global media, the internet and social networking, these should be harnessed for “securing a change in global attitudes to sexual orientation and gender identity.” (Godwin, 2010, July).

Taking this forward, Mr. Roy Wadia, Communication Adviser, APCOM, in his presentation spoke about how, “communications should not be an afterthought as it is a process that underpins the growth and success of APCOM.” (Wadia, 2010, June 23-25).

Both underscore the importance of mass media and the need to harness the “positive power of media in reshaping attitudes to be more supportive and accepting of diversity of sexualities and gender identities.” (Kirby, *Deconstructing Homophobia*, 2010, May 17).

If mass media needs to be harnessed as an ally and facilitated to play an effective interventionist role, and at the very least not encourage homophobia or spread myths and misconceptions, there is need to define the quality and thrust of the media engagement expected. There has to be recognition of the dimensions of the issue, including the strategies used regionally and nationally, to address concerns of MSM and transgender people and the challenges in their wake.

Recognising “Momentums”

Since many changes witnessed in the last few years were made possible by the “momentums” given to the issue, we need to highlight this. From the perspective of designing and building a framework for a strong media engagement, we need to understand these processes and etch out enabling approaches and strategies that ensure better programmatic outreach of MSM and transgender people and scaling up of delivery of basic services informed by robust evidence.

Independent Commission on AIDS in Asia

One defining momentum was the release of the Report of the Independent Commission on AIDS in Asia (CAA), as it exhorted all governments to recognise the fact that “sex between men accounts for an increasing share of new infections in Asia and can no longer be treated as a taboo subject.” (Commission on AIDS in Asia, 2008, March 26). The arguments were premised on the fact that the lack of social acceptance of MSM put them and their partners at risk. It went on to explain that: “Same-sex monogamy is fairly rare in Asia; social taboos and discrimination mean many men who have sex with men also have sex with women and may be married. Also many men who have sex with men have high numbers of male partners and low condom use. In many Asian cities this has led to a rapid rise in HIV prevalence among men who have sex with men.” (Commission on AIDS in Asia, 2008, March 26).

Experts and policy-makers who authored the report agreed with the observation of UNAIDS (2007) that the “key component missing virtually from all national programmes are services for men who have sex with men.” Therefore, much more is needed to be done to convince governments about the necessity to enhance investments in HIV programming for MSM and not allow this omission to persist. They were also aware that despite the evidence to show that HIV prevalence among MSM is 50 times higher than the general population, “investment on HIV programming in several countries for MSM remains low at 0-4% of the total spending for HIV programming region-wide.” (Constella Futures, USAID, 2006).⁶⁴

Therefore, the challenge before the advocates was to strengthen the evidence to prove the increasing incidence of HIV among MSM and transgender persons, showcase practices that worked and advocate a policy and legal reform to deal with the many structural barriers and challenges the community faced, including stigma and discrimination.

3. Thrust and Findings

In this context it is essential to delineate what worked in shaping the regional and country response, where and to what extent did policy and legal reforms, or the lack of reforms, impact programme delivery and social inclusion of MSM and transgender community. There is also the need to establish whether the efforts by community-based organisations to shape interventions and assert their leadership and participation in the programme have worked strategically and programmatically. Finally, it needs to be understood how various stakeholders— including the media, which influences the larger environment— have been supportive to the concerns, issues and aspirations voiced by the MSM and transgender communities.

We explored the evidence on HIV epidemic among MSM and assessment of country-level responses which included the role of community organisations and networks and the legal and policy struggles and reforms across the region. To distil varying dimensions of the HIV response, the evidence, analysis and assessment was classified under five themes. They were:

- Scaling up Inclusive Programmatic Response
- Strengthening Policy and Legal Reforms
- Facilitating Greater Community Involvement
- Building an Enabling Environment
- Provisioning Public Education for General Population and Service Providers

Engaging holistically

From an advocacy perspective, different aspects of the issue were inter-dependent, with each aspect influencing and shaping the other. The challenge for advocates and pioneers lay in coalescing these

aspects into a seamless, unified position, adequately nuanced to highlight a comprehensive and rights-based approach to programming for MSM and transgender persons.

In the face of structural and institutional barriers MSM and transgender people experience, efforts were made to negotiate with various aspects so that any disconnect or crossed wires between them did not turn adversarial. Key stakeholders, including regional and national networks, made a difference in this effort. The regional leaders responded eagerly, contributed to the ongoing international debates on sexual diversity and sexual minorities, spoke with a unified voice, learned when and how to compromise and established multiple processes to ensure effective functioning of the evolving regional network and its capacity to engage key stakeholders, be it the UN system, national governments or donors.

The beginning

As a prelude to the scaling up of MSM and transgender programmes, in South Asia and particularly in India, a national meeting was organised in 1994 by gay/MSM groups such as the Humsafar Trust and Naz Foundation International, where community and civil society organisations along with donors and governments' representatives "began addressing many issues facing gay men including HIV among MSM." (APCOM, 2008).⁶⁵

This paved the way for conceiving pan-regional consultations at Bangkok at the International AIDS Conference (AIDS 2004) and in Delhi, India in 2006, which brought together community organisations, networks, regional and international donors, technical experts, government representatives and UN partners. Together, this unique group of concerned individuals worked to evolve a consensus on key aspects of HIV among MSM and transgender people and plot strategic ways forward. This included setting guiding principles, reviewing current epidemiology, planning for resource mobilization, reviewing legal rights, identifying key strategic initiatives and policies and, last but not the least, setting the mandate for the formation of a community-led coalition, "to generate region-wide coordinated advocacy for policy change, social justice, rights and an equitable allocation of

public resources for HIV interventions, care, treatment and other services." (Risks and Responsibilities: Male sexual health and HIV in Asia and the Pacific, 2006 September).⁶⁶

The quality of engagement with the issues was dependent on the ability of MSM civil society leaders, in partnership with experts, donors and UNAIDS and its partners, to negotiate standpoints and influence governments to spearhead changes in national AIDS plans by assuring "inclusion of male to male sexuality in national and sub-national HIV frameworks of action." (Risks and Responsibilities: Male sexual health and HIV in Asia and the Pacific, 2006 September).⁶⁷

Reconciling positions

The literature review reveals two positions on the quality of advocacy - one can be referred to as maximalist and the other as more incremental and relative. This also corresponds with the assessment of the response at different levels. At one level, the assessment was about the extent to which basic HIV and AIDS and STI prevention services were being provided to different key populations (UNAIDS, 2007) and at another level, about the quality of response on non-HIV and AIDS / STI issues.

This approach created a half-full and half-empty syndrome. While MSM civil society spokespersons, experts and donors acknowledged that there had been some increase in the basic HIV response across the region, they also stated unambiguously that the potential for a holistic and integrated response remained untapped. The maximalist view, therefore, was that despite increases in the responses, there continued to be steep increases in HIV prevalence among MSM and transgender persons (NACO, 2012; Nepal AIDS Control, 2012)⁶⁹ because the response was inadequate and not as comprehensive or as scaled-up as was needed. (UNAIDS, 2007).⁷⁰

There was recognition that the inclusion of MSM and MARPs in the region had advanced since 2000, and by 2008, it was decisive and had been assiduously achieved over a period of three to five years. (National Centre for AIDS and STD Control, 2012), (APCOM, 2008) (World Health Organisation, Regional Office for

South East Asia, 2010).⁷¹ At every stage the envelope was being pushed.

Having to engage with different stakeholders on various facets of the issue, the collaborations and alliances forged by the regional and national networks and community-based organisations did not discourage them from positioning concerns of MSM and transgender persons in a grounded and rooted manner (APCOM, 2009).⁷² Representatives of MSM and transgender persons who were at the centre of major processes, including consultations, high level dialogues, policy reviews and developing the scope and framework of research studies and programmes, were not only advocating with governments and donors for community centred and inclusive response but also applying reality checks in support of it. This helped to reconcile the two positions and enabled the community groups to both collaborate and contest simultaneously.

Strengthening informed perspective on media

If we seek to strengthen media engagement at the regional and country levels, it is essential to prepare backgrounders and issue briefs (in as many regional languages as possible) on the definition of MSM and transgender persons. This alone will enable us to leverage the media to go beyond the news peg of breaking – or today's news, ensure more in-depth coverage, recognise key developments and do sustained issue-centred advocacy.

The brief must also explain why MSM in Asia are vulnerable and few identify themselves as MSM, indicating that there may be no real sense of community. More importantly, they are not willing to accept a gay identity, either. As regards sexual behaviour, many prefer to play the dominant gender roles, and have male to male sex covertly. "Fluid and situational male-male sex is believed to occur among one quarter to one half of men in certain populations (e.g. rickshaw pullers in Bangladesh and truck drivers in India)." (Treat Asia, 2006).⁷³

It is important to explain the diversity within the group as MSM is an umbrella term intended originally to be defined on the basis of behaviour rather than identity, which led, in the early phase, to including even

transgender people, particularly trans women (male to female) to be identified as MSM. But since this was in conflict with their gender identity, the transgender persons soon asserted and formed separate groups and networks.

Similarly, there is a need to explain what makes transgender people particularly vulnerable to HIV and social marginalisation. In the report, titled 'Lost in Transition: Transgender people, Rights and HIV Vulnerability in Asia and Pacific Region' (Sam Winter, UNDP, 2012) it is stated that Asia Pacific is "home to a large number" of transgender people; in fact, at least as many as 9.5 million. The present data indicates a range of HIV prevalence rates, with the highest being in Delhi, India at 49%.

Writing about the plight of transgender people, Dr. Winter, author and noted expert on the living circumstances and challenges of transgender people, stated that "pushed to the social, economic and legal margins in a majority of countries in this region, trans people often suffer from poor emotional health and well-being. Many find themselves involved in risky behaviour and situations, such as unsafe sex and involvement in sex work. Social exclusion, poverty and HIV infection contribute to what we call a 'stigma-sickness slope', a downward spiral that is difficult to reverse." (Latest CNS articles, 2012).

The media briefs must also capture historically, thematically and institutionally the role played by different stakeholders: government (local, provincial and national), donors, the UN system, community-based and civil society organisations, global and regional Networks and others, to engineer the much-needed changes in the response to the Asian epidemic.

While etching out the role of each stakeholder, effort must be made to trace the unity and diverse standpoints that have emerged on dimensions of the issue. This will enable the media to be nuanced, highlight incremental and long-term changes or transformative processes and not position the issue in a fragmented and a-historical manner without understanding the consensus building process that has taken place over the years.

As mentioned earlier, a key milestone was the 2008 release of the report of the Independent Commission on AIDS in Asia by UNAIDS by the then Prime Minister of India, Dr. Manmohan Singh, who endorsed some of the overarching principles set out in the report, including the urgent need to safeguard the rights of most-at-risk populations. The report asserted that efforts to halt the Asia HIV epidemic must focus on high-risk behaviour occurring chiefly among the three sub-populations of female sex workers (including transgender women), persons who inject drugs (IDU) and men who have sex with men (including male sex workers). (Commission on AIDS in Asia, 2008, March 26).⁷⁴

From a media perspective, the CAA Report must be presented as a policy document with the 'reverence' that is due to any effort that helps to legitimise priorities based on scientific evidence and rising above compromises and addresses with the urgency that the issue merits.

With a newsmaker like the Indian Prime Minister releasing the report and the Commission head, the eminent economist Dr. C. Rangarajan, major national and state dailies in India reported on the event extensively, including *The Hindustan Times*, *The Hindu*, *Asian Age*, *The Tribune*, *Deccan Herald* and *The State Times*. The newspaper headlines reflected the gravity of the issue and an astute understanding of the issues:

- Unsafe Sex Practices as Asia's Undoing;
- Tolerance as key to winning battle against AIDS;
- AIDS to push 6 m Asian households below poverty by 2015;
- Sex between men leading to new HIV infections and HIV stigma; and
- UN panel calls for legislation.

Depending on what they saw as critical, newspapers excerpted segments of the report and raised the bar on the issue but the question worth asking is whether this report has been perceived as a valuable resource by the media? Or was the Report projected just as news of the day? For the Indian context, in a

quantitative monitoring on the number of times the CAA Report has featured in subsequent reports from 2010 onwards, there was absolutely no mention in the 434 news reports monitored between 2010 and 2012.

More importantly, in reports supported by UNDP and UNAIDS on the HIV response for men having sex with men and transgender persons in the region, alarming projections emphasising that the dynamics of transmission have changed and unprotected sex among men having sex with men likely contributes to 50% of new infections kept appearing.

On the media such messages have to be taken up by leaders of the response to the epidemic, with the need to assert that the reports are 'warnings' or 'wake-up' calls that help to address the issue in a determined fashion. Therefore, much of the evidence, arguments, observations and recommendations made in such reports need to be brought back into the mass media domain and contextualised suitably against today's developments.

Advocacy on the media has to be broadened to examine the possibility of intervening in more qualitative spaces including opinion pages and popular discussion columns.

Emerging evidence

The Commission on AIDS report was fashioned in an environment where the emerging evidence indicated an urgent need for focused prevention among key affected populations, and at a time when stakeholders from governments, donors, experts, civil society and community leaders were conscious of the neglect and low coverage of services for most-at-risk populations, such as MSM and transgender persons. (UNAIDS, 2007).⁷⁵ MSM networks, such as APCOM, did not hesitate to perceive and state outright that the lack of coverage was a crisis and a matter of grave concern (Risks and Responsibilities: Male sexual health and HIV in Asia and the Pacific, 2006 September).⁷⁶

In fact, much before the pronouncement by the esteemed Commission, there was enough evidence to show that the situation was extremely grave and much needed to be done to halt the steep increase

and to reduce HIV prevalence among MSM and transgender people. The AAC Report cited a survey done in 2006 revealing that targeted intervention programmes in 15 Asia Pacific countries “reached less than 8% of the estimated number of MSM.” It was clear that the programmes were under-targeting most-in-need groups, which in many ways resulted in extremely low coverage. It was also pointing to the grim fact that national programmes were being implemented in a vertical and highly circumscribed manner without the necessary support and collaboration of related departments and, in some cases, even implemented in conflict with the advice of frontline departments such as Ministry of Home Affairs and the Ministry of Women. Even the basic response was not commensurate with the realities of the situation. Studies also referred to the fact that, “one-third to two-thirds of MSM reported not using condoms during the last episode of anal sex with a male partner; unprotected sex with females was common, more so with regular female partners; use of water-based lubricants was not high.” (World Health Organisation, Regional Office for South East Asia, 2010).⁷⁷

Presenting evidence on mass media

From a media engagement perspective, it is essential to keep in mind that during this phase we witnessed a lack of country readiness to responding to the epidemic despite having evidence to show that the situation was grave and could not be ignored or undermined. So, at one level, the evidence was stark about the high levels of risk the communities of MSM and transgender persons were facing because of poor provisioning of services; and from an advocacy perspective, it can be demonstrated, conceptually or hypothetically, how much lower the prevalence rate could have been had a full-fledged response been mounted.

However, this can lead to sensationalising information and the media arguing for top-down solutions and assuming that ends justify means. The media needs to be educated about the means and the human rights framework that should govern such a response. It is essential to strike a balance between means and ends; between raising the bar on the issue and focusing on its urgency as well the considered

response that is needed, as was recognised at the Risks and Responsibilities meeting in Delhi in 2006.

Historic meeting on male sexual health and HIV in Asia and Pacific, 2006

Recognising the urgent need for advancing programmes that address HIV-related vulnerabilities of MSM in the region, the first-ever international consultation on male sexual health and HIV in Asia and the Pacific was organised in New Delhi, India, from September 23 to 26, 2006, under the title of “Risks and Responsibilities”. (Risks and Responsibilities: Male sexual health and HIV in Asia and the Pacific, 2006 September).⁷⁸

The meeting organisers brought together 380 delegates from governments, policy-makers, donors, researchers, grassroots and community-based organisations from 22 countries across the Asia-Pacific region and eight countries from other regions. The main thrust of the conference was to create a tripartite dialogue between community, government and donors. The dialogue worked towards identifying needs and solutions, identifying appropriate policy interventions, and gaining government and international support for interventions so that “services in adequate quantity and of good quality reach those who need it most.” To achieve this, working group sessions were held on each of the three days with deliberations following “the specific themes of each day, supported and informed by the expert presentations made at the beginning of the day” in plenary.

What was significant about the Working Group deliberations was that participants worked together and identified specific action points and needs. This ranged from seeking better data on MSM, rigorous epidemiology studies, analysis of risk behaviour, greater involvement of MSM and transgender persons in national surveillance systems, systemic recognition of and engagement with the related cultural, social, behavioural and response needs and the need for transgender people to have separate projects run by transgender-led community-based organisations with adequate funding. (Risks and Responsibilities: Male sexual health and HIV in Asia and the Pacific, 2006 September).⁷⁹

What was articulated was the need for a paradigm shift to address the growing risk of HIV among MSM and transgender persons. Great emphasis was placed on the fact that “intervention efforts should be community-led.” Community, they stated, should be part of monitoring and evaluation (M&E) of national programmes as well as needed pro-active efforts to de-criminalise same-sex sexual relations and enact anti-discrimination legislation. (Risks and Responsibilities: Male sexual health and HIV in Asia and the Pacific, 2006 September).⁸⁰

The outcomes emerging from the Risk and Responsibility Consultation can be seen as a watershed, as the title suggests, to build a symbiotic relationship between risks faced by the individuals and communities of MSM and transgender people, and a framework of responsibility that gives equal ownership of the response to risks to communities, with governments and the others involved. This was reflected in adoption of the ‘Delhi Declaration of Collaboration’ and ‘Guidelines for Good Practice’, along with a call from consultation delegates to form a coalition of MSM organisations, CBOs and networks to carry forward the success of the tripartite dialogue between community, government and donors. (Risks and Responsibilities: Male sexual health and HIV in Asia and the Pacific, 2006 September).⁸¹ The Consultation established a consensus on the key strategies, partnerships and collaborations to mount a national and multi-stakeholder response with MSM and transgender persons assuming responsibility to lead risk reduction initiatives.

The regional coalition was to become APCOM. In its 2008 report to the Global Forum on MSM and HIV, it stated that the major contribution of the Risks and Responsibilities consultation lay in the fact that it had “brought the attention of many governments to the issue of HIV epidemics among MSM and the need to address them directly... [and] resulted in positive changes in national AIDS plans and strategic planning to reduce the incidence of HIV and increase services for MSM.” (APCOM, 2008).⁸²

The level of consensus that emerged at this Consultation was strengthened by the policy paper contributed by UNAIDS in the lead up to the meeting.

The paper acknowledged the support of MSM and transgender community members from across the region in shaping it. The policy paper contextualised that a community-informed HIV response among MSM and transgender people was, in fact, the “missing piece in national response to AIDS in Asia and Pacific.” With male-to-male sex positioned as one of the growing drivers of the epidemic and with clear evidence showing that HIV prevalence among MSM was accelerating, it was clear to all stakeholders shaping the regional and national response that any denial of services for them will only add to the disease burden. It was in this context that the adverse effect of criminalising same-sex acts was also highlighted. “It will only act as a catalyst for unsafe practices” was the warning sounded to 16 out of 20 countries in Asia–Pacific in which male-to-male sex was still against the law. (UNAIDS, 2007).⁸³

Apart from the UNAIDS background paper, data on other topics such as epidemiology of HIV infection and risk behaviours, human rights related to health and male-to-male sex, HIV programme spending (or lack thereof in the region), same sex male sexuality and HIV, prevention of best practices and a summary of the UN-led pre-consultation in-country meetings of MSM, donors and government officials were also provided to meeting delegates and the media. (UNAIDS, 2007).⁸⁴

One of the significant concluding observations in the report was that the meeting helped everyone understand that all must maintain a careful focus on the “growing body of evidence of HIV epidemic among MSM, and on the fact that high-risk behaviours, unwittingly engaged in by MSM unreached by HIV interventions will drive HIV epidemics in the world today.” (APCOM, 2008).⁸⁵

Media response

An analysis of the coverage that emerged during the consultation in India revealed that it coincided with an Open Letter by a well-known literary figure, Vikram Seth, the Nobel Laureate Dr. Amartya Sen, leading intellectuals, opinion makers, journalists and social activists, addressed to the Government of India, Members of the Judiciary, and All Citizens against Section 377. The editor of the national daily, The

Hindustan Times, Mr. Vir Sanghvi, was also a signatory to the Open Letter, which demanded the overturn of Section 377 on Editorial Page on September 16, 2006. Two months prior to that another leading daily, *The Times of India*, had hailed NACO's intervention in the court extending support to NAZ's public interest litigation (PIL). At this stage the PIL proved to be a strong rallying point for demanding the repeal of law "used to target gay men and other MSM across India in terms of violence, abuse, rape and blackmail" (from Vir Sanghvi's article). As the case progressed, media reported it consistently (discussed in the latter part of the report) till the judgement was delivered.

Meanwhile, with the advocacy beginning to focus on the need for scaling up HIV prevention, care, support and treatment for MSM and transgender, the regional network, in partnership with all key stakeholders involved in HIV prevention and AIDS treatment in the Asia-Pacific region, used the ICAAP in Bali and later in Busan, to get the UN system, experts and civil society organisations to engage with the many issues that were essential. (APCOM, 2009).⁸⁶

Lagging response

Therefore, one central concern that kept growing and getting reiterated was the ever increasing vulnerability of the MSM community and transgender persons to HIV. The Global HIV Prevention Working Group that was convened by the Bill and Melinda Gates Foundation and the Henry J. Kaiser Family Foundation, estimated that HIV prevention services reached only 9% of men who have sex with men. (Global HIV prevention working group, 2007). This was reinforced by the UNGASS 2008 country reports that showed that 71 per cent of countries did not report on the percentage of men having sex with men receiving services and in the rest of the countries that reported, it could be as low as 12%, as in Africa. (amfAR, 2008).

Studies conducted by amfAR, USA, 2008 and data presented by the International HIV and AIDS Alliance at the International AIDS Conference at Mexico showed that HIV prevalence among MSM was much higher than the general population in many countries, and in the case of transgender the prevalence rate

ranged from "10 per cent to 42 per cent in five Asian countries." (International HIV/AIDS Alliance, 2008). Apart from contributing "significantly" to the AIDS epidemic, the situation was further compounded by the fact that in many contexts there was evidence to show that men who have sex with men also have sex with women and both MSM and transgender people are also involved in sex work and/or inject drugs. (UNAIDS, 2009).⁸⁷

As stated above, the defining point for the Asia Pacific region came with the two Reports of the Independent Commission on AIDS for Asia and Pacific. The report on Asia highlighted that the HIV epidemic among MSM ranged from "13 to 32 per cent", including in countries like India. (UNAIDS, 2011).⁸⁸

Based on a projection model, the Commission predicted that if HIV prevalence among MSM and transgender persons does not get addressed immediately "50 per cent of new infections will be among these communities by 2020, outnumbering HIV infections caused by unsafe sex work and unsafe injecting drug use, if comprehensive targeted HIV prevention programmes for MSM are not scaled up." (Constella Futures, USAID, 2006 and Commission on AIDS in Asia, 2008, March 26).⁹⁰

UNAIDS action framework to better response and access to services

Meanwhile, given the uncertainty in the level of access of the two communities to appropriate HIV services, the UNAIDS Action framework assumed great importance.

In the UNAIDS Action Framework, it was pointed out that the factors that impeded access to HIV services included macro institutional factors such as "unwillingness of governments to invest in the health of men who have sex with men and transgender people" and structural factors such as social marginalisation and inequity were thwarting the "desire to access health-related services ... as well as to social benefits." (UNAIDS, 2009).⁹¹

The Action Framework document concluded that "there is an urgent need not just for more programming, but also for new and better approaches to programming." (UNAIDS, 2009).⁹² All country and

grassroots level efforts must focus on linking up men having sex with men and transgender people with “broader efforts to achieve gender equality and promote human rights and protect public health.” (UNAIDS, 2009).⁹³

In response to the situation, from a rights perspective and a public health rationale and in keeping with Millennium Development Goal and human rights covenants, UNAIDS developed the Action Framework to provide “direction for enhanced action by the UNAIDS Secretariat and UNAIDS Co-sponsors on male-to-male sex, transgender issues and HIV.” (UNAIDS, 2009).⁹⁴ It was also decided that this will not be reduced to a recommendatory framework but will be translated into action and to facilitate this a UN interagency working group on men who have sex with men, transgender and HIV issues would be constituted to “develop more detailed operational work plans and recommendations for a more effective, coordinated action on a biannual basis.” (UNAIDS, 2009).⁹⁵

What is significant about the UNAIDS Action Framework is that it acknowledged up front all the other on-going initiatives by donors, governments, community networks. In this connection it singled out the Global Fund to Fight AIDS, Tuberculosis and Malaria as one of the most “significant” in financial terms given its “new emphasis on gender, including attention to sexual minorities, in its funding guidelines for Round 8 onwards.” It also mentioned other key initiatives such as strengthening of the Global Forum on Men Who Have Sex with Men and regional networks, including the Asia Pacific Coalition on Male Sexual Health, and the effort being made to incorporate programmes and interventions for MSM and transgender people in the national AIDS plans, reinforced by civil society organisations partnering with the national programme to reach out services and repeal laws, etc.

Therefore, at this stage the Action Framework succeeded in ensuring the much-needed strategic direction for a unified, long-term response. This included spelling out the role and responsibility of the UN system, extending technical support to the national programmes and community of MSM and

transgender persons and their regional and country level Networks, identifying key issues, recognising that transgender people have specific concerns and needs and initiating the process of advocating for comprehensive programme framework to ensure optimal delivery of services for men having sex with men and transgender persons. (UNAIDS, 2009).⁹⁶

Along with co-sponsors, UNAIDS was willing to support the national governments in setting norms and providing “specific policies and guidance for rights-based and evidence-informed programmes and services.” They were willing to do system strengthening as well as augment the capabilities of governments and give the necessary technical support to improve “epidemiological and behavioural surveillance, programme monitoring and evaluation, and related operational research on men who have sex with men and transgender people,” as also strengthen partnerships to address the barriers, “develop and implement a system for the UN to address emergency human rights situations” faced by the community and strengthen the capacity of community and civil society groups and networks. (UNAIDS, 2009)⁹⁷

Recommending comprehensive package of services

Now the major challenge for the UN system was to go beyond advocating to building a consensus “about the basic components of a comprehensive package of programmes and services to prevent HIV transmission and to provide treatment, care and support for MSM and transgender people with HIV in the region.” (UNDP, 2009)⁹⁸

This initiative stemmed from a strong demand from all levels of leadership. The 100 participants representing all key sectors at a regional consultation organised in February 2009 by WHO (WPRO), UNDP, UNAIDS and the Hong Kong Health Department aiming to strengthen the health sector response to HIV among MSM and transgender people had expressed the “need for a widely endorsed, single, comprehensive regional reference package to better inform national responses”; and recommended implementation of a ‘highly active’ programme, especially in countries with high HIV prevalence and incidence among MSM and transgender. (UNDP, 2009)⁹⁹

Out of this Regional Consensus meeting emerged the framework - **Developing a Comprehensive Package of Services to Reduce HIV among men having sex with men and transgender.**

What stands out about the consensus building process was the manner in which the many complex aspects and various dynamics influenced the issue - from the needs, concerns and expectations of the community to the capability of key stakeholders to address the nitty-gritty when all stakeholders responsible for programming had to be ready to engage with major substantive and operational challenges. This stemmed from the need to scale-up the response and achieve a high level of inter - connectedness between different services and entitlements. And to do that effectively the meeting had to factor in diverse processes often located in different domains to ensure a broader readiness to sustain the continuum of services, from prevention to care, support and treatment for men having sex with men and transgender persons.

The community-centred standpoint and rights-based perspective of the Consensus Statement was best reflected in the manner in which it reconciled the different dimensions of the issue, such as “seeking to address restrictive legal and regulatory frameworks, and stigmatising and discriminatory social norms” with the priorities of “promoting appropriate policy development, and the meaningful engagement and mobilization of affected communities.” Since this meant exploring far broader approaches and “a combination of interventions” including mass media and internet to target the community of men having sex with men and transgender people and a “mix of MSM and transgender people-specific and mainstream services that are MSM and transgender people-friendly, the issue of how these services and programmes are delivered became “as important as the elements” of the comprehensive package recommended. (UNDP, 2009)¹⁰⁰

More critically, they emphasised that any programme must recognise the fact that “MSM and transgender people are not a homogenous population” and any delivery of programmes and services “need to be

tailored to meet the specific needs of sub-populations” in different settings. (UNDP, 2009)¹⁰¹

Media response

It is in this context, when the UN system along with member states were working on the action framework and developing a consensus on what constitutes a “comprehensive package” for the programming, a sample of news reports from the four countries of Nepal, Sri Lanka, Bangladesh and India was monitored for the period 2010-2012 to identify how various dimensions of HIV issues were represented. It was found that HIV related issues and concerns figured very sparsely. The media reported more on legal and societal barriers faced by the community and focused on non-HIV aspects.

Barriers

Here, the barriers posed by “bad laws” began to assume singular importance. With HIV prevention, treatment and care programmes being constantly undermined by existing legislations and law enforcement related to key populations, including, amongst others, the criminalisation of same sex relations, it became imperative to address challenges that these brought in their wake. Hence, issues like ‘safe environment’ for men who have sex with men and transgender people, ‘partnership with law enforcement authorities’, ‘legal assistance’ and ‘community involvement’ became central to the response. (UNAIDS, 2011)¹⁰²

Regional articulation of the human rights approach

With critical pronouncements being made on global platforms about national strategies “inadequately focusing” on key populations and “noting with concern” the continuing barriers faced by MSM and transgender persons in accessing services, there was a growing recognition, assertion and will to address the barriers posed by the existing legal and policy set ups to key populations across the Asia Pacific region. In the recent past, this regional articulation has contributed to the sub-regional and international processes in the strategic way forward based on new evidence and approaches.

This was reflected in the Economic and Social Commission for Asia and the Pacific (ESCAP) Resolutions 66/10 (May 2010) “calling for action to achieve universal access to HIV prevention, treatment, care and support in the region” (ESCAP, 2010) and 67/9 (May 2011) urging a “Asia Pacific regional review of the progress achieved in realising the Declaration of Commitment on HIV and AIDS and the Political Declaration on HIV and AIDS.” (Economic and Social Commission for Asia and the Pacific ESCAP, 2011)

What is significant about this call to action, articulated in 66/10, was the stress it placed on abiding by the commitments to the Millennium Development Goal target, of “universal access to treatment for HIV and AIDS for those who need it”, to which all member states had agreed, and “to ground universal access in human rights and undertake measures to address stigma and discrimination, as well as policy and legal barriers to effective HIV responses, in particular with regard to key affected populations.” (Economic and Social Commission for Asia and the Pacific (ESCAP, 2010).

In fact, with the Resolution 66/10 having expressed grave concern about the continuing high prevalence of HIV among key affected populations, including men having sex with men and transgender population, as well as the “extent of legal and policy barriers that impede progress in developing and implementing effective ways of responding to HIV,” the 67/9 Resolution took this forward; calling upon members and associate members to review national laws, policies and practices to “scale up high-impact HIV prevention, treatment, care and support to achieve 80% coverage for key affected populations with a view to achieving the universal access target.” (Economic and Social Commission for Asia and the Pacific ESCAP, 2011).

The resolution, unanimously adopted by 62 members and associate members of ESCAP, was presented at the High-Level Meeting of the General Assembly. In a sense, this resolution marks the commitment of the Asia Pacific nations to ensure that national responses are made more effective and barriers to progress are addressed.

In fact, the Asia-Pacific High-level Inter-governmental Meeting organised by ESCAP to assess progress against Commitments in the Political Declaration on HIV and AIDS and MDG, in 2012, (Economic and Social Commission for Asia and the Pacific, 2012) translated this into a Political Declaration on HIV and AIDS by the States/Members of the United Nations.

It is significant that while most countries of the region were credited with having met the target set out in the Millennium Development Goal Number 6, which aims to halt and reverse the spread of HIV and AIDS, the Meeting noted that it was far from adequate as the epidemic was still outpacing the response in the region.

This strategic process- of assessing the progress of the Asia Pacific nations in line with the ESCAP 66/10 Resolution-further strengthened national commitment towards addressing legal and policy barriers. It was represented by government delegations from over 35 countries in the region. These included Bangladesh, India, Maldives Nepal, and Pakistan. The note, presented by the Secretariat, firstly recognised that stigma and illegality attached to community behaviour actively prevents them from accessing government services on an equal basis.

Secondly, it focused on legal protection of transgender people as a key strategy to develop a more inclusive framework that treated transgender persons as equal citizens. The framework should include the ‘ability to vote, be identified in legal documents and the right to inherit.’ It was also suggested that criminal laws prohibiting behaviours of key populations led to stigma and discrimination which hampered efforts to engage in prevention, treatment, care and support. Calling on the examples to amend legislation seen in the case of India, Fiji and Australia, it was emphasised that de-criminalising same sex behaviour, prohibiting discrimination and recognising same sex relationships are important ways to challenge the stigma and discrimination experienced by key populations in the community and in health settings. (Economic and Social Commission on HIV in Asia and the Pacific, 2011)

Again, the session was dedicated to discussing the legal and policy environments in the context of

bettering universal access in the region and recognised the need for many transitional approaches and strategies. They stressed the need to harmonize and align the policies in different sectors such as legal, health and social welfare by increasing multisectoral dialogue and cooperation among sectors, including justice, law enforcement, health and social protection as well by involving key populations in policy and programme development, implementation, monitoring and evaluation (Economic and Social Commission for Asia and the Pacific, 2012).

A critical outcome of the inter-governmental review was the endorsement of the regional framework to support the implementation of the international and region specific commitments through numerous measures, including a review by the Commission; organising national multisectoral consultations on policy and legal barriers and undertaking participatory and inclusive national reviews of the implementation of the political declaration and ESCAP Resolutions. (Economic and Social Commission for Asia and the Pacific, 2012).¹⁰³

The second critical outcome was defining the areas for regional cooperation, which included establishing regional accountability and governance mechanisms for inter-governmental reviews of country progress towards universal access; sharing good practices and strengthening multi-sectoral approaches to enhance universal access, develop partnerships at the local, national and regional level involving government, civil society, key populations, faith based organisations and the private sector. (Economic and Social Commission for Asia and the Pacific, 2012)¹⁰⁴

Developing informed evidence to engage with legal barriers

To engage systematically with the many legal and social barriers, including the stigma and discrimination the MSM and transgender faced, meant understanding where the law and especially the “enforcement policies and practices” affected the quality of HIV responses among MSM and transgender people and assessing the role that key stakeholders could play in “improving the legal environment affecting MSM and transgender as populations.”

This led to a comprehensive compilation of legal environments, human rights and HIV rights among MSM and transgender people in the Asia Pacific region, which recommended the need to strengthen leadership, community empowerment and advocacy to improve the legal environment and address stigma. (UNDP, APCOM, 2010)

It is significant that this study, conducted in 48 countries of the Asia-Pacific region, and informed by widespread “consultations with community representatives, legal experts, and UN agencies”, stated in no uncertain terms that with less than 20% of MSM and transgender people having access to HIV prevention services in many countries of the region, the repressive legal environment contributes to their low level of access to services. This implied that with most of the HIV programmes for MSM and transgender people in the region operating in the early stages of implementation in a non-supportive legal environment it would result in a “range of adverse consequences for HIV responses,” including “impeding prevention activities”, discouraging the MSM and transgender people from seeking services, “inhibiting investments in programmes” and “legitimising discriminatory” treatment by healthcare providers. (UNDP, APCOM, 2010)

Within South Asia the study found that the laws were predominantly repressive; with three countries Afghanistan, Maldives and parts of Pakistan, having Sharia law which specifically criminalises male to male sex and six other countries, including Pakistan, being influenced by the common law traditions of England. (UNDP, APCOM, 2010)¹⁰⁵

Despite the recent advances in the improvement of the legal environment in India, Pakistan and Nepal, in every country the affected communities reported that the anti-sodomy laws were misused to harass them. In Bangladesh, as way back as 2003, a Human Rights Watch report found that the police actively interfered with outreach work among MSM, including confiscation of condoms. (UNDP, APCOM, 2010)¹⁰⁶ In India, many social research studies conducted among MSM and transgender people from 2003 to 2008 across many cities and towns, revealed that both Section 377 and the Immoral Traffic Prevention Act were used to harass and arrest MSM, transgender and male sex workers.

A study conducted in 2006 in Chennai showed that of “62 MSM outreach workers surveyed, 85 per cent reported having experienced varying levels of harassment from police, and 86% reported varying levels of harassment from others.” (UNDP, APCOM, 2010). In another study conducted in 2007, 48% of 301 *kothis* surveyed in six Indian cities reported that they had been harassed by police because they have had sex with other males. (Bondyopadhyay, 2007). In Nepal although the legal and political environment has improved since 2007-2008 as a result of the Supreme Court decision, a study in 2010 showed a high level of police violence against Metis. (UNDP, APCOM, 2010).¹⁰⁷ Anecdotal information has emerged from Pakistan about “fear, secrecy, isolation, suicides, forced marriage and community pressure to conform to heterosexual norms.’ (UNDP, APCOM, 2010).¹⁰⁸

Key recommendations on improving law enforcement practices include providing evidence-supported information on the impact of punitive laws, policies and practices relating to the community, ensuring transparent and independent police complaint mechanisms and ensuring accountability for human rights violations against the MSM and transgender people through investigation by independent bodies (UNDP, APCOM, 2010).¹⁰⁹ In the context of legal reform, the recommendations called for a review and repeal of legislation criminalising adult same sex consensual sexual behaviours, and of policies and practises of selective enforcement of public order and sex work offences to harass, assault and detain community members.

Media response

Meanwhile, media reportage on legal barriers and challenges also increased. In countries like India and Nepal, with the constitutional and judicial route being used to overcome the legal barriers by challenging the law on the ground that it violates Articles 14, 15, 19 and 21 of the Indian Constitution, the media built a discourse around the legality of same sex relationship among consenting adults (UNDP, APCOM, 2009).¹¹⁰

What followed in terms of reportage was very much shaped by the confidence exuded by the wide spectrum of MSM and transgender advocates and organisations across different parts of the country.

They organised Gay Pride Rallies, contested and challenged arbitrary acts of the police and administration, held high profile beauty pageants and reached out to and mobilised hidden community members. In India out of a total of 2,020 news reports from 2009-2012, 366 reports were celebratory and focusing on Gay Pride Marches, rainbow celebrations, beauty pageants and other milestones, including launching of books, art shows etc. When broken up, it worked out to 211 reports in 2009, 88 in 2010, 48 in 2011 and 19 in 2012.

Once sensitised about the predicaments of MSM, the media became pro-active and committed in many parts of the country. Editors began to dedicate pages and columns in the weekend supplements for an in-depth exposition on this issue. In April 2008, *The New Indian Express* newspaper underwent a major, drastic and exceptionally modern layout and design makeover under its new Chief Editor Aditya Sinha. Soon after launching the life style supplement *Indulge* and the popular *City Express* supplement, it started a section called *Sexuality on Saturdays* in the supplement named “Zeitgeist”, which had previously covered Gaming and Graphic Novels, Sexualities and other contemporary issues. *Zeitgeist* had a popular fortnightly column, ‘The Venus Flytrap’ by Sharanya Manivanna and other authors from the gay community like Anirudda Vasudevan and Sid Narain that drew huge popular response. In 2009, a total of 76 lead articles and about 150 smaller news reports on sexuality and gender were published. After almost 30 months, the *Zeitgeist* appeared for the last time on January 29, 2011 as the new editor, Prabhu Chawla, dropped the supplement (CFAR, 2012).

Undoubtedly, the media built a supportive environment for the issue, but from the much-needed celebration of identity and normalising the sexual orientation; an equal attention has to be paid to the quality of services and entitlements being provided or not being provided or accessed. In the 1123 reports that appeared in Indian media in 2009, 793 reports from July to December were on the PIL on Section 377 and 211 were around celebratory events (CFAR, 2012).

More importantly, media reports often highlight dominant aspects or are selective of one or two

aspects because of its high news value and we find that no inter connections gets established.

Given this context, when we monitored a sample of news reports from the four countries of Nepal, Sri Lanka, Bangladesh and India for the year 2010-2012, we found that HIV related issues and concerns figured only sparsely.

Out of the 35 reports from Bangladesh we could track and collect, we took 30 reports as sample. The reports included there around Bangladesh MSM Snapshot, released at ICAAP, Bali, the queer culture of Bangladesh, the call for Repeal of Section 377, LGBT seeking their rights and the struggles of hijras, their migration to India, projection of transgender people and gays in films and TV Reality Shows etc.

In the case of Nepal, we tracked and monitored 106 news reports from 2008 to 2012 and took 100 reports as the sample for analysis. These articles covered issues of gays in Nepal fighting for their rights, profile of Sunil Pant as the first gay MP voicing demand for LGBT in Nepal, LGBT contesting elections, Supreme Court ruling, Gay Tourism, Gay Weddings, Gay Pride marches and stigma and discrimination.

From Sri Lanka, we could track 40 news reports from 2010 to 2012. We find news reports and articles on the rights of LGBT, a couple of interviews with Rosanna Flamer-Caldera, Head of Sri Lanka's LGBT Rights group, LGBT on media, Partnership on HIV prevention with the local government, Repeal of gay sex laws, Stigma, Persecution of gays in Sri Lanka, Colombo Pride march and Gay refugees in Australia.

In the case of India, out of 890 news reports we tracked from 2010 to 2012, we took a sample of 397 reports. We selected media reports that appeared in English publications and also avoided duplications. The issues covered were LGBT rights, pride marches, HIV and AIDS, legal reforms, Supreme Court orders and directives.

In India, of a total of 397 reports monitored (129 reports for 2010, 142 for 2011, 126 for 2012), 388 reports were on rights, legal barriers and the intolerance that communities are combating. In these, transgender persons and LGBT issues featured in

181 and 143 reports respectively, with MSM featuring merely in 14 reports. Of the 397 reports, only 35 reports spoke about HIV, of which 15 focused on HIV prevalence among MSM and transgender persons, 20 on prevention services and the risk by these populations and overlapping with these were about 20 reports on services. (CFAR, 2012)

A sample of 76 media reports taken for Nepal for the period 2009-2011 spoke about the need to tackle the inclusion of the communities and their rights through reforming the law. Of these, 13 pertained to MSM, 24 to transgender and 39 to the LGBT community (CFAR, 2012). In fact speaking about this, Sunil Pant, Blue Diamond Society, was quoted in the media as stating that "it was impossible to wage an effective battle against HIV and AIDS without also addressing official attitudes towards" MSM, LGBT community and transgender persons."¹¹¹ Hardly 16 reports dealt with HIV, of which 3 reported on HIV prevalence, 6 on prevention and risk faced by these groups and 12 on services.

Again, in Sri Lanka out of 40 reports we monitored for 2010 to 2012 (17 in 2010, 19 in 2011, 4 in 2012), we find all 40 reports focused on the disabling environment the communities face, the lack of rights and stigma and discrimination they face. MSM and LGBT feature in 26 and 13 reports respectively while transgender persons get featured in just one report. Of the 40 reports, HIV issue figures in 11 reports with 3 focusing on prevalence, 5 on services and all 11 on prevention and the risk faced by MARPs community. (CFAR, 2012)

In Bangladesh, we saw similar trends when we monitored 30 news reports for the three years 2010-2012. Of this, 4 reports were on LGBT and 11 reports each on transgender and MSM. These 26 reports focused on the lack of supportive environment, legal barriers and the discrimination that MSM and transgender persons were facing. Only 7 of these reports covered HIV, of which 2 were largely on surveillance, 4 on services and 5 on prevention and the risks faced by the community (CFAR, 2012).

It is in this context that any effort to strengthen media engagement seems meaningful and significant. To strengthen evidence informed advocacy it would be

worthwhile to create issue centred backgrounders and fact sheets and use it as prime advocacy tools to sensitise and engage the media at every given opportunity. A sample of such country specific Backgrounders and Fact Sheets appears towards the end of this Report as an Annexure.

Path breaking reports

What followed the compilation of this highly qualitative report on legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific were three path-breaking reports that have laid the foundation for future media engagements. These engagements emphasise the need to remove and change all punitive and outmoded laws against sex workers, MSM and transgender people and injecting drug users. They also underline the significance of commissioning far more in-depth researches and the conduct of these in partnership with transgender people so as to assist better understanding of these communities. Their inclusion is vital to evolve community centred HIV responses for each of these groups and ensure meaningful risk reduction.

To strengthen media engagement with these issues, some key pointers that emerged are best reflected in the press release on the launch of the Global Commission on HIV and the Law: 'Risks, Rights and Health'.¹¹²

Referred to it as a "Landmark" report, shaped by a high-powered Commission comprising of former heads of state and leading legal, human rights and HIV experts, what made it unique was that these leaders in turn did extensive research and interacted with more than 1,000 people in 140 countries to evidence the review process in a truly meaningful way.

The Commission's major contribution was seen as stimulating the review processes (as mandated by ESCAP resolutions) by member-states not only to make laws sensitive and aligned to human rights framework but also recognise that the existing "laws and practice rooted in sound public health evidence and human rights must be used to better HIV response" are brought to scale and replicated.

For the first time, we have seen a public health and development issue such as HIV being advanced so decisively and governments being told that they have a responsibility to repeal outmoded laws that "stem from ignorance and intolerance" in favour of laws that prohibit discrimination and violence and protect at-risk populations-referred to as powerful, low-cost tools to ensure that HIV investments were not wasted.

Similarly, the Report on Sex Work and the Law examines 48 countries in Asia and the Pacific to "assess laws, legal policies and law enforcement practices that affect the human rights of sex workers and impact effectiveness of HIV responses." (UNDP Asia Pacific Regional Centre and UNFPA Asia Pacific Regional Office, 2012)

The Report goes on to state that where sex work has been "de-criminalised, there is a greater chance for safer sex practices" and, therefore, suggests that "a radically different approach is necessary to control disease and make lives better for sex workers, including dropping the words 'prostitute' and 'prostitution' from the lexicon because they stigmatize those involved in the business." The report went on to classify Thailand and New Zealand as best places for sex workers of Asia to be in whereas the "mere possession of a condom" in places like China, Fiji, India, Indonesia, Malaysia, Myanmar, Nepal, Papua New Guinea, the Philippines, Sri Lanka and Vietnam were being used as evidence to denote that the "person is an illegal sex worker."¹¹³

Again, in the case of transgender persons, the research study *Lost in Transition: Transgender people, Rights and HIV Vulnerability in the Asia Pacific Region*, jointly released by the United Nations Development Programme (UNDP) and the Asia Pacific Transgender Network (APTNet), showed that "transgender persons are among the most socially ostracised in this region and lack fundamental rights, including basic access to health care and social protection schemes. Hence, they recommended the need for concerted action by governments, civil society, development partners and the transgender community itself to design and conduct further research to fill the lack of information about transgender people and their environments. (Sam Winter, UNDP, 2012)¹¹⁴

Future response

From the media engagement perspective, all the three reports are extremely important and can prove to be game changers if all the evidence and arguments presented are taken to the journalists and they are sensitised about their implications and significance for developing an effective response to HIV among MSM community and transgender persons. It is essential that the linkage, both positive and negative, between the health response and laws should be constantly placed in the public domain with fresh evidence and voices.

Evolving issue briefs and actionable plans

The Global Commission on HIV and Law¹¹⁵ based on representation from 140 countries recommended to governments, civil society and international bodies to de-criminalise private and consensual adult sexual behaviour including same sex acts. It called for the repeal of laws that criminalize consensual sex between adults of the same sex; removal of legal, regulatory and administrative barriers to the formation of community organisations by or for gay men, lesbians and or bisexual people, respect for existing civil and religious laws and guarantees relating to privacy; amending of anti-discrimination laws expressly to prohibit discrimination based on sexual orientation as well and promote effective measures to prevent violence against MSM.

The regional consultation organised by the Global Commission on HIV and Law in Bangkok in 2011 to input into the Global Report process, brought together communities, NGOs, policy-makers, legislators, judges and law enforcement officials from the region and provided an unique opportunity to discuss the legal environment, articulate existing evidence, gaps, concerns and generate new evidence on the rights and law in the context of HIV. Importantly, the regional consultation sought to identify 'clear and actionable recommendations with a concrete plan for follow up'. (Global Commission on HIV and the Law, 2011)

The dialogue was premised on the experiences including those with police, public security officials and other authorities who use a range of laws as a basis to harass, arrest and detain members of the key

population. Legislations, regulations, ordinances and other instruments across a wide range of legal areas, such as criminal, zoning, employment, public health laws needed to be considered. Thirdly, an alignment of health and legal responses was required at the national and regional levels. (Global Commission on HIV and the Law, 2011)

A crucial discussion at the consultation was the necessity of access to legal services, including legal aid and education about legal rights as a key element of an enabling environment for HIV responses. Reflecting on the paucity of legal and advocacy services to enhance access to the justice system, participants stated that laws had limited impact if confidential, timely and affordable redress were not accessible¹¹⁶. It was emphasised that quality legal services would ensure better legal outcomes and generate evidence needed for law and policy reform.

The regional dialogue discussed the impact of culture and religion on legal frameworks, including the use of religious and morality arguments against sexual minority groups. Participants submitted that cultural resistance to human rights concepts and approaches hindered public health reforms.¹¹⁷

Articulating the way ahead, the Commissioner of the Global Commission, Jon Ungphakorn, stated that evidence was a key strategy to show that stigma and discrimination suffered by communities impact society as a whole. Evidence needed to be presented by the Commission to governments to indicate that addressing stigma and discrimination was a 'practical issue'¹¹⁸.

The Bangkok regional consultation put forward seven lessons including - the need for evidence informed responses; law could be a hindrance and a help to successful HIV responses; the HIV paradox of the need and utility for a rights-based approach and the continued objections by government and community resulting in resistance by law makers. In the context of the media, a key lesson was the need to keep up the tempo. It was observed that media interest in HIV and human rights had reduced and pressure was required to drive home the urgency that millions of lives were at stake. (Kirby, UNDP Law Commission and HIV: Seven Lessons from Bangkok, 2011).

At the South Asia level we have seen the emergence of a strong recognition that a public health response lies in the protection of rights of PLHIV and key populations at higher risk. At a dialogue organised for the South Asia region, key recommendations emerging on the responses to the legal and policy barriers faced by sexual minorities were:

- De-criminalise conduct linked to People Who Use Drugs (PWUD), sex workers, MSM and transgender persons through legislative processes or judicial interventions.
- Work simultaneously on short-term initiatives to address and mitigate the impact of relevant criminal laws.
- Sensitise and disseminate information on the rights and issues of key populations at higher risk to law and justice sector stakeholders and healthcare providers.
- Empower PLHIV and key populations at higher risk with knowledge about their rights under the law and the mechanisms that they may utilise to access and defend these rights.
- Empower human rights institutions with the necessary and appropriate statutory powers to enable them to address and respond to diverse legal and ethical dimensions to human rights.
- Advocate for constitutional challenges and public interest litigation, recognising the role of judicial leadership.
- Sensitise the media about the objectives of a legal enabling environment, and the rights of key populations at higher risk and PLHIV.
- Advocate for healthcare providers and law and justice sector authorities to commit to a public health approach. (International Development Law Organisation (IDLO), South Asian Association for Regional Cooperation (SAARCLAW), UNDP, UNAIDS, World Bank, 2011).

Salient points

1. The Global Commission on HIV and the Law 'Risks, Rights & Health', the 'Legal Environments, Human Rights and HIV Responses among MSM and Transgender

People in Asia and the Pacific: An Agenda for Action', 'Sex Work and the Law in Asia and the Pacific' and the research study, 'Lost in Transition: Transgender people, Rights and Vulnerability to HIV' lay down a foundation for future media engagement based on changing outdated laws and recognising sexual minorities.

2. Further, the Global Commission on HIV and Law called for the repeal of laws that criminalise consensual sex between adults of the same sex; remove legal, regulatory and administrative barriers to the formation of community organisations, amend anti-discrimination laws; promote effective measures to prevent violence against men who have sex with men, etc.
3. At the South Asia level, there was an emergence of a strong recognition that a public health response lies in the protection of rights of PLHIV and key populations at higher risks. At a dialogue organised for the South Asia region, key recommendations emerging on the responses to the legal and policy barriers faced by sexual minorities, included de-criminalisation, the need to address and mitigate the impact of relevant criminal laws, sensitising and disseminating information on the rights and issues of key populations, advocating for constitutional challenges and public interest litigation, the role of judicial leadership and sensitise the media, etc.

Country responses to human rights obligations

At the country level, India, Bangladesh, Nepal and to some extent, Pakistan had made strides in attempting to reconcile its human rights obligations and commitments under international protocols at the level of policy by the government and in judicial interventions and pronouncements.

Reporting under International Protocol, Declarations

In the last few years, South Asian countries have begun to report on the status of sexual minorities and transgender people as part of the international

reporting obligations under various protocols such as the Universal Periodic Review (UPR) and CEDAW. This has also provided the opportunity for community leaders and civil society to call for greater accountability towards the rights of sexual minorities. In India, Sri Lanka, Nepal, Pakistan and Bangladesh community leaders have used the reporting mechanism of the Periodic Review, CEDAW and Rapporteur reporting processes for health and human rights and violence to highlight the rights violations of the marginalised communities and call for renewed commitments to amend or repeal discriminatory laws.

India's UPR, submitted in 2012 by the Ministry of External Affairs, stated that homosexual intercourse treated as a criminal offence under the Indian Penal Code was struck down by the Delhi High Court (Ministry of External Affairs, Government of India, 2012). However, the joint stakeholder report submitted as part of the alternate process stated that even as the judgment was under appeal in the Supreme Court, discrimination continued against the LGBT community. The stakeholders further reiterated that the state had abdicated its role to defend the judgment, relegating the defence of human rights of LGBT to civil society (Working group on human rights in India and the UN (WGHR), 2011). The UN Human Rights Council welcomed the decision to support the de-criminalisation of homosexuality. However, it observed that the government had not done enough to ensure the protection of LGBT people (UN Human Rights Council, 2012).

Nepal's UPR submission does not mention any measures taken to protect and promote the rights of sexual minorities (Government of Nepal, 2010). However, the civil society representation observed that discrimination against sexual and gender minorities continued including denial of citizenship, marriage, non-recognition of identity and refusal to allow access to socio-cultural affairs. They also called attention to the non-implementation of the Supreme Court directive for a task force to study problems and enact appropriate legislation in the context of rights of sexual and gender minorities. (Nepal NGO Coalition, 2010)

In the ensuing discussion on Nepal's report, countries called for Nepal to enact legislation to ensure members of the lesbian, gay, bisexual, transgender

and intersex (LGBTI or LGBT) community citizenship rights (UPR, 2011). Nepal agreed to examine and provide responses in due time, (no later than the seventeenth session of the Human Rights Council in June 2011) to the recommendation and to take further steps to eliminate discrimination against vulnerable or marginalised groups, including on the basis of gender or caste, by enacting laws to criminalize all forms of discrimination (UPR, 2011)¹²⁰.

Bangladesh's civil society report raised the concerns of LGBT during the fourth round of Bangladesh UPR in February 2012. Sexual Rights Initiatives (SRI) presented a report on the socio-political rights of sexual and gender minorities, including gays, lesbians, hijras, kothis and intersex people in Bangladesh. (Sexual Rights Initiative, 2009). It was the first time that the issue of sexual and gender minorities in Bangladesh was presented at an international forum. The Bangladesh Foreign Minister denied the existence of homosexuality in his country. The GOB rejected recommendations in the SRI report to de-criminalise consensual same sex activity by repealing Section 377. Amongst the recommendations made at the UPR review process was to call on Bangladesh to de-criminalise same sex activity between consenting adults and adopt further measures to promote tolerance in this regard (Czech Republic) (Citizen's Initiatives on CEDAW - Bangladesh, 2010)¹²¹.

In Bangladesh, the combined sixth and seventh UN CEDAW Alternative Report submitted by the Citizen's Initiative comprising of 38 women's and human rights organisations stressed on the absence of a consistent position by the government and stated that it indicated a "lack of co-ordination, if not outright contradiction, among different Ministries. For, on the one hand, the Foreign Ministry does not acknowledge the existence of same-sex practices, let alone homosexuality, while on the other, the Health Ministry continues to undertake programmes to provide support for HIV awareness among the MSM community".¹²²

The report highlighted that sexually marginalised populations were being persecuted by the police under Section 54 which allows for arrest without warrant in case of suspicious behaviour. Additionally, HIV and AIDS programmes had been threatened or

closed due to threats of law enforcement authorities. It was observed that sexual and gender minorities had minimal access to medical services due to social stigma and discrimination by the medical service providers. Combined with the loss of traditional forms of livelihood, hijras had been forced into sex work for survival and were routinely subjected to rape and police intimidation.

Reporting processes of the Human Rights Watch have been used to depose on rights violations by state authorities and law enforcement agencies. Community representatives (in Nepal) have actively participated in drafting the Yogyakarta Principles, ensuring the drafting of the UN resolution on SOGI. (India, Nepal, Pakistan and Sri Lanka) (Working group on human rights in India and the UN (WGHR), 2011), (Human Rights Watch, 2002), (National Alliance of Women, 2006) (Nepal NGO Coalition, 2010)

At the Asia Pacific level, processes initiated to assess Progress Against Commitments in the Political Declaration on HIV and AIDS and Millennium Development Goals, in February 2012, have emerged as a key forum to enunciate country specific policy and legal barriers and government commitments in addressing those barriers.

India's statement emphasised the multisectoral response to ensure that ministries, civil society, corporate sector and development partners 'were sensitive and responsible for implementing and integrating HIV and AIDS in their charter'. The policy initiatives in place included the national policy on HIV and AIDS and world of work ensuring no discriminative work place policy and linkages to services; operational guidelines for tribal action plan, operational plan on mainstreaming HIV and AIDS and on women empowerment to address the vulnerability of women and GIPA.

While the statement refers to these policies being drafted to implement HRG friendly initiatives and social protection schemes, no mention has been made about the inclusion of specific communities such as sexual minorities or the barriers to access. (UNESCAP, 2012)

Nepal's submission focused on the formation of a multisectoral sub - committee to improve the

collaboration between different government and private sectors and mainstream HIV into sectoral plans and recognised that government intervention and budgetary allocations were essential to ensuring implementation. (UNESCAP, 2012).

Judicial interpretation of the rights of sexual minorities

Meanwhile, communities have reached out to the national judiciaries and provided evidence of the extreme vulnerability of the gay and transgender community, invisibility in government policies and schemes and the commitments made in international fora on protecting rights of key populations at higher risk. This has led to courts in Bangladesh (2008), India (2009 onwards), Nepal (2008) and Pakistan (2009/10) to articulate consistently the need for a rights-based approach and to take inclusive policy measures.

The Supreme Court of India issued a notice to all State Governments in October 2012, calling for directives to include the category of transgender people as a third category in providing various opportunities and facilities such as voter ID card, passport, driving license, ration card and admission to educational institutions (*The Hindu*). The High Court of Allahabad intervened in an incident where a professor was suspended and asked to vacate his residence on grounds of his homosexuality. The court stayed the order of his suspension and noted that "the right to privacy was a fundamental right that needs to be protected..." (Dr. Shrinivsa Ramachandra Siras and others Versus The Aligarh Muslim University and others, 2010). In 2009, the Delhi High Court decriminalised sex between consenting same sex adults in private. In reaching a decision the judges referred to international law, through Article 12 of the UDHR (no one shall be subject to arbitrary interference with his privacy...) and Article 12 of the ICESCR (Fulfill right to highest attainable standard of health) and the Yogyakarta principles. (Naz Foundation and Others Versus Government of NCT Delhi, 2009)

In Nepal, in 2012 the Supreme Court of Nepal recognised a live-in relationship between two lesbians. The court allowed a woman X to live with her lover Y as she wished, rather than with her husband.¹²³ In 2007, the Supreme Court directed the Government

to end discrimination on the basis of sexual orientation and gender identity. Action is yet to be taken to introduce legal protection from discrimination. The Supreme Court directives require the government to end the system of preventing transgender people from obtaining basic citizenship rights. Key recommendations include enacting new laws and amending existing discriminatory laws so that people with different SOGI can exercise equal rights; formation of a seven member committee to study same-sex partnership laws in other countries and provide recommendations; prevent penalization of individuals who cross-dress; ensure equal rights, identity and expression for transgender people regardless of their sex at birth. (Sunil Babu Pant and other Versus Nepal Government and others, 2008)

In 2008, the Bangladesh Courts ruled that transgender people are full-fledged citizens and have the right to vote.

The Supreme Court of Pakistan in 2009 recognised transgender people as citizens of Pakistan and held that they were entitled to equal protection of rights, including the right to life and dignity.

The Government of Pakistan was directed to give preference to transgender people in civil service positions. (Dr. Mohammad Aslam Khaki and another Versus Senior Superintendent of Police (Operation) Rawalpindi and others, 2009). The Supreme Court has been regularly monitoring progress of implementation of the Order. On November 14, 2011, the Supreme Court directed hijras to be enrolled in the voters list and directed the Election Commission to “collect the details of eunuchs from the social welfare departments of the provinces where they are registered and take steps to register them as voters”. (Dawn Daily News, 2011). In 2011 province governments were directed to create job opportunities. (Daily News, Tribune, 2011)

State policies and programmes for inclusion of sexual minorities and transgender people

Governments of India, Nepal and Bangladesh have made efforts to be more inclusive of transgender persons through measures, such as- including a separate identity in passports (India, Bangladesh, Nepal); identities for transgender persons (India,

Nepal, Bangladesh); inclusion as a separate category in the census (India, Nepal).

In 2011 Nepal completed its first national census which officially includes a third gender option opening the way for stronger recognition of sexual and gender minority rights in the provision of public services.¹²⁴

In May 2011, the passport office of Bangladesh became the first government body to formally recognise the third gender. Applicants were allowed to choose either ‘male’, ‘female’ or ‘other’ on their passport application forms. However, the government stated that no specific package was planned for the community.¹²⁵ The Parliamentary standing committee on the Social Welfare Ministry called on the Ministry to rehabilitate trans-sexual persons and ensure their basic rights. The committee also sought efforts to address the fear and stigma against the community.¹²⁶ Provinces like Chittagong have announced identification instruments such as birth certificates and health cards for transgender people. The Government of Bangladesh has announced a special budgetary allocation for marginalised communities in the 2012 budget.¹²⁷

The Approach Paper to the 12th Five-Year Plan of India developed by the Planning Commission of the Government of India makes inclusion of minorities and other excluded groups as a cornerstone of its objective and calls for special programmes to bring them into the mainstream. (Planning Commission of India, Government of India, 2011). In formulating a more inclusive approach to health, the paper calls for a more focused approach based on the special requirements of different groups including those who belong to the lesbian, gay, bisexual and transgender community, (Planning Commission of India, Government of India, 2011).¹²⁸ It further calls for special attention to be paid to the needs of key populations at higher risks such as men having sex with men, (Planning Commission of India, Government of India, 2011).¹²⁹ The chapter on Social and Regional equity recommended a Plan for the backward regions which addresses communities that suffer discrimination because of their social and cultural identities, such as LGBT groups and sex workers.

The transgender identity is recognised in passports (Ministry of External Affairs), voter ID cards (issued

by the Election Commission of India) and the Unique ID Card of the Government of India. In the state of Tamil Nadu, the government established a Transgender Welfare Board in April 2008, the first of its kind in India. The board was mainly formed to address a variety of concerns of the transgender people that includes education, income generation and other social security measures. The board has conducted the enumeration of transgender populations in all 32 districts of Tamil Nadu and in some places identity cards- with the gender identity mentioned as 'Aravani'- are being issued. The government has issued ration cards (for buying food and other items from government-run fair price shops) for transgender people. The state government issued a government order in May 2008 to enroll transgender people in government educational institutions and to explicitly include 'other' or 'third gender' category in the admission forms. In collaboration with the Tamil Nadu Aravanigal Welfare Board, free sex reassignment surgery is performed for hijras/transgender people in select government hospitals (Social Welfare Board, Government of Tamil Nadu, 2006). In September 2012, the State Government of Tamil Nadu took a further step to extend pension benefits for transgender people (*The Hindu*, 2012). In the state of Karnataka, the Backward Classes Commission recommended to the State Government to include sexual minorities into the backward classes list to enable them to access social schemes and benefits. This is under review by the state government. (Karnataka State Backward Commission, 2011). (*Deccan Herald*, 2010).

Media Response

Media reporting on the legal and policy barriers faced by the gay and transgender community has been varied across the South Asian countries. In India, the media articulated a strong rights position during the run up to and after the Sec. 377 judgement through reports, features and editorials. A similar trend was seen in the Nepali media. In Bangladesh, the media reported on the policy measures.

The media has played a crucial role in strengthening acceptance of gay issues in India. It has helped to build a supportive environment around the petition filed by Naz India from 2008 (5353 news reports on the gay community). In 2009, around the period of

the judgement, 900 English news clips were tracked which focused on the judgement. The month following the Delhi High Court judgement saw a spate of news coverage with 600 news reports quoting the government, community members, lawyers, experts, medical professionals (Centre for Advocacy and Research (CFAR), 2012).

Media played a crucial role at many levels. It questioned the government's inability to take a clear stand on the issue (*The Hindu*, 2009) (*Indian Express*, 2009). In 2008, while tracking the progress of the court proceedings (over 150 news reports) these headlines were a hard-hitting indictment of the government's lack of commitment and vision. *The Free Press Journal* stated that "the Centre has failed to sort out the differences between the Home and Health Ministries over de-criminalisation of homosexuality...".¹³⁰ It consistently highlighted the court's intervention in seeking the government to make its stand known.^{131, 132} Through 2008 and 2009, the media kept continuously tracking court proceedings (50% of articles tracked); commenting on submissions made by the government and other petitioners, tracking the division within the government, highlighting concerns of the gay community using forums like the gay pride parade (CFAR, 2012).

Following the judgement, senior journalists came out publicly to endorse the view that the law was excessive in its attempt to regulate private lives. Legal experts¹³⁴ were quoted extensively supporting the progressive spirit of the judgement. One author commented that the judgment has paved the way for constitutional protections for the "personal autonomy of vulnerable minorities".¹³⁵

The media has written about the need to ensure adequate policy initiatives for entitlements and social inclusion of the MSM and transgender people. The engagement has focused on addressing the gap between the articulation of commitments at international forums and human rights reporting processes and the implementation of those commitments at the national level. These include denial of livelihood opportunities and medical services; absence of safety net packages that render the population invisible and vulnerable to continued rights violations at the hands of state and private parties.

Strategising Spaces for Issues of MSM: The Evolving Hijra Discourse in Bangladesh

Acknowledgements

We extend our deepest gratitude towards Bandhu Social Welfare Society (BSWS) in Dhaka, Bangladesh for the sincere support they gave us through our country visit. Without them being there for us, we would not have achieved what we have in the limited and tumultuous times we visited the country for first hand interactions with stakeholders.

Shale Ahmed and his team at BSWS extended every needed support to us in facilitating the in-country interactions, with Premangshu Sarkar and Rahmat Ullah personally coordinating our meetings at each stage. The detailed interactions with senior members Shale Ahmed, Umme Farhana Zakia Kanta, Foisul Ahsan, Royal and Beraj provided us with programme and community insights on the issues. Among the other community leaders, Bobby Hijra and Zoya Sikdar were kind to share their experiences, with the former also facilitating for us a group discussion with transgender persons at *Sustho Jeebon*.

Media fellows Hassan Bipul of BDNews24 and Moni Mahmood of *Bhorer Kagoj* spared considerable amounts of time with us, and also led us to others in media including to Angur Nahar Monty, Saiful Islam and Shafiq Rehman.

KSM Tariq of FHI360, while sharing his insights on issues of the sexual and gender minorities in the country, provided useful detailed information on the HIV prevention project, Madumita. While our efforts to interact personally with many, including those at UNAIDS, MJF, BLAST and others could not materialize due to large scale political protests taking place in Dhaka and the resultant disruptions, we are hugely indebted to Sara Hossain to have found time to interact with us online during her travel in USA. She shared some poignant insights on several key facets of the issue with us.

Executive Summary

Introduction

The context of Bangladesh is one where shifts in state and civil society responses towards the basic entitlements and rights of the transgender (hijra) communities have become increasingly visible, particularly in the last few years, as policy makers begin to accept that talking about the hijra issue is no longer taboo. The increasing government recognition of the hijra community is seen to have enabled a 'largely positive print media orientation in the past 4-5 years'.

Reflecting on what may have crystallised the shift, Shale Ahmed of BSWS recounts that they "faced strong resistance and harassment for carrying out activities like distributing condoms... (as part of HIV and SRH work that the group began in 1997), ...we realised we had to engage actively with every key section at local and higher levels."

Sustaining a continued focus on HIV prevention, the community-led initiatives ensured significant gains for transgender people (hijas), and there was much needed recognition for MSM in the country, including identification by the NASP of 'sexual minority' (MSM) as a key population at higher risk in the country and therefore the need for interventions specifically targeted at them.

Pioneering Community Participation and Leadership to Advocate on Issues of Sexual Minority: Building an Enabling Environment

Most publically visible community organisations, leaders and spokespersons in Bangladesh have a direct connection to BSWS, which consciously adopted a rights-based approach and a public health perspective in its HIV and SRH interventions, more notably from 2006. The 'sexual health rights framework' supported

by BSWS is particularly useful in addressing specific issues of the MSM populations given the 'critical nature of the issue' in challenging socio-legal and religious settings.

Engagement with media at local levels on issues of transgender people is a notable feature of the focus on multi-sector stakeholders such as lawyers, journalists and civic authorities. An analysis of news reports emerging from local centres like Comilla, Sylhet, etc. where BSWS has sustained programme interventions, shows how these reports identify vulnerability to stigma and discrimination while also highlighting increased risks to HIV within the communities.

By focusing on awareness and advocacy of the rights based approach since 2006, the group's engagement with various key stakeholder sections became more systematic and institutionalised.

Beginning with local level engagements with a cross section of stakeholders in law enforcement, media, and faith-based institutions, BSWS through active partnership of its affiliate groups, sustained a parallel focus on engaging the policy level entities at the national level. Beyond civic body representatives, lead media outlets and the police, they have gone on to engage with elected members of parliament, the Law Commission and National Human Rights Commission in 2012.

Galvanising Societal Leaders

It is also noteworthy how the media has helped position a range of key public figures as spokespersons or with crucial messaging on concerns and issues raised by sexual and gender minority communities.

Evocative events with a strong human interest element took place in the first decade of operation and intensified discussion around the issues, in the public domain. Importantly, the community responded by looking to utilise this openness and to harness meaningful institutional support and endorsements. High-level state and civil society engagements at the national level, including with national commissions, ministries of health and social welfare, members of Parliament, top police and civic bodies in Dhaka and other cities, took place in this period.

Unravelling Media Engagement through Strengthening Community Spokespersons and Media Participation

From 2008 we find that sexual minority organisations like Bandhu Social Welfare Society (BSWS) saw engagement with the media as an effective and key strategy. Partnering with the media to build an enabling environment for ensuring services to excluded and stigmatised communities assumed diverse forms, and ensured in the process that different mediums, vehicles and community voices were used in messaging.

Events were used to establish linkages with related issues such as human rights, men's role and male sexual health and to enable BSWS to facilitate an exchange between different stakeholders, often persuading media to sponsor the events. In one such scenario, the media both reported on the event and held the first Roundtable on 'HIV and AIDS and our Responsibility' in November 2008. More of such events formalised/followed later.

Ongoing interaction between media, community and programme leaders provided building blocks for future consolidation efforts such as the Media Fellowship Programme in 2011. During this time, qualitative attempts were begun by the media to explore the issues from social, legal and epidemiological perspectives.

There was a visible gradual intensification in the presence of transgender issues in the public domain beginning in 2010. A structured initiative like the Media Fellowship on issues of sexual minorities initiated in 2011 opened a 'floodgate', as 'fellows' became a good peer force within media.

Significantly, a community-led alternate media initiative begun in 2004 has continued being regularly published. *Spandon* is a quarterly newsletter on male sexual and reproductive health that is circulated by and for the community.

Deconstructing Content

A monitoring exercise undertaken as part of this assignment filtered out a sample of forty (40) reports on issues of sexual and gender minorities and HIV for

detailed review. Of these, 12 reports were generated by the Media Fellows. The reporting pegs (key theme to weave a story/news report around) and messaging by media had served to strengthen the evidence-informed and community-centred advocacy of BSWS, thus leveraging the power of mainstream media.

Taking a strategic focus on media forward, BSWS found it opportune to use the media more closely to mediate discourse in the public domain. As part of a grant, it produces and airs a 24-minute weekly talk show 'Orao Amader' ('They too are ours!') on national television to discuss issues of the transgender community.

What Worked?

Thematically, the stigma and discrimination against sexual minorities is a persistent concern which was very strongly written about and depicted in many mediums, including a highly evocative and hard-hitting film 'Ghetoputra Kamala'.

The representation by media spokespersons was decisively in favour of the community, their organisations, and individuals aligned with them. It ensured that Media Fellows from leading publications used the framework of human rights and the approach of social inclusion to shape reports and locate within it the paradigm of risk and vulnerability to HIV. Mapping estimates, for example, begin to get more accurately reflected in reports by Media Fellows.

In Bangladesh, use of evidence in media reports helped to ensure that the figure of less than 1% HIV prevalence was not used to mask or obscure the vulnerability of migrant populations and of the 70% of sexual minorities who are infected with STI. There are instances of how media tends to explore practices among key populations at higher risk from the point of view of lack of access to necessary services, and highlight the increased risks due to the way in which the general population stigmatises and discriminates against migrants and sexual minorities.

What emerges from an analysis of the media reports is the showcasing of effective interventions and innovative programmes when it came to sensitive

initiatives such as sex education. In fact, media justified the intervention on the grounds that it will strengthen HIV prevention among heterosexuals as well as MSM and transgender people.

The battle against stigma and discrimination is linked strongly to strengthening the community's access to services, including information. Therefore, support from media to strengthen community outreach services to MSM and transgender persons is critical.

A section of the media voiced strong views on not only the legal barriers that exist but on the kind of risks and vulnerabilities the communities of MSM and transgender persons endure. This, coupled with the media reports of horrific incidents of stigma and discrimination the hijra communities faced, showed in no uncertain terms their plight, and in many ways, led to the government introducing new schemes, and to state publicly that continued marginalisation of these communities is not the answer.

Consolidation and Scaling up of Media Engagement

It is vital to recognise the momentum that has been generated on multiple levels. Programmatic, civil society and state responses have converged increasingly, both to recognise the scale and nuances of discrimination the gender and sexual minorities are living with, as well as the critical need to strengthen comprehensive responses that are genuinely inclusive of the realities, needs and dilemmas of these at-risk communities.

In a fitting recognition of this shift, and the way media's response has resulted in breaking the silence on the issue, BSWS envisages a clearly laid out role for media in its Strategy Plan for 2012-16. In harnessing media as an engaged stakeholder, it will continue to brace itself to face barriers and challenges to ensuring meaningful interface between media, community and the key mediating stakeholders.

A Mutually Mediated Multilevel Domain Engagement with Media

The shift from the earlier district and event-centred approach to a more qualitative approach of conferring

fellowships to a few journalists stemmed from the need to change the “social landscape surrounding MSM and sexual minorities; building favourable public opinion; supporting legal reforms; and strengthening policy advocacy efforts” (excerpted from the Note on Media Fellowship programme, BSWs).

From this perspective, it is clear that a concerted beginning was made. On major thematic areas, the reports by Media Fellows were framed keeping the country-specific evidence and the ground level experience of the community in mind.

Way Forward

Empowering advocates in media

As “only 21 of the planned 27 fellowship stories could finally appear on media”, the focus of community and programme leaders now is more on ‘one-to-one engagements’ with senior media professionals, including editors. While insiders also agree that ‘person to person advocacy’ may work best with gate keepers, what the community and programme leaders need to ensure is that setting of agendas on the issue does not get left to the media alone.

The fact that BSWs is “planning to organise a policy level conclave with lead media editors” in the near future testifies that the community recognises the need to evolve a multi-layered engagement mechanism for the media. Of as much significance, however, will be the need to work out a framework for seamless exchanges between these layers within media so that management, readership and editorial dynamics get meaningfully engaged with by issue needs, and the fast-changing institutional dynamics of mass media does not impede the momentums gained.

Expanding issue visibility in the public domain

In a shift of focus this year, the next batch of media fellows is from the electronic sector. As Bobby Hijra of *Sustho Jeeban* states, “compared to print, the electronic media is still resistant to our issues,” it points to deeper questions of entrenched trends and mind-sets that continue to exist, and the very nature of the medium, as it tends to exploit- often unethically-the over-simplified fact that “seeing is believing” or everything that is visually depicted is the

ultimate truth. If we are to successfully engage in partnership with the electronic media as a whole, this medium will need to be approached strategically in a variety of ways including working out agreement upon norms of consent and the rules of engagement.

Intensifying community-led dissemination and engagement

Clearly, programmatic and community efforts to make the issue more omnipresent in the public and alternate domains must be continued so as to break through the hesitation and resistance to open, interpersonal discourses. Therefore, the on-going programme dissemination efforts must innovate fresher ways of deepening and diversifying its outreach among key stakeholders, including young people and other key social sector focal points. At another level, the need to make the mechanisms for stakeholder engagement, including those for media, ‘more inclusive and broad-based so as to allow in and strengthen the social justice and empowerment perspectives’ also is important.

Deepening engagement

Supplementing initiatives like the Fellowship with longer-term, ‘tested’ mechanisms like “involving interested media practitioners in issue-based researches, ensuring their regular exposure to community realities, and involving them as active members in issue-based networks” is cited by insiders as crucial to broaden uptake of an intricate issue like the sexual minorities by media in Bangladesh.

Further, retaining sexual minority issues as a component of the health rights discourse in the country finds favour with senior media professionals. At the same time, as the HIV and health paradigms anchor these issues, and as support for social inclusion of transgender communities widens, a conscious attempt to carefully introduce discourses around social justice and empowerment of the other LGBT groups may need to be heeded.

Expanding evidence helps connect other life realities

Especially on the transgender issues, the current context is seen as appropriate to expand the discourse beyond just health. Similarly, generating

evidence around other relevant thematic areas of social justice, identity and empowerment of the minority groups in active engagement with media will help expand representation on the public domain.

Regular sensitisation and exchanges with media

Creating issue ownership within media is vital to overcoming internal resistance. Therefore, “more sensitisation efforts involving the entire line-up within media houses” would need to be supported to create ‘long term reporters’ who are thoroughly immersed in the dynamics and realities of the issue.

It is also essential to address the underlying community concern around media’s inability to ensure confidentiality. There are successful programmatic interventions like the Madhumita project to leverage towards sensitising the media.

From the perspective of the community and programme responses, this calls for a need to develop institutional capacities for media engagement and evolve effective frameworks where nuanced mediation by community champions, rights advocates and like-minded professionals is able to steer the discourse on public domain keeping it meaningful and effective.

Institutional support through representative evidence and Rights directives/protocols

Given the complex socio-legal and religious positioning relating to issues of sexual expression, the necessary impetus to sustaining any positive opinion building needs to be backed by the highest levels of institutional support, including reiteration of representative evidence, credible epidemiological data and binding rights directives by international institutions and government.

Narrative Report

Introduction

The context of Bangladesh is one where shifts in state and civil society responses towards the basic entitlements and rights of the transgender (hijra) communities have become increasingly visible, particularly in the last few years. Speaking of the first government initiative to impart vocational training in 2011 to a batch of hijras, the project-in-charge and Deputy Secretary of Economic Relations Department, S M Ebadur Rahman said, “Our biggest achievement is that the hijra issue is no longer taboo. Even the policy-makers have now realised that marginalisation is not the answer.”¹³⁶

The initiative, culminating with a public rally by thousands of community members in Dhaka, was amply reported across the media. Bobby Hijra of *Shustho Jeeban*¹³⁷ was able to qualify this further: “Recognition and new programmes initiated by the government have been key to the largely positive print media orientation towards us in the past 4-5 years.”¹³⁸

This is also evident in the area of HIV prevention. “There has been a marked intensity in the focused HIV prevention interventions for MSM and transgender communities in these last few years. From 8 DICs in 2009, we are now managing 38 across 19 districts,” (senior programme staffers at Bandhu Social Welfare Society (BSWS)).¹³⁹

The question that arises is what has helped foster and crystallise the shift. Have concerted community-led actions in the last one and a half decades-since the inception of the lead group BSWS-resulted in greater or more meaningful acceptance of the sexual minority population among stakeholders, including the media?

What is the significance of a few independent voices within the media, who are ready to challenge the strongly-held view of fundamentalists who they see as tending to use “sexuality as a mode of repression” and unwilling to see the “dialogues around sexual rights ... as a right related to social, economic and political equality.”¹⁴⁰

None of these questions can be answered without understanding the conscious efforts made by the community during this period to strengthen sustained

programmatic support and enlist stakeholders' support to bring issues of the sexual minorities to the fore and on the public domain, and advocate with the state to respond with affirmative action. Speaking about this, Shale Ahmed¹⁴¹ agrees that they “faced strong resistance and harassment while carrying out activities like distributing condoms as part of HIV and SRH work beginning 1997. We realised we had to engage actively with every key section at local and other levels.”

In over a decade, we witnessed some major developments which include: recognition of hijras as a separate category in the census enumeration of 2008; identification by the NASP¹⁴² of ‘sexual minority’ as a key populations at higher risk in the country and the need for interventions specifically targeted at them; allocation of dedicated budgets for these populations in 2011-12; and a noticeable shift in public domain representations. All these show up as significant milestones for the sexual minority communities.

Pioneering Community Participation and Leadership to Advocate on Issues of Sexual Minority in Bangladesh - Bandhu Social Welfare Society (BSWS)

Most publically visible community organisations, leaders and spokespersons in Bangladesh have direct connection to BSWS, which consciously enhanced a rights-based approach and a public health perspective in its HIV and SRH interventions, more notably from 2006. These organisations have either sprung up from this group (in the past¹⁴³) as collectives focusing on gay and hijra issues, or are strongly networked with it.¹⁴⁴ The relatively new entity, *Shamporkor Noya Setu*, may be one of the very few who claim to focus more on MSM issues along with those of the hijras, as Zoya Sikdar, who formed the group in 2010, feels that ‘there has been a fair amount of recognition for the hijras, but not for the other minorities’.

As a group, BSWS has had a decade-long grounding (beginning 1996-97) in HIV and STI care and prevention services before it embarked on rights-based approach in 2006. The shift was a deliberate move as the “team sat together and chalked out the future strategies and then went to MJF and sought

funds,” stated Shale Ahmed. Much before this, they had ‘realised the need for engagement with a variety of stakeholders to sensitise them on issues around sexual expression and gender identities at local levels’.¹⁴⁵ Admittedly, such a shift became essential as peer educators faced opposition on the ground and were hampered in their efforts to reach out information and condoms to at-risk groups and individuals.

Later, as part of a conscious enhancement of community-centred perspective in its outreach and advocacy efforts, it was open to expanding its scope of interventions by including more Sexual and Reproductive Health (SRH) programmes,¹⁴⁶ while maintaining its focus on HIV prevention - “If you look at our organisational strategic plans—the first plan was purely around HIV; the second had HIV and other communicable diseases; while the third which we are implementing now for 2012-16, is SRH that also includes HIV. So, there’s a conscious inclusion of issues of mental health, psychosocial and psycho-sexual health issues. And HIV is a useful advocacy tool, especially for continuing the much-needed focus on MSM as a key group in our programmes in the country.”¹⁴⁷

The current mission statement of BSWS is working for “...the well being of sexual minorities by facilitating sexual and reproductive health services and supporting human rights....”¹⁴⁸

There is a clear across-the-board recognition that the past four to five years have been particularly significant in bringing about a recognisable visibility for the rights and health issues of the transgender community in the country on the public domain. Affirming this trend, diplomatic correspondent Angur Nahar Monty at *Bhorer Kagoj* observed: “On the transgender issue, I have noticed a whole lot of names in the media. They appear quite often, and give out strong messages, too.”

For the other key sexual minority group, the MSM, while ‘programme interventions have intensified with the government lately recognising them as a key population at higher risk,’ presence on the public domain remains muted, mostly confined within the sexual health rights framework, and not open and uninhibited as that for the hijra issues. “The critical

socio-legal nature of the issue itself is the biggest threat for our programme focused on sexual minorities...so much so that people question whether we are 'promoting' homosexuality," shares Umme Farhana Z Kanta of BSWs.

Building an Enabling Environment

To ground the intervention in community-centred approaches it became necessary to "understand and engage with local stakeholders and foster effective linkages."¹⁴⁹ In advancing awareness and advocacy as part of the rights based focus since 2006, the group's engagement with key stakeholders became more systematic and institutionalised. A look at how BSWs's engagement evolved ever since the formalization of first district and division level forums of lawyers, journalists, and law enforcing agencies in 2008, shows that while at one level it focused on advocating and addressing risks through harm reduction approaches for community members, there was a parallel focus on reducing vulnerability and mitigating the adverse impact of social marginalization by supporting livelihood opportunities.

Forming Forums of Key Stakeholders

As part of this, district and division level forums of lawyers and forums of journalists were formed by 2008 in all 3 divisions where the group works, and later all the 19 districts of the three divisions were covered with forums set up in each district. These engagements were the key advocacy focus areas for the group until 2010-11, when emphasis on policy advocacy got included as a prominent component. "As part of our policy advocacy thrust in the last two or so years, we have reached out to and engaged key decision making entities on the rights and identity issues of the sexual minorities."¹⁵⁰ These include convening a meeting of the forum of members of Parliament in 2012 where 15 MPs participated; enlisting NHRC's engagement on the issue as a critical ally; engaging top decision-making levels in police, elected civic bodies of the metropolises of Dhaka and Chittagong into a responsibility and action framework aiming others.

Reflecting Forum Initiatives in Media

To address social vulnerabilities at local levels, the local forums ensured regular interface with opinion makers, including religious leaders. Events like marches, seminars, workshops and trainings were organised at local / division levels regularly, with most of these being organised by local media outlets. In Comilla, for example, "our experience of involving local religious leaders in our programmes has been very fruitful," recounts Premangshu Sarkar who was earlier working with the Comilla chapter of BSWs. The fact is reflected in media reports, too.¹⁵¹ In fact, an analysis of the early media reports on the sexual and gender minorities clearly brings out how an overwhelming number of these reported these events. This is true of Dhaka as of other areas like Chittagong, Sylhet, Rajshahi and Comilla.¹⁵²

Many reports, while focusing on risks to the community, also position the community spokespersons, including BSWs, within the stigma and discrimination narratives. A significant feature across these local /sub-national centres has been in how engagement of the community with diverse external stakeholders led to bringing local elected representatives and civic bodies, like the municipal corporations of Chittagong, Dhaka, etc. on board on their issues.¹⁵³

Capacitating Communities

Clearly, the patient yet steady manner in which the issues of gender and sexual minorities shaped in Bangladesh was steered and influenced primarily by how the community worked in a coordinated manner, winning both state and non-state actors as allies to simultaneously address social vulnerabilities, structural barriers and resistance along with risk reduction. Programmatic response too recognised the intensities as is visible in the scaling up of efforts to intensify focus on the MSM communities. The ambitious project Div. A, begun in 2010-11, aims to network and build capacities of all community-led initiatives in the country working on gay and MSM issues. In the first phase lasting two years, the project has 'actively networked 24 such CBOs and NGOs, while it is working with 61 groups in total'.¹⁵⁴ Introduction of special intervention components like caregiver training for PLHIV within the MSM communities this year is yet another example of this focus.

Galvanising Societal Leaders

A similar pattern of engagement is visible across these years at the national level with the group sensitising a variety of macro level stakeholders from police, academia, government departments, polity, art, theatre, law and civil society, and keeping them engaged and updated on the issues through follow up meetings and ensuring they are all part of public events like film shows, cultural events and public rallies. It is also noteworthy how the media has helped position a range of voices from all of these streams of public life as spokespersons or with crucial messaging on concerns and issues raised by these affected communities. Members from across the legal fraternity, academic institutions like Dhaka and BRAC universities, leading cultural personalities, notable media stalwarts like Abed Khan, Shyamal Dutta, Manjarul Islam Bulbul and many others, and human rights champions to representative figures from institutions such as the Law Commission, the NHRC, MPs like Tarana Halim and others have come to be portrayed in the public domain as figures in support and solidarity with the issues of the sexual minority communities.¹⁵⁵

Mention of many evocative events, with strong human interest elements taking place towards the close of the first decade becomes crucial here. To name the more prominent ones - the release of the documentary film *Pratibimbo* – Reflections in 2009; launch of the film, *Call me Salma* in 2010, the transgender beauty pageant in 2011, the government project to impart vocational training to hijras in 2011 and the remarkable popularity of feature films *Common Gender* and *Ghetuputra Kamala* in 2012 - all of these intensified introspection on public domain. Equally important is the keenness with which the community responded to these changes by looking to utilize the positive gravitations to harness meaningful institutional support and endorsements. Nearly all high-level state and civil society engagements at the national level, including with national commissions, ministries of health and social welfare, members of Parliament, top police and civic bodies in Dhaka and other cities, materialised in this period. “For the first time in our history, we were publicly recognised by the government on the International Language Day celebrations on Feb 21, 2013 when ministers called us on stage and announced that the community of hijras is a valid

entity on the government list, and publicly recognised our organisation,”¹⁵⁶

Unravelling Media Engagement

From 2008, sexual minority organisations like Bandhu Social Welfare Society began to see a qualitative engagement with the mass media as an essential and key strategy. This is borne out by the many special efforts they made, including instituting a Media Fellowship program, to strengthen their engagement in shaping content and messaging on the media.

Pre-Fellowship Phase

A sample of early media reports sourced¹⁵⁷ from the archives of BSWS shows that issues of hijras, and to some extent the MSM, found spaces in media as part of event-based reporting around seminars, workshops, special-day celebrations, visit of dignitaries to programme areas, etc. As almost each of these events had a strong theme of HIV prevention and care, the media too tended to use this theme as the core peg to weave in health, discrimination and rights issues of these communities. Having stated that, we need to recognise that the strategy of partnering with the media to build an enabling environment for reaching out services to highly excluded and stigmatised communities assumed many forms.

Ensuring that Different Mediums, Vehicles and Community Voices are Used to Put out Messages

Among the 25 reports for 2008 and 2009, there were four where the media focused on the existential travails of the hijra community. This included reporting on a documentary film, entitled “Reflections”, made by a community member on the life of a hijra; another pertained to the release of a book by a member of the community (Ananya), and a special feature¹⁵⁸.

Together they pieced testimonies, reflections and a well-researched article on the hijra community supported by data, real life accounts of two well-known community members and strongly argued appeals for appropriate social and systemic actions to address their alienation. The story by Momin Mehdi also got republished in another Bangla weekly¹⁵⁹. Many such examples of well-researched and in-depth reports emerge.¹⁶⁰

Strengthening Community Spokesperson and Media Participation

The fact that different mediums were used suggests a conscious effort on the part of the community-centred organisations like BSWs and community leaders like Ananya, Shale Ahmed¹⁶¹ and others to leverage the media in different ways to empower the community as well as sensitise others by putting out message in as telling a manner as possible. Events were used not only to establish the linkages with related issues such as human rights, men's role and male sexual health but to also enable BSWs to facilitate exchange between different stakeholders, often persuading the media to sponsor the events. In such a scenario, the media responded both at the level of reporting on the event as well as by holding the first Roundtable in Nov 2008 on 'HIV and AIDS and our Responsibility' under its aegis¹⁶², in some ways demonstrating their belief in functioning as an "engaged" institution. In this roundtable on HIV, there was a clear attempt at situating the critical nature of vulnerability of the transgender persons and MSM – 'a most-at-risk sexual minority community needing special programme services and policy attention'. It corroborates this with how the census of 1998-2007 reports an increase in new infection among these communities and the lack of 'legal, social or police support' for them.¹⁶³

A similar tone and content is visible in media stories in the following years as responses from various levels within the media – local beats, health beats in the capital as well as management-supported initiatives like Roundtables – began to help position affirmative spokespersons from diverse sections like the government, media, civil society and the program, on the issue. In the process, the media also complements programmatic efforts to bring highly recognisable community faces like Ananya, Pinkey, Zoya Sikder, et al. as change agents.

"We now think in terms of doing something for society. With Bandhu, I am taking small steps, communicating with South Asian transgender people, and performing at many places", recounted Ananya at the 24 Nov 2010 Roundtable "HIV and AIDS: Universal access and Human Rights for MSM and Hijras in Bangladesh" organised at the *Dainik Jana*

Kantho. Led by the Chief Editor, Abed Khan, the event re-emphasised the need to focus on both "mass and targeted media, including the internet, as an integrated component in service delivery, prevention messages, health promotion and social support services".¹⁶⁴

Stories and reports carried in local editions of Rajbari, Comilla and Chittagong, clearly evidence how community-led efforts included media as an important local stakeholder on the issue. It is important to recall that BSWs programme centres began constituting local advocacy bodies in districts – Forums of Journalists and Forums of Lawyers (DLLG) around 2008. Many media reports, often accounts of programme events, meetings, special camps, Forum meetings, etc. brought out issues of risks confronting MSM and hijras.¹⁶⁵

Clearly, there are two distinct levels at which media began to get engaged on the issue beginning 2008 - the more high profile efforts like the yearly Roundtables held at the national level, and at the same time a more sustained intervention with local media outlets to ensure inclusion of the issue in their reportage. This sustained interaction between media, community and programme leaders is seen to have provided the building blocks for consolidation later through the Media Fellowship programme in 2011. "We were more comfortable working with media by 2011. And so, even though we were apprehensive about how media would respond to our Fellowship on 'sexual minorities' RFP, we were confident about publishing the notification. And it all proved right because we had a very good response from the media", confirms Shale Ahmed.

At the same time, we also notice beginnings of qualitative attempts in media to look into and explore the issues from social, legal and epidemiological perspectives. Inclusion of some of these proactively inclined media interests like Moni Mahmood and Rubel Khan as Media Fellows in 2011 depicts a consciousness on the part of the community leadership to deepen media sensitivity around its issues.

'Press releases, data and information on the communities provided regularly by Bandhu formed the basis for the stories we did on HIV and the LGBT issues. Of course, what also helped is that our editor, Shyamal Dutta, was a key media focal person for UNAIDS during 2010 and 2011', shares Moni

Mahmud¹⁶⁶. Simultaneously, on media's part, a greater proclivity to include issues of gender and sexual minorities becomes visible among lead outlets like the Daily *Kaler Kantho*, the Daily *Jana Kantho*, *Bhorer Kagoj*,¹⁶⁷ the former going on to host the Roundtable event in 2010.

"We began focusing on mass media as a domain in 2008. We feel it has helped break the silence on the issue.... But we need to work out a media plan now complete with messaging, channels, voices, spokespersons, etc. In our third Strategy Plan we envisage a distinct role of media. So, working out the Plan of Action will be the essential next step for us now," outlines ASM Rahmat Ullah of BSWS.

Trying to understand how media has helped 'break the silence', we notice intensification of the transgender issues in the public domain beginning 2010. This is as much the case with the national media in Bangladesh as the local editions in places like Comilla, Chittagong, Rajshahi where BSWS had been interacting more closely with media. Most of these report an array of events that took place during the period – release and public screening of films, public rally by hijras, affirmative action by the government including inclusion in census enumeration, a social welfare ministry project on imparting vocational training to hijras, budget allocation for minority communities, et al.¹⁶⁸ Civil society actions including organising of workshops, discussions, sensitisation events with institutions of repute, too show up in scaled up proportions, and get reported by media. As the Bandhu media fellowship initiative rolled out by mid-2011, a range of reports by selected fellows emerged towards end of the year across key national media outlets.¹⁶⁹ It is noteworthy that in this period, the number of reports filed by journalists from outside the media fellowship fold too went up.

Responding to this fact, community leaders reckon that "media fellowship opened a floodgate for us in the media", and that the "fellows are a good peer force within media".¹⁷⁰ Many of these story initiatives are sensitively handled accounts of real life negotiations amid continued discrimination, and accounts of community's assertion. In all of this, there is a visible evolution in the ease with which media tends to handle transgender persons' issues in this period -both in terms of the number of journalists reporting, the

diversity in the community voices garnered by them, and the openness in treating the narratives.

Also significant is how a community-led alternate media initiative sustained consistently ever since 2004. *Spandon*, a quarterly newsletter on male sexual and reproductive health, has continued to be published and circulated by BSWS. "We have had a regular practice of sending out our newsletters to all stakeholders - government, police, lawyers, CBOs and other civil society originations," affirms Shale Ahmed. A bilingual publication, *Spandon*, is one of the more prominent of the dissemination efforts that the community-based programme has sustained. It essentially is a quarterly report and update on programmatic and civil society initiatives targeted at the transgender and MSM communities. Naturally, HIV and AIDS show up prominently. It reports on new interventions; updates on consultations held with government bodies, law enforcement bodies and civil society nodes; celebrates milestones in recognition of their alternative identities (films, census, government initiatives); and showcases stories of change.

Deconstructing Content

A deconstruction of 40 reports of which 12 were generated by Media Fellows, by analysing voices, evidence and statements these used in support of respective pegs and messaging¹⁷¹ showed that a purposeful beginning was made to strengthen evidence informed and community-centred advocacy leveraging the power of mainstream media.

The intent was stated in the Note on Media Fellowship Programme, 2011. In the introductory segment, the Note labours the point that the "continuing and rapid rise of HIV infection among men who have sex with men (MSM); marginalisation of sexual minorities and their extremely low access to information and services regarding prevention and treatment; and presence of discriminatory laws across the region are among the complex challenges raised by the ever-growing AIDS epidemic in the Asia Pacific, and same situation prevails in Bangladesh as well." It goes on to underscore the point the Commission on AIDS raised that "in countries with legal protection and mechanisms for protection of human rights for these people, many more have access to services. As a

result, there are fewer infections, less demand for antiretroviral treatment and fewer deaths.” And therefore, the Commission asserted that from a “health perspective” given the “worst case scenario, 50% of all new infections will be caused by male to male sex by 2020.” It makes sense to “protect these groups,” because the “main high risk behaviours for MSM are the frequency of unprotected anal sex with regular and commercial male partners” and the fact that a “high number of MSM throughout the region also have female sex partners.”

Therefore, it was stated explicitly, “media can play a critical role in addressing these issues, particularly in favourably changing the social landscape surrounding MSM and sexual minorities; building favourable public opinion; supporting legal reforms; and strengthening policy advocacy efforts.”

It is in this context that BSWs, in partnership with UNESCO Bangladesh and SIDA/RFSU, launched Media Fellowship programme 2011, whose main objectives were to “help establish a network of media professionals with up-to-date knowledge on HIV, MSM, sexual minorities, sexual diversity and human rights; strengthen media advocacy for enhanced coverage of MSM and sexual minorities in national AIDS-response..... and against marginalisation of sexual minorities ... building favourable public opinion aimed at social inclusion, reduced stigma and deeper understanding of sexual diversity.”¹⁷²

The media fellows included journalists from publications such as *The Daily Star*, *The Daily Ittefaq*, *BDNEWS 24*, *The Daily Bhorer Kagoj*, *The Daily Jana Kantho*, *The Daily Amar Desh*, *The Daily Samakal* and *The Daily Jugantor*.

Strategic focus on media too happened in the same period with the formalization of the media fellowship programme in 2011. BSWs further found it opportune to use media more closely to mediate discourse on the public domain alongside. As part of a grant, it began a 24-minute weekly talk show ‘*Orao Amader*’ (translation: ‘They too are ours!’) on the national television to discuss issues of the transgender community. In the early episodes aired, the show sought to bring community representatives and civil society together and facilitate discussion on the

community’s issues, concerns and realities. Doctors, government representatives, MPs and programme managers interact with community members on aspirations, life realities and moments of change to help better awareness, address myths and misconceptions and help demystify transgender issues and realities. As a dynamic community-led initiative, the format is seen to respond actively to opportunities. Tarana Halim, a leading lawyer and MP, “was open to participating in this BSWs TV show as a guest after she got exposed to the transgender persons’ issues in the Forum of Parliamentarians organised earlier by BSWs.”¹⁷³ The show was quick to have her as a key figure in one of its episodes.

So, to assess what worked, and what may not have, let us examine media reports that emerged from the Media Fellows. The criteria used to assess¹⁷⁴ the reports are as follows.

- Firstly, did they push the envelope and ensure a more comprehensive discourse or coverage on the epidemic and the issues affecting the most-at-risk- populations or MARPs?
- Secondly, are the Fellows reflecting greater sensitivity and inclusive perspective on MARPs?
- Thirdly, did the symbiotic relationship between risk and vulnerability reduction, between enlarging access to services and preventing and reducing stigma and discrimination against all gender and sexual minorities get reflected in a substantive way in media reports?
- Fourthly, did they result in greater and better documented visibility for sexual minority organisations and their representatives?

The quantitative analysis used a sample of 40 articles of which 12 were reports written by Media Fellows and 28 other reports published (print and on-line) in 2011 and 2012. It examined the thematic break-up and messages, evidence and voices that emerged. The thematic areas included: mapping the MSM and transgender population, epidemiology, high-risk practices, programmatic response, condom use, enhancing and strengthening service delivery for marginalised community, HIV testing, migration, stigma and discrimination, legal reform, enabling environment.

Thematic Break-up of News Reports -Fellowship and Non-Fellowship		
Theme	Fellowship No. of news reports with details	Non-Fellowship No. of news reports with details
Estimation- Mapping	<ol style="list-style-type: none"> 1. Jana Kantho, 13 Nov 2011 by Kawser Rehman 2. Jana Kantho, 14 Nov 2011 by Kawser Rehman 3. Samakal, 9 Oct 2011 by Md. Rubel Khan 4. Amar Desh, 8 Oct 2011 by Emrana Ahmed 5. The Financial Express, 29 Oct 2011 by Nazia Ansar Khan 6. Samakal, Nov 11 by Md. Rubel Khan 7. Amar Desh, 8 Oct 2011 by Emrana Ahmed 	<ol style="list-style-type: none"> 1. www.gsdmagazine.org/10 Apr 2012. www.gsdmagazine.org/8 Feb 2012 (Both by Tithe Farhana)
Epidemiology	<ol style="list-style-type: none"> 1. Jana Kantho, 13 Nov 2011 by Kawser Rehman 	<ol style="list-style-type: none"> 1. www.lgbtbangladesh.wordpress.com/5 Jan 2010 (no byline) 2. BD News 24, 19 Nov 2012 by Nurul Islam Hasib 3. Jugantar, 1 Dec 2008 by Dr. Md. Azizur Rehman Siddique 4. Bhorer Dak, 12 Dec 2009 (no byline)
High risk practices	<ol style="list-style-type: none"> 1. Jana Kantho, 13 Nov 2011 by Kawser Rehman 2. The Financial Express, 22 Oct 2011 by Nazia Ansar Khan 	<ol style="list-style-type: none"> 1. www.lgbtbangladesh.wordpress.com, 5 Jan 2010 (no byline) 2. www.artthreat.net/ 22 Dec 2010 by Vaerie Cardinal 3. The Blitz, 2 Feb 2011 by Rainer Ebert and Mahmudul Hoque Moni 4. www.ucanews.com, 15 May 2012 (no byline) 5. www.banglanews24.com, 3 Apr 2013 by Abu Hasan Shaheen, Newsroom Editor
Programmatic Response	<ol style="list-style-type: none"> 1. Samakal, 13 Nov 2011 by Md. Rubel Khan 2. Jana Kantho, 13 Nov 2011 by Kawser Rehman 	<ol style="list-style-type: none"> 1. www.gsdmagazine.org/ 10 Apr 2012 by Tithe Farhana
Condom Usage	<ol style="list-style-type: none"> 1. Jana Kantho, 13 Nov 2011, by Kawser Rehman 2. The Financial Express, 22 Oct 2011 by Nazia Ansar Khan 	NIL
Enhancing and Strengthening Service Delivery for marginalised community	<ol style="list-style-type: none"> 1. The Financial Express, 29 Oct 2011 by Nazia Ansar Khan 	<ol style="list-style-type: none"> 1. www.undispatch.com/ 27 Mar 2011 by Mark Leon Goldberg 2. BD News 24, 19 Nov 2012 by Narul Islam Hasib 3. www.gsdmagazine.org, 10 Apr 2012 by Tithe Farhana
Increase in HIV Testing	NIL	<ol style="list-style-type: none"> 1. www.gsdmagazine.org, 10 Apr 2012 by Tithe Farhana
Migration	<ol style="list-style-type: none"> 1. The Daily Star, 12 Nov 2011 by Hasibur Rehman Bilu 	NIL
Prevailing Stigma and Discrimination	<ol style="list-style-type: none"> 1. Amar Desh, 8 Oct 2011 by Emrana Ahmed 2. Ittefaq, 19 Sep 2011 by Enamul Haque 3. Jana Kantho, 13 Nov 2011 by Kawser Rehman 4. BD News 24, 18 Nov 2011 by Hasan Bipul 5. The Financial Express, 29 Oct 2011 by Nazia Ansar Khan 6. The Financial Express, 22 Oct 2011 by Nazia Ansar Khan 7. The Financial Express, 15 Oct 2011 by Nazia Ansar Khan 8. Amar Desh, 7 Oct 2011 	<ol style="list-style-type: none"> 1. www.lgbtbangladesh.com/, 29 March 2011 by AFP 2. www.ph.msn.com/ 8 Dec 2011 (no byline) 3. The Blitz, 2 Feb 2011 by Rainer Ebert and Mahmudul Hoque Moni 4. The Star Weekend Magazine, 21 Oct 2011 by Sushmita S Preetha 5. www.pinknews.co.uk/ 30 Jan 2012 by Rainer Ebert 6. www.undispatch.org/ 27 Mar 2011 by Mark Leon Goldbert 7. www.lgbtbangladesh.com/5 Jan 2010 (no byline) 8. www.news92fm.com/ 20 Jul 2012 by Joshua Cohan, New York 9. The Daily Star, 30 Aug 2012 by Tamanna Khan

Theme	Fellowship No. of news reports with details	Non-Fellowship No. of news reports with details
		10. The Daily Star 22 Oct 2011 (no byline) 11. www.news.priyo.com, 21 Oct 2011 by Khairul Amin 12. www.ucanews.com, 14 Jul by Sumon Corraya, Dhaka 13. www.ilga.org, 28 Apr 2012 (no byline)
Legal Barriers	1. Jana Kantho, 13 Nov 2011, by Kawser Rehman	1. www.ilga.org, 11 Feb 2011 (no byline) 2. www.madikazemi.blogspot.in, 17 Jan 2012 by Tanvir Alim 3. www.pinknews.co.uk, 30 Jan 2012 by Rainer Ebert 4. The Blitz, 2 Feb 2011 by Rainer Ebert and Mahmudul Hoque Moni 5. www.ucanews.com, 15 May 12 (no byline) 6. www.gaystarnews.com, 16 Oct 2012 by Anna Leach 7. www.gaystarnews.com, 18 Oct 2012 by Anna Leach
Advancing Social Entitlements for Sexual Minorities	1. Amar Desh, 8 Oct 2011 by Emrana Ahmed 2. Jana Kantho, 14 Nov 2011 by Kawser Rehman 3. The Financial Express, 22 Oct 2011 by Nazia Ansar Khan	1. www.ucanews.com, 14 Jul 2012 by Sumon Corraya, Dhaka 2. www.bssnews.net, 4 Nov 2012 (no byline) 3. www.news.priyo.com, 21 Oct 2011 by Khairul Amin 4. www.news.ph.msn.com, 8 Dec 2011 (no byline) 5. www.ilga.org, 28 Apr 2012 (no byline)

**Thematic break-up of Messages:
Comparative Statement of Messages (Theme-wise) between Fellowship and Non-Fellowship Reports**

Theme	Messages from Fellowship reports-12	Messages from Non-Fellowship reports-28	Total
Estimation – Mapping	7	2	9
Epidemiology 3	9	12	21
High Risk Practices	6	7	13
Programmatic Response	4	1	5
Low Condom Usage	4	Nil	4
Enhancing and Strengthening Service Delivery for Marginalised Community	7	8	15
Increase in HIV Testing	Nil	1	1
Migration	2	Nil	2
Prevailing Stigma and Discrimination	44	21'	65
Legal Environment	2	8	10
Advancing Social Entitlement of Sexual Minorities	10	12	22
Total	89	69	158
GRAND TOTAL			158

Secondly, in terms of voices of key stakeholders - officials, community, civil society, experts - we get the following break up.

Comparative Statement of Voice (Stakeholder-wise)			
Category	Fellowship-12 Reports	Non-Fellowship-28 Reports	Total
Community	32	15	47
Officials	8	12	20
Researchers	3	4	7
NGOs/CBOs	13	14	27
Human Rights Activists	22	11	33
Representatives of International Agencies	3	8	11
Experts	-	2	2
Academicians	6	-	6
Physicians	2	-	2
UN Media	-	1	1
Others	Nil	2	2
Total	89	69	158

The quantitative analysis is not in any way a comparative assessment of the 12 reports of the Media Fellows with the other 28 articles. What stands out about the substantive reports of Media Fellows is the attempt to bring together and focus on human rights aspects. Thematically, stigma and discrimination against sexual minority shows up as a persisting concern which got very strongly written about and depicted on many mediums, including a highly evocative and hard-hitting film.

In terms of spokespersons, the representation was decisively in favour of the community and their organisations and individuals aligned with them. It ensured that Media Fellows from leading publications used the framework of human rights and the approach of social inclusion and inclusive citizens to shape their reports and located within it the paradigm of risk and vulnerability to HIV.

On further examination, to see how much of the 40 reports reflected the country specific evidence that was brought together by different agencies and organisations both national and international, we find that an effort was made never to lose sight of the fact that at the centre of the epidemic are the highly vulnerable, marginal and even ostracised communities facing heightened risks and threat not only of HIV but also of extreme impoverishment and social marginalisation.

Mapping

Media reports reflected the agreed upon estimates for MSM population as endorsed by both the Country Snapshots 2012 and the WHO-SEARO Report¹⁷⁵. It is presented like a basic estimate or number that informs everyone about the magnitude of the issue.

In 6 of the 42 reports there is a reference to the official estimation about the number of MSM and hijras in Bangladesh and out of this 5 reports were from Media Fellows. The estimated number of 1,43,062 MSM mentioned in the Country Snapshots 2012 gets reflected in two media reports and the estimate of 40,000 to 1,50,000 stated in the WHO-SEARO Report, 2010, gets partly and fully reflected in all the 6 reports. On the source for estimation of 65000 hijras, it was attributed to the community-based organisation *Badhan Hijra Sangho* or to authorities, and in one report to the Department of Social Welfare. But most community leaders and activists were also quoted as stating that the estimate of 150000 was conservative and the numbers were “growing.”

It would be important to state that even as early as 2008, media reported that the ‘population of hijras in Bangladesh is 15000 only’, of which ‘356 hijras are in Dhaka and Manikganj’¹⁷⁶. Another article of 20 Dec in *Destiny* magazine in 2008 puts their total number in the country at 1,88,874 ‘who belong to one of the

3900 hijra groups there are in the country¹⁷⁷. Although this report makes an elaborate mention of BSWs and its special focus on the hijra community, the estimation was disowned by BSWs – ‘We are not aware where the author of the report would have got those numbers from.’¹⁷⁸

It is clear that when it comes to mapping estimates there is a basic hunger for numbers but by the time we reach the Fellowship period we find that more and more accurate estimates begin to emerge.

Some of it even works negatively for the community because, according to Hassan Bipul, Asst Feature Editor, BD News24, and a BSWs Media Fellow, the “way media tends to respond is like this – out of a total population of 170 million, there are barely 65,000 to 80,000 transgender persons estimated to be there in the country. I am not sure but this is the general perception. So, the editor is often right in declining space for their issues, unless there is a strong peg of interest, like an event, etc.”

Epidemiology

In 5 out of 42 reports, of which one was written by a Media Fellow, there is substantive epidemiological information about overall HIV prevalence in Bangladesh and world-wide among MSM. Official releases put out by the Bangladesh AIDS Programme on World AIDS Day as well as global surveillance data released by UNAIDS and WHO were cited. This data is also reflected in the Country Snapshots 2012. What is significant is that when it came to reflecting ground realities or interpreting the implications of this data, the articles cite Bandhu Social Welfare Society or experts to justify a state of “HIV alert” on the ground that these official figures do not reflect fully the vulnerability of sexual minorities to HIV. They asserted that 60 to 70% of sexual minorities are “supposedly infected with STIs” and expressed the fear that since Bangladesh “shares a large porous border with India, home to more than 1.5 million people with HIV,” they have to “keep Bangladesh on the HIV alert.” Clearly, a beginning has been made to use the evidence to ensure that the overall figure of less than 1% HIV prevalence is not used to mask or obscure the vulnerability migrant populations and “70% of sexual minorities infected with STI” face.

Earlier, while media reports carried overall HIV estimates, there were specific reports in Daily Jugantar in Nov 2008 that make a mention of increasing prevalence of HIV among sexual minority groups. It was stated that community ‘census of 1997-2007 reports increase in new infections in these sexual minority groups’.¹⁷⁹ On World AIDS Day it is seen as more befitting by the same publication, as well as by leading dailies like *Pratham Alo*, to talk about overall HIV and AIDS prevalence and the need for prevention rather than narrow it down to MARPs.

It is significant that Moni Mahmood, Correspondent, Bhorer Khoj, a BSWs Media Fellow 2011, and a Bandhu Media Forum member in Chittagong (2008-10) who has written some 20 stories on HIV and LGBT issues in his 13-year journalistic career, states that while “over all, HIV awareness has increased, it is not happening amongst the MARPs. And at the same time, their vulnerability has increased many-fold in the past years, especially in the areas that border countries like Myanmar and others.” While establishing the linkage between vulnerability and risk, he saw low awareness as impacting HIV prevalence but more importantly, increasing MARPs’ vulnerability to HIV.

High Risk Practices

The evidence and assessments are stark and revealing. With the National AIDS/STD Programme admitting that “although MSM behaviour is largely hidden, it is however believed that it is more prevalent than previously thought.”¹⁸⁰ Hence, there was little scope for any defensive or minimal response. The concern was more unflinchingly articulated by the independent Commission on AIDS in Asia (CAA) when it stated: “Sex between men accounts for an increasing share of new infections in Asia and can no longer be treated as a taboo subject... Social taboos and discrimination means that many men who have sex with men still disguise their sexual preference by also having sex with women (in marriage or otherwise)... and are also more likely to spread the virus to a large number of other people.”¹⁸¹

The Country Snapshots 2012 went on to express explicitly that although not enough is known about the nature of male-male sexuality in Bangladesh...

“Previous exploratory research has consistently found that approximately 2% of males engage in same-sex sexual behaviour” and also reinforce the fact that same sex monogamy is fairly rare among Bangladesh MSM and transgender persons. The evidence in the Country Snapshots showed that among MSM some have as high as 51 partners in a month’s time with many engaging in group sex and ending by having unprotected sex with both male and female partners. This, coupled with low condom use, and association with IDU and blood sales, increase their risk of contracting HIV infection.

The question that emerges is how did the media handle and engage with such sensitive evidence. Six media reports, of which one was by a Media Fellow, which highlighted the issue brought out quite graphically the multiple vulnerabilities that have put these “often neglected communities” at risk. They focused on the risk faced by these communities from many “social, cultural and economic pressures” including forced marriage, living life in the closet mostly in a highly compartmentalised manner given the threat of severe reprisal, lack of awareness about the risks of unprotected sex, the double stigma they face as MSM doing sex work, no access to basic entitlements such as education and being subjected to inordinate violence, harassment, deceit and betrayal. Having strongly articulated the predicament of the community, the central message that emerged from these reports was their growing risk to HIV (for no fault of theirs) and its consequent impact on HIV prevalence and transmission. “Many of them even get married and lead a family life along with being sexually active with other partners. This further increases the risk of transmission amongst the general population,” was stated in one of the reports of a Media Fellow. Therefore, while the seamless link between vulnerability and risk was highlighted, the question that continues to dog any process of engaged communication is whether enough is being done by the media to demystify HIV and establish the fact that “the socio-cultural contexts” in which such sexual relationships and “interactions occur determine how MSM perceive and manage sexual risk and thus impact the uptake of HIV services.” This is where we find that one of the major challenges lies in ensuring that vital nuances are captured. This is amply reiterated in the keynote

observations at the National Stakeholder Consultation on Human Rights of Sexual Minority Populations at Bangladesh NHRC on June 13, 2012 where it avers that interventions should ‘stay along the right to health focus which is more appropriate in the recent country context’, as direct ‘SOGI interventions might face some problems’¹⁸².

This opinion is further reinforced by a community member and a Media Fellow- “I have been open about my gay status for many years, but not on the media. It is part of the same society, and thus reflects the same biases. They cannot portray homosexuals from a neutral position,” states Rafiqul Islam Royal, an openly gay member engaged in programmatic and community actions for last 16 years at BSWS. Agreeing to Royal’s view that ‘there is much more to gays than just their sexuality and orientation’, media fellow, Hassan Bipul shares a recent case where a senior reporter of over 20 years’ standing from Jasole district (Benipole) framed a story on condom distribution among MSM in his area as an ‘anti-faith’ initiative. Bipul was pointing to the “entrenched misconceptions at all levels within media which will need to be addressed”.

Programmatic Response

If we take these concerns forward and look at the issue of HIV prevention programmes and risk reduction services, we need to see whether the issues being raised by spokespersons from the community were being linked with the evidence being presented.

For instance, the evidence as presented in the Country Progress Report, Bangladesh tells us that although there was no “change in the rates of active syphilis among MSM, MSW and hijra.” Yet, given the fact that “large proportions of MSM and MSW, report STI symptoms, and MSM are highly networked, so if HIV were to emerge, it could spread very rapidly in this population, if prevention efforts are not adequately scaled up”.¹⁸³ And then the data shows that “there is a decrease in HIV programme coverage among these most-at-risk population groups. Accessing VCT and STI services was low among the MSM, MSW and hijra populations.... Coverage by prevention programmes during 2006–2007 declined substantially from previous years (2003–2004) with only 10–15%

of MSM receiving a service.... In Dhaka, among MSM, only 14.5% used the services and among MSW it was only 1.3%. The hijra community had not accessed VCT services.”¹⁸⁴

It is in this context that we need to examine what the media reflected. Out of the 4 reports that focused on these issues, three of which were by the Media Fellows, what became central in their reports was the position that the sexual minority community was not being reached out to with the necessary services. Across the reports the key message was that “if they are not reached out to or the general population stigmatises and discriminates against them, they are at a higher risk of being infected with HIV and a host of other complex diseases.” Shale Ahmed of BSWS¹⁸⁵ emphasised that the “community is afraid to approach doctors for any sexual diseases” because “if the doctors happen to know that they are a sexual minority, they are sent away or not treated properly.” And, “as an alternative we have set up the healthcare facility,” he added. In the case of hijras, it was pointed out that as minors they were often subjected to coercive sex and in most instances they were “unprotected, putting them at risk of transmission of STI/HIV.” Reflecting upon the service and intervention scale up by Bandhu, Foisul Ahsan stresses that there has been a ‘deliberate emphasis on running three kinds of DICs – one meant only for the hijras, the other for MSM and a third one as an integrated set up meant to cater to both groups.’

Responding to Royal’s claim that the ‘number of new HIV+ cases is increasing fast in our (MSM) community,’ Premangshu Sarkar of Bandhu shares that “from just 8 DICs in 2009, we scaled up to 38 DICs in the 19 districts we work in. There has been a tremendous growth in these past years”. Royal also makes it a point to mention here the new project intervention – Empowerment of PLHIV among MSM and transgender persons in Bangladesh – where he would be training PLHIV caregivers.

The reports bring out the problem of an insensitive healthcare system and the lack of real and meaningful access to services. An early 2010 report¹⁸⁶ argues that if homosexuals do not use condoms and lubricants, their ‘vulnerability to HIV and AIDS increases manifold’, and yet ‘very few of them are able to

access services’ for fear of their orientation being revealed. There are evidences of similar community concerns on media outside Dhaka too.¹⁸⁷ Therefore, although the more compelling and telling evidence that “among the MSM and MSW populations, none outside of Dhaka reported using VCT,” did not get featured in these reports, the fact that MSM and transgender persons would prefer to visit healthcare centres set up by the NGOs and community groups revealed where the concerns lay and the kind of action that had to be taken to address them.

Low condom use

Low condom use was borne out by many studies and what was worrisome was that it was declining, and in the case of hijras, the decrease in condom use from 2006 to 2010 was quite steep.

Two media reports, both by the media fellows, reinforced this finding. They stated that the lack of awareness about various risks of unprotected sex, and also the repeated practice of unprotected sex” was putting “almost 70% of the sexual minorities” at risk and in the case of hijras the fear that “using condoms may destroy the love relationship,” was turning out to be a major barrier.

Again, the concern was framed in an inclusive manner as it brought out the communities’ risk and vulnerability to HIV rather than merely flaunting the evidence to sensationalize the threat of HIV. In the case of hijras, the complex process of condom negotiations with partners was brought out to demonstrate how high risk behaviour was inversely connected with social marginalization and disempowerment.

Enhancing and strengthening targeted intervention and service delivery for marginalised community

On the scaling up of service delivery for MSM, the Country Progress Reports (2012) focuses on how the Global Fund supported programme - one of the largest Targeted Intervention programmes - has supported setting up 65 DIC for MSM/SW/hijra in 40 districts reaching about 33,000 MSM/MSW/hijra. To achieve this they have, in collaboration with ICDDR.B, “conducted behavioural surveys and size estimations to create evidence for setting intervention sites and

designing at micro-level.”¹⁸⁸ And in its Strategic Plan for HIV and AIDS, 2004-2010, the National AIDS/STD Programme commits to “maximising treatment effectiveness and ensuring equity in access and rollout, consistent and affordable supply of quality assured drugs for prophylaxis and treatment of opportunistic infections (OIs), ensure access to ART treatment counselling including adherence counselling, nutrition treatment, support, and financial planning.”¹⁸⁹

Some of these vital developments are reflected in the media. Out of the three reports, one entitled, *It is Hard for a Gay Bangladeshi*,¹⁹⁰ talks about the Global Fund initiative and the Drop-in-Centre located near a popular cruising site that “caters to the health and welfare” of MSM. The other two reports, one of which was by a Media Fellow, was on the government’s decision to supply free Ante-Retroviral Therapy (ART) to people living with HIV and the need for comprehensive sex education in schools.

In both reports, major stakeholders such as government officials, NGO heads, community representatives and doctors are quoted which shows that both issues are of importance. On the supply of free ART, we find that the government is confident of making the drugs “available at five big hospitals initially” and it has “already bought those ‘expensive’ doses worth over Tk 40 million needed for a year.” Speaking on behalf of civil society organisations, Habiba Akhter of Ashar Alo Society, welcomed the move and felt that, ‘once government started the supply, they will never stop.’ She emphasised that with the drugs costing Tk 15,000, it would be “beyond the means of many middle-class patients.”¹⁹¹

In the other report, written up by a Media Fellow, what is significant about the framing of the report on sex education is the emphasis on the need to reach out to “MSM students” and include homosexuality in the sex education curriculum. It affirmed this idea by quoting a MSM student, who expressed deep disappointment at not getting any information useful to him. “I got nothing” he stated. The fact that the sex education did not cater to the needs of MSM pupils was criticised on the grounds that “schools have an obligation to support and enhance the self-esteem of all students regardless of their sexual

orientation” and must recognise that it is “important for both straight and MSM pupils to be given information and skills for HIV prevention.”

What emerges from the reports is the showcasing of positive interventions and programmes and pushing the envelope when it came to difficult initiatives such as sexuality education. And on an issue such as sexuality education, the media justified the intervention on the ground that it will strengthen HIV prevention among heterosexuals as well as MSM.

Prevailing stigma and discrimination

The battle against stigma and discrimination is linked strongly to strengthening community’s access to services including information. Therefore, support from the media to strengthen community systems to deliver services to MSM and transgender persons was critical.

The Country Progress Reports and Country Snapshots 2012 made it clear that “community-based organisations operate much of Bangladesh’s MSM health outreach in the absence of state-run alternatives.” Similarly, they credit the NGOs for improving MARPs’ access to testing facilities.

Based on the Country Snapshots 2012 a media report of April 2012¹⁹² publicised the effort being made by BSWs to “reduce the risk of STI/HIV transmission among hijras in Bangladesh the role that community centres are playing in ensuring that “services like blood/STI tests as well as sex education are readily available.” What is significant about this report is that all these efforts by NGOs and CBOs were positioned as part of the country programme to capacitate MSM organisations bolster community’s access to services.

Across the 40 reports a predominant engagement of media, in particular of Media Fellows, was on the issue of stigma and discrimination. With nearly 21 out of 40 reports and 8 out of 12 reports of Media Fellows focusing on the issue, carrying nearly 65 messages on stigma and discrimination against hijras and MSM out of a total of 158 messages¹⁹³, this was an issue that got strong attention.

In the Country Snapshots 2012 we find that an assessment done in 2000 by Naz Foundation International revealed that stigma against MSM was common among health practitioners. There also is mention of documented cases of harassment of both MSM and HIV outreach workers by law enforcement authorities.¹⁹⁴

The media reports were scathing. What emerges in each of these reports is the unacceptable levels of violation community members and outreach workers were facing in virulent forms ranging from being ostracised, “disowned”, spurned, shunned, assaulted to being abused by society, parents, doctors and other service providers. In fact, each of the 8 reports brought out by the Media Fellows and 13 reports filed by other journalists reported graphically the many forms of violation they faced, located it in the context of denial of citizenship rights to hijras, and across the reports, communicated the community’s need and demand for work, education, healthcare and the right to use public transport.

The reports brought out that much of the neglect of the community was the result of an entrenched bias in each of these institutions, and even attempted to affix responsibility for the sorry plight of the community. The reports showed how basic citizenship rights such as healthcare, education, right to movement, shelter, and security were denied to the community. Two of the reports focused on the total denial of healthcare services in both private and government hospitals and clinics. The discrimination against sexual minorities was extreme and highly questionable. It bordered on outright refusal to treat them for STI or learn about the STI treatment protocols laid down for such a vulnerable community and in most instances the doctors even refused to treat them for general ailments such as fever, diarrhoea and diabetes. Sexual minorities were discouraged from speaking to doctors, entering clinics, often subjected to humiliating and abusive treatment by all and sundry, including security guards. They pointed out that under these circumstances their vulnerability to HIV, STI and to a host of ailments was not only heightened but compounded by having to resort to alternative therapies and treatment from unqualified practitioners.

In another report, a journalist wrote about the

“suffering of sexual minority students” where he shared the first-person testimonies of MSM students who had dropped out of school due to extreme persecution by students and teachers, unable to withstand the daily taunts, hate-filled acts and indignities. The report sought a systemic redress for such discriminatory acts.

The most poignant reports were those that etched out the extreme sense of rejection and scorn experienced by community members. They have gone as far as to state they were being treated like “untouchables”, denied entry into all public spaces and facilities including buses, toilets and even cremation and burial grounds and subjected to the worst kinds of indignities and torture from the police to the parents. Some of these heartrending happenings were also captured in a film which, in turn, generated reports reviewing the film or using the film as a peg to do more human interest features.

Legal barriers

WHO-SEARO report admits that the legal barriers and challenges are onerous. There is recognition that while Section 377A criminalises consensual sex between adult men and can be used to harass and intimidate MSM, the law can be equally oppressive to transgender and hijras. In fact, by being silent on transgender and hijra issues, it only encourages greater discrimination against them.

The seven media reports, of which six are online reports and one by a Media Fellow, highlight the oppressiveness of the law which may not prosecute the sexual minorities but is certainly doing everything to “silence their voices”, force them into a “shadow existence”, a “life of secrecy” and to “conform to bigotry, misguided notions of honour and caricatures of justice and morality.” The lesbians were also seen as “doubly marginalised.” They were emphatic that “Section 377 contradicts the fundamental principles of dignity and equality and violates international human rights law.” And the community leaders were quoted as stating that in the “eyes of law’ they have been declared “guilty” and they have to “suffer in society in many ways.” Moreover, with Article 377 being read down in neighbouring India, Shale Ahmed was quoted stating: “All the human rights groups in

our country are demanding a similar step in our country.”¹⁹⁵

It is clear that a section of media voiced strong views not just about the law but the kind of risk and vulnerability it was putting the community of MSM and transgender persons into. This coupled with the media reports about the horrific incidents of stigma and discrimination the hijra communities face showed in no uncertain terms their plight and has in many ways made the government introduce new schemes and state publicly the realization that continued “marginalization of these community is not the answer.”¹⁹⁶

Advancing access to social entitlements

The Bangladesh National Strategic Plan for HIV and AIDS 2004-2010 committed that the priority groups of people at risk of HIV infection will have access to social protection “in ways that respect their human rights and dignity and will be empowered to protect themselves and others.... create a nation in which all those whose livelihood and employment strategies or lifestyles put them and others at risk of infection are protected.”¹⁹⁷

Out of eight reports on this theme, with three relating to the Media Fellows, a range of social entitlements and welfare programmes for hijras were focused upon and senior officials of Department of Social Welfare quoted on different schemes and a holistic rehabilitation plan for hijras. Also, the launch of a Livelihood and Skill Training programme for hijras was widely reported on the media.

Consolidation and scaling up media engagement: Lessons from the trajectory of responses

It is vital to recognise the momentum generated on multiple planes. Programmatic, civil society and state responses have converged increasingly, both to recognise the scale and nuances of discrimination the gender and sexual minorities have been living with, as well as the criticality of strengthening comprehensive responses that are genuinely inclusive of the realities, needs and dilemmas of these at-risk communities. Parallel to this is the way media’s response intensified – putting these communities,

rather than just the epidemic, at the centre of the rights and inclusion discourse in the country.

In a fitting recognition of this shift, as well as the vitality of consolidating the gains made, ASM Rehmat Ullah of BSWs cites how media’s response ‘has resulted in breaking the silence on the issue by now’, and in the same breath goes on to emphasize the clear and present need for a roadmap when he states the ‘need to work out a media plan, complete with messaging, channels, voices, spokespersons, etc.’ In a proactive move, the lead outfit spearheading the LGBT discourse in Bangladesh, BSWs envisages ‘a distinct role for media’ in its Strategy Plan for 2012-16, and clearly recognises the need to ‘work out a clear Plan of Action as an essential next step’.

In consolidating media as an engaged stakeholder, it will need to negotiate barriers and challenges to enable more seamless interfaces between media, community and the key mediating stakeholders; strategically use evidence and voices of champions, partners and allies on the issue to position community’s rights within the imperatives of addressing the epidemic; and strengthen processes and mechanisms of engagement with media in order that entrenched trends, domain pulls and other distractions get addressed organically.

A mutually mediated multilevel domain engagement with media

As a movement shaped largely by intrinsic forces and a persevering community involvement, and yet securing gains in an adversarial socio-legal terrain, the whole course of positioning the LGBT issue on public domain in Bangladesh evidences some crucial coordinates essential to any meaningful media engagement. Beginning with engaging the local media beats through district level forums, it consciously traversed its way to bringing on-board gate keepers in the form of Roundtables, and later facilitated the media fellowship as an instrument of informed expressions by media.

These strategies made it possible for the media to have an active engagement with the issue. They not only covered it as journalists but also engaged with it by sponsoring and hosting events around the issue.

With media wanting to go beyond its conventional role of just reporting to impacting and fashioning change, the strategy of persuading two leading media houses to host the Roundtables proved strategic.

The shift from the earlier district and event centred approach to a more qualitative approach of conferring Fellowships to a few journalists stemmed from the need to change the “social landscape surrounding MSM and sexual minorities; building favourable public opinion; supporting legal reforms; and strengthening policy advocacy efforts”.¹⁹⁸

From this perspective, it is clear that a concerted beginning was made. A deconstruction of the reports shows that on major thematic areas the reports were framed keeping the country-specific evidence and the ground level experience of the community in mind. It is not surprising that representatives of community, civil society organisations and human rights activists were significantly represented in the reports monitored. While highlighting the many barriers faced by the key populations at risk, they also brought out the role being played by community organisations in mapping and reaching out with services to the communities.

Impact on the domain of media

As a media insider put it, ‘fellowship and awards as instruments serve only a designated purpose’. Going by a media fellow’s account, too, three stories conceived and compiled by three colleagues at *Bhorer Kagoj* as part of a planned special feature on hijra issues ‘continue to await front-page space for over two months’.¹⁹⁹ Just also how Shale Ahmed summarises community leaders’ and programme planners’ opinions - “reporters are easy to sensitise. Our focus needs to be on editors and gate keepers. They are critical, but just not interested.” “Two of the more progressive dailies have come forward and convened the three Roundtables so far. Beyond 2010, however, our efforts to persuade the bigger outlets have not borne results,” notes Shale Ahmed. So much so, one of these, the highest circulated Bangla daily in the country “withdrew the name of its journalist” from the Media Fellow’s list. Such tendencies within the media to distance itself from ‘such a complex issue’ is seen by insiders as being borne out of the compulsion of ‘being a drawing room newspaper that is accessed by all in the family’.

Empowering advocates in media

“Only 21 of the planned 27 fellowship stories could finally appear on media” as the rest could not get through the gate keepers, informs Premangshu Sarkar, the nodal person on media fellowship at BSWs. He asserts that their “focus now is more on one-to-one engagements” with senior media professionals, including editors. They have also identified a pool of ‘concerned and positively inclined’ senior media professionals including stalwarts like Manjarul Islam Bulbul (Chief Editor, Baishakhi TV), Abed Khan (Chief Editor, Kaler Kantho), Ghulam Sarvar (Shomoy Kaal), and Saiful Islam, who have a ‘highly empathetic disposition on the issue’. These faces, the programme feels, should help them ‘break ice’ with the more resistant ones in the media. While insiders also aver that person-to-person advocacy may work best with gate keepers, what the community and programme leaders would need to ensure is that setting of agendas on the issue does not get left to the media alone.

The fact that BSWs is “planning to organise a policy level conclave with lead media editors” in the near future testifies that the community recognises the need to evolve a multilayered engagement mechanism for the media. Of as much significance, however, will be the need to work out a framework for seamless exchanges between these layers within media so that management, readership and editorial dynamics get strategised by issue needs as well as by comprehending and engaging with the fast-changing institutional dynamics of mass media.

Expanding issue visibility on public domain

In a shift of focus this year, the next batch of media fellows is from the electronic sector. “Compared to print, the electronic media is still resistant to our issues,” states Bobby Hijra, pointing to a scathing story carried recently by a private television channel that depicted the hijra community in an extremely poor light.²⁰⁰ Echoing a commonly held opinion on how the electronic media tends more to savour sensational treatment and depiction, KTM Tariq of FHI360 avers that on the occasion of the last AIDS Day, there was no media facilitated programme on television.

Opening the media fellowship this year for electronic journalists, and facilitating a television programme on issues of hijras on national television are some of the ways in which the community-led initiatives may be trying to create acceptance of its issues in this medium. It nonetheless points to deeper questions of entrenched trends and mindsets that continue to exist, and the very nature of the medium as it tends to exploit, and many times unethically, the over-simplified fact that “seeing is believing” or everything that is visually depicted is the ultimate truth. This medium will need to be strategised with in many ways including agreeing upon norms of consent and the rules of engagement if we are to secure an engaged partnership with the electronic media as a whole.

Intensifying community-led dissemination and strategic engagements

Clearly, programmatic and community efforts to make the issue more omnipresent in the public and alternate domains must be continued so as to break through the hesitation and resistance to open interpersonal discourses. Therefore, the on-going programme dissemination efforts must innovate fresher ways of deepening and diversifying its outreach among key stakeholder sections, including the youth and key social sector focal points. This is where senior rights activist Sara Hossain asserts the need to make the mechanisms for stakeholder engagement, including those for media, ‘more inclusive and broad-based so as to allow in and strengthen the social justice and empowerment perspectives.’ Simultaneously, efforts to engage the ‘more progressive’ mass media outlets need to be intensified to strengthen acceptance and serious commitments on the issues within media.

Deepening engagement with practitioners to catalyze “Change Makers” on the domain

Senior media professionals like Angur Monty, who has for many years in past been actively associated with campaigns like the ones on domestic violence, anti-tobacco campaign and others, feels that “fellowship and awards have been used as popular instruments to activate media interests” on complex issues, but these can only go a distance unless supplemented with longer-term mechanisms like “involving the

interested media practitioners in issue-based researches, ensuring their regular exposure to community realities, and involving them as active members in issue-based networks”. It is this breed of practitioners who will become the ‘in-house change makers’ and influence peers.

The widely accepted view to retain sexual minority issues as a component of the health rights discourse in the country finds favour with senior media professionals. ‘Working closely with health reporters, including engaging them in in-depth researches’ can be a win-win deal for media houses, HIV and AIDS advocates and the issue champions for sexual minorities. At the same time, there also is an equally pertinent point of view that ‘overdoing the health angle’ to promote rights issues of these communities runs the risk of typecasting and ‘narrowing down the more salient aspects of dignity, identity, human rights and rightful civic and livelihood entitlements to only the health issue dynamics’. Some are quick to even point out here that the Bandhu fellowship, for example, was meant essentially to advance issues of ‘sexual minorities’, and not so much just their ‘health rights’.²⁰¹ Therefore, as the HIV and health paradigms continue to provide anchor sheet support to these issues; and as the support for social inclusion of the transgender communities widens, a conscious attempt to carefully introduce discourses around social justice and empowerment of the other LGBT groups may need to be heeded.

Evidence to embolden connects with other life realities

Especially on the transgender (hijra) issues, the need to expand the discourse beyond just the health discourse is further emphasised by Sara Hossain who also feels that a pronounced focus on stigma and discrimination by the media may have pitched up the ‘victim syndrome’ at the cost of an opportunity to bring in the more pertinent issues of social justice, identity and empowerment. The possible reason for this, she feels, may be a complete absence of documented evidence of discrimination against the community in the country, and goes on to suggest a more comprehensive civil society thrust on creating such evidence, and evolve more interactive frameworks around these to engage the media.

Sharing FHI360's experience of engaging media on HIV and AIDS in the country, Tariq points out that to overcome the 'event and special day centred reporting', we encouraged media to 'link up HIV with many other issues like gender, domestic violence, and helped them with data and evidence and stories on how concerns overlap'. This, he feels, widened the reporting base for media to write on the issue of HIV, even as media's perspective became more informed.

Regular sensitisation and exchanges with media

On a similar thought, Bandhu Media Fellow Hassan Bipul, asserts the need for "more sensitisation efforts involving the entire line-up within media houses", when he echoes the 'real constraints' faced by programme managers at BSW in trying to engage media gate keepers. One way of traversing this, Bipul feels, is to create what he calls 'long term reporters' who are thoroughly immersed into the issue dynamics and realities and yet are hard nut media professionals capable of negotiating spaces for their stories. For this, they must 'be able to own the issue' as any other change maker.

It corroborates an underlying community concern around media's inability to ensure confidentiality. Reacting to the response of young MSM members in a FGD where they declined outright to engage with any media on the ground that 'media would not care one bit about giving out all our details,' Tariq of FHI360 confirms that "only now our media partners have begun appreciating the confidentiality issue", as he recounts the experience of several rounds of sensitisations carried out through media forums under the Madhumita project.

Wider, issue-centric challenges, as reflected in the content analysis, point to a need to use sensitisation and regular engagement efforts with media to address the natural propensity to get fixated on numbers, use stigma and discrimination to heightened proportions, and portraying community members often as passive, with no agency whatsoever.

From the perspective of the community and programme responses, what this calls for is a need to develop institutional capacities for media engagement and evolve effective frameworks for this - where nuanced mediation by community champions, rights advocates and like-minded professionals is able to steer the discourse on public domain keeping it meaningfully effective. It is pertinent to note that while a community champion like Bandhu has undertaken several rounds of sensitisation exercises with many institutions including 'law enforcement agencies, police, lawyers, medical professional, and even religious leaders' in the past years, 'no such exercise has so far happened with media'. As a one-off exercise, we find a media training initiative²⁰² undertaken recently by the organisation to familiarize 'mid and senior level staffers with handling and interacting with media'.²⁰³ Moving beyond such beginnings in self-preparation, it is hoped that the focus on media's role as envisaged in the Strategy Document (2012-16) would help 'evolve and develop a comprehensive media strategy'.²⁰⁴ While their experience of the media fellowship is 'the only strategic step in this direction so far', there is a definite recognition of the 'need for an elaborately worked out strategy framework'.

Institutional support in the form of representative evidence and rights paradigms

For any consistent engagement of media on issues of sexual minorities, Shale Ahmed points out that a necessary impetus needs to come from credible and reputed institutions like the UN and the government. "A lead by UN institutions would be crucial to engaging both the government and media in any longer term framework' on the issue, where the civil society can act as a key facilitator. Representative evidence, credible epidemiological data and binding rights 'directives from international bodies can serve as prime movers' and will help 'create in-house issue champions within media', he avers.

Focused Programme Actions Magnify Articulations on MSM and Transgender Persons' Issues: Reflections from India

Acknowledgements

This document analysing the engagement of the media in India around issues of men having sex with men (MSM) and transgender people (TG) would not have been possible without the contributions made by activists, community leaders and community organisations who provided vital insights on the subject. Their experiences including with media and detailed inputs have enriched this case study immensely. Many thanks and immense gratitude to Aditya Bandhopadhyay, Ashok Row Kavi, Manohar Elavarthi, Laxmi Tripathi, Rex, Kalki Subramaniam, Sudha, Jaya and Krishna.

We would also like to acknowledge the contributions by many senior journalists who helped shape our understanding of the media scenario and aspects of engagement with the issue. Thanks are owed to Vikram Doctor, L. Subramani, Prajakta, Akila Kannadasan, Maheshwar Reddy and Yogesh Pawar.

We especially acknowledge the participations and inputs by community members of Sangama and Sampathik Trust.

Executive Summary

Three factors formed the basis of the response on men having sex with men (MSM) and transgender people (TG) in India – firstly, emerging community leaderships, secondly, a favourable judicial climate and lastly, a strong HIV prevention programme that articulated the need for rights-based and a community-led approach. These factors contributed to the shift in the media discourse which helped the engagement of a wide group of civil society stakeholders around homosexuality and male to male sex, individual rights and HIV prevention.

Media played a crucial role in drawing attention to the links between the high HIV risk and the degree of stigma and violence through illustrative narratives rather than just with statistics and data. It not only helped shape thinking in the community, destigmatising them and enabling greater acceptance, but played a key role in seeking government accountability towards individual rights of sexual minorities. It went through a maze of complex issues and communicated the essential dilemmas: that bigotry, stigma, discrimination and violence diminish the enjoyment of basic rights of sexual minorities and are unacceptable, and called on the government to protect and enable these rights.

Legal Environment: Section 377

In 2009 the Delhi High Court read down the 150 year old Section 377 of the Indian Penal Code, thus legalising consensual sex activities between adults in private, including those of same sex couples. Following this, 16 religious organisations filed a special leave petition with the Supreme Court challenging the High Court verdict. In early 2012, the Supreme Court heard arguments from the various parties and reserved the matter for judgment, but did also state that homosexuality should be seen as one of the things that has become acceptable, as many things do in an ever-changing society.

The judiciary has also intervened to protect specific rights of LGBT people, such as employment and social welfare. In a judgement by the Allahabad High Court in 2010, interim relief was given to a professor who was suspended from the Aligarh Muslim University because of his sexual orientation. The Supreme Court in 2012 passed interim orders calling on the Government to ensure opportunities and facilities for

transgender people, even suggesting that other Indian state governments should follow the lead of Tamil Nadu and consider forming transgender welfare boards or commissions.

National HIV Programming for MSM and Transgender People

The third phase of the National AIDS Control Programme (NACP III) emphasised the need for increased attention to MSM and a strategy was outlined to develop HIV prevention programmes for transgender persons and MSM sub-populations (including male sex workers). Central to the NACP III strategy was the innovative idea to directly invest in community based organisations to respond to the epidemic.

By 2007, community leaders were concerned that despite the programme scale up, community efforts were not getting adequate funding. This belief, combined with research that showed high levels of risk for MSM and transgender people (including hijras) in India, and with persistent advocacy by a core group of community leaders and advocates led to the submission of a successful award from the Global Fund for AIDS, Tuberculosis and Malaria Round 9, for a planned HIV response for vulnerable sexual minorities.

Emerging Community Movement

Community organisations such as Humsafar Trust (1994), Sangama (1999) and Bharosa Welfare Trust (1999) were some of the earliest pioneers to recognise the challenge and contradictions of mainstreaming gay people, particularly MSM. Whilst recognising the lack of both public and private spaces for the community due to discrimination and the uneven application of the Section 377 law, early leaders were aware of the urgency of ensuring HIV prevention and support services reached these mostly invisible populations.

At the state level, the emergence of organisations like Social Welfare Association for Men, Sahodaran and Suraksha Society in Tamil Nadu, Humsafar in Mumbai (Maharashtra), Naz Foundation (India) Trust in Delhi, and Bharosa in Uttar Pradesh, enabled the movement

to gain visibility, while offering HIV prevention and support services. Recognising the need to build a broader advocacy platform against the background of people who feared revealing their identity, many organisations and collectives came together to form the Indian Network for Sexual Minorities (INFOSEM) in 2003, and in addition, in 2004, the National MSM & HIV Policy, Advocacy, and Human Rights Task Force (National Task Force), now known as the MSM Advocacy Network.

Strengthening the Early Environment

Early efforts were made by community organisations to work with a variety of stakeholders such as the police, media and local health departments and national ministries, though many intentionally kept away from the media.

Public rallies to protest injustice against the MSM community became an integral feature. More recently, using the Western concept of gay pride parades and celebrations, community leaders have sought to engage and educate the media and the general public on the ill and unfair effect of Section 377 and its impact on the community, particularly with regard to individual empowerment and HIV prevention, care, support and treatment.

Findings on Media Engagement

The Media was writing on issues ranging from the Section 377 legal debate, government efforts to mainstream the community through social protection initiatives, high levels of stigma and discrimination and violence faced by them and their role in leading HIV prevention efforts.

Humsafar Trust, Sangama, Sampathik Trust, Sahodaran, TAI and NGO alliances such as Voices Against 377 engaged with the media using formal and informal strategies. In 2000, organisations such as Humsafar Trust and Sangama worked with selective journalists who were sensitive though not necessarily well informed about the community, rights violations and their vulnerability to the HIV epidemic.

In 2001 in Lucknow, local police citing sodomy and obscenity laws detained four outreach workers from

Bharosa Trust and Naz Foundation International (NFI), a UK charity with a local office. The charges related to HIV prevention materials targeted to MSM that were deemed obscene as well as in violation of Section 377. NFI took their case to the international stage, engaging its extensive network of colleagues and supporters in the UK and the US and gaining international media attention. This was the case, after seven years, which formed the basis of the reading down of Section 377, amidst heavy media coverage of the issues.

In Maharashtra, Karnataka and Tamil Nadu, community organisations conducted media sensitisation workshops to address myths and misconceptions of journalists. This helped engage journalists in writing about life realities and everyday facets of the community. Informal discussions held between journalists and community also led to planning more thoughtful features and reports exploring the many challenges and travails they faced. These reports were not always linked with the high coverage phases or major events, and instead kept appearing in the intervening periods of lull, thus ensuring a certain degree of presence on the public domain.

Sampathik Trust (Pune), Sangama (Bangalore), TAI - Vizhudugal (Tamilnadu) and Samraksha (Hyderabad) narrated instances of using site visits to share practical examples of the work of the CBO and instil confidence amongst the media. Each visit was tailor-made for a specific category of media professionals and shaped to their specific expectations.

The media was interested in highlighting high levels of discrimination faced by gay couples. Since 2011, media tracking reports show that the space for reporting on gay issues has diminished. This could be a result of fatigue from reporting on the same aspect of the issue. The media would like to focus on other aspects but the community may not be as much ready to come out as indicated by the media tracking. There is a degree of fatigue for the media, which would like different aspects of the issue to emerge but the community is at present finding it difficult shaping up to this challenge.

Whilst CBOs were clear that the media was a critical ally in shaping societal attitudes towards the gay/MSM

and transgender communities and understanding their role in the HIV prevention efforts, few if any had clarity on a consistent approach of media engagement.

There are instances to show that even earlier when there had been a coordinated partnership between the community, prevention programmes and the media, incidences of new HIV infections within the MSM community is on the rise.

These community-centred initiatives focused on fact sheets, profiles of MSM and transgender persons who made a difference, and best practices to help shape in-depth media coverage on the quality of the response. However, there was no systematic and uniform approach among CBOs to generate evidence from the HIV response (using the programme data, along with narratives illustrating changes).

Community leadership and participation played a strong role in articulating LGBT rights and negotiating the legal environment in India since 2005. They were participating in developing media coverage either in writing as contributors or by organising activities and media interactions, providing quotes, narratives or sharing stories for feature length articles.

Through 2008, community voices strongly articulated the denial of rights, social exclusion along with the persistent stigma faced at the familial and societal level, discrimination at the workplace and abuse and violence in public places. The consistent community presence helped to reshape the gay image in the media from a deviant, exotic and colourful individual to that of an everyday person.

The community voice however, was not that well represented in the national media. Coverage was shaped by officials, representatives of the government such as the Ministry of Health and Family Welfare, Ministry of Home Affairs, NACO and to a much lesser extent community representatives speaking about the presence or lack of health services. The presence of a large number of MSM and transgender people's voices emerged only from the many events organised around community rights and entitlements.

At the state levels the quality of articulation by the community was sharp and underscored their demands

for increasing the number of interventions beyond the urban centres, improving the quality of the services by ensuring community participation in monitoring implementation, strengthening public health care services to include sexual minorities and ensuring accountability. At the programme level, articulation on programme achievements, structural barriers and peer strategies to reduce barriers was on account of capacity building in advocacy that community leaders underwent before presenting to media.

The consistency of community efforts revolved to a great extent as a response to the court proceedings. State-level community organisations were successful in maintaining a consistent relationship with media, which helped to gain the confidence of media on the importance of community leadership in the response. Unfortunately, while many of the mid-to senior-level leaders understand the importance of keeping the media abreast of the issues related to the community and attempt to engage them into advocacy initiatives, constraints such as lack of trained personnel and financial resources limit these efforts.

Mapping the Coverage - Content Analysis

Initial reporting on MSM and transgender persons was very low to almost non-existent through 2005. By 2008, the media had taken note of the vital debate that was impacting a significant number of Indian citizens, members of the LGBT communities. The period from 2008 to 2009 accounted for 64% of the total media coverage, which also provided space for peripheral issues related to the community to emerge. A large segment of the national news focused on the Delhi High Court, and thereafter the Supreme Court, proceedings (32%). This high volume media coverage continued until 2010, a year following the Delhi High Court landmark decision on Section 377. The gay pride parades and rallies, which were initiated by the LGBT groups starting in 2008, also became a key source of news and information (16.5%) in the media about the community.

Media Engagement with the Enabling Environment

In the early years, media focused on the growing incidence of HIV and AIDS in the country and

homosexuality but continued to link homosexual activity to child abuse. News reports began to emerge of young people unable to cope with the confusion of differing sexual identities.

Stories of violence faced by gay people became quite common in newspapers. These narratives of extreme abuse often struck a chord with the journalists who began to focus on the need for greater protection for vulnerable communities. News reports in 2008 and 2009 referred to the stigma and discrimination as a challenge for motivating the community to become more visible in society, to come out of the closet. From 2005 to 2009, the human narrative became a pivotal space for engaging with the lives of LGBT people.

Coverage of the HIV Epidemic and Programmatic Response

HIV and AIDS and other health messages formed around 7% of the reports from 2005. Reports that focused on the law, gay pride, individual rights and social inclusion also often made reference to the high and increasing HIV prevalence within the MSM and transgender communities, thereby underscoring the need for a public health framework.

Media was recognising the extent of marginalization and its impact on HIV prevalence amongst the MSM community and transgender people. It was also providing strong messages on their HIV risk and vulnerability. Most of the messaging emerged as evidence from surveillance reports, UNAIDS estimates, WHO SEARO report, and mapping estimates.

Following the Delhi High Court decision in July 2009, 11 news reports and opinion pieces dealt with the health impact of the judgment. Senior health correspondents referred to the impact that the judgement would have on reducing risk of HIV transmission, and strengthening demand for services.

News report focusing on the health implications stated that the judgment would reduce the fear among the gay community and enable them to access medical facilities and demand services without fear of reprisal. It was recognised that the challenge lay in convincing people of “a large

population of MSM who were fighting increasing incidences of AIDS”, conferred community leaders.

There were 35 reports on the *Pehchan* project launched across India to prevent HIV transmission amongst MSM community and transgender people through community-led efforts. The reports urged the implementation of interventions in remote and rural areas as well.

Coverage on Legal Environment

About 32% of the news coverage centred on court proceedings. Over 50% of the reports dealt with a key aspect of the proceedings such as the continued confusion within the government to support or not support the case against 377, legal options before Naz Foundation and the pro-gay lobby, impact of the judgment on the gay community and the need for more proactive measures from the government.

In the days following the Delhi High Court July 2009 judgment, media reported that numerous challenges still remained for the MSM community, including:

- Ways to make substantive rights for MSM a reality
- Serious social stigma and lack of family acceptance
- Lack of strategies to ensure that MSM could overcome discrimination and gain better access to health services

Partnerships with Media Brought Positive Impact for Community

Community leaders made a concerted effort to interact with media and emphasize their role in empowering the community, highlighting the communities’ fight against violence and violations. When the community focused on key issues such as risk reduction, more specific program-centred messages emerged. The events provided opportunity to articulate about different facets of vulnerability reduction. A consistent and planned use of media enabled the community to mainstream vulnerability reduction into the larger framework of state obligations.

Narrative Report

1. Reflections from the India case study

Any framework to augment media’s role in strengthening discourse around MSM and transgender people’s situation in India has to be ensconced in the international, national and sub-national response that emerged over the years. Additionally, the framework needs to be developed through a series of emerging practices that enabled community leaders and media professionals alike to understand what worked for them.

In India, three critical factors form the basis of response on men having sex with men (MSM) and transgender people (TG) – firstly, the emergence of community leaderships, secondly, a favourable judicial climate and lastly, a strong HIV prevention programme that articulated the need for a rights-based and community-led approach. It is argued by media experts and activists that these factors contributed greatly to the shift in media discourse which helped engagement of civil society stakeholders around homosexuality, rights and HIV prevention as part of a larger health response for the community.

A strong community-based movement for rights of gays and better access to health care and HIV prevention, care and support services laid the foundation in the late 90’s. This was accompanied by the judicial intervention on the law impacting gays, and from 2006 to 2009, there was considerable debate which etched out the responsibility of the Government to uphold and support the health, human rights and freedom of the gay community. The central argument [in the petition by Naz Foundation (India) Trust] was that Section 377 of India Penal Code (IPC) posed a structural barrier to HIV outreach efforts amongst MSM preventing them from accessing prevention and treatment services. From 2010, this discussion was renewed in the Supreme Court.

The HIV sentinel surveillance of 2007 estimated that prevalence amongst MSM was 7.41% and eleven states were indicating prevalence higher than 5% amongst the MSM population. The third phase of the National AIDS Control Programme (NACP-III) emphasised the need for increased attention to MSM and a strategy was outlined to develop HIV prevention

programmes for transgender persons and MSM populations (including male sex workers). There was an articulation for a strongly gendered and rights approach in the context of the HIV response.

Despite the recognition of risk and vulnerability of MSM and the accompanying programme scale up since the launch of the third phase of the National AIDS Control Programme (NACP III), research findings and community voices continued to point out that the national response was not working at optimum. Budgets in under-targeted interventions were inadequate to meet costs of essential commodities such as water based lubricants. This coincided with the emergence of a group of community leaders who were articulating the need for stronger community involvement in the national HIV program. At the international level, the Global Fund was articulating a targeted HIV funding strategy that was centred on key populations including MSM. This led to the largest ever in-country awards for HIV prevention among sexual minorities.²⁰⁵ By 2009, states such as Tamil Nadu and to a lesser extent Karnataka began to acknowledge the need to include transgender people in social welfare schemes and entitlements.

As this engagement framework and detailed case study indicate, media was slowly but surely reflecting these concerns. Amidst the vast number of news reports on the HIV epidemic in India, the spiralling epidemic trend amongst MSM emerged as a key issue. This was reported in great detail along with the high levels of stigma jeopardising access to these communities. In fact from 2007, media was actively reporting stories of couples being rejected by families and communities or facing violence because of their sexual orientation. UN agencies, NACO and the Ministry of Health and Family Welfare recognised gaps in the national response and responded by scaling up efforts under NACP-III to address these. At the same time, community leaders were also acting as vital counter points within this discourse raising concerns about the quality of services and the continuing stigma that prevented access. News reports noted the importance of community engagement to promote service uptake amongst hidden populations.

Media played a crucial role in drawing attention to the inexorable links between high HIV risk, stigma and

violence through narratives rather than just statistics and data. News reports and detailed features began highlighting peer-led service delivery, motivating and influencing MSM to visit drop-in centres, avail voluntary counselling and testing facilities and undergo STI and testing referral services. These were often accompanied by mention of community efforts to respond to violence faced by peers.

The legal debate around Section 377 IPC, which centrestaged and sometimes overtook the health debate pertaining to the community, had a salutary impact on the media discourse in many ways. Firstly, it was in recognising the complex linkage between rights, stigma and risk.

Following the positive judgment, many reports chose to focus on the road ahead and the challenges that still remained. It was being recognised that while there would be a change in the way police treated the community, the essential struggle still lay in families and friends accepting homosexuality, and until that barrier was breached, homosexuality would remain invisible to a great extent. The large number of stories of “coming out”, “coping”, suicides and “public gay figures” that was put out in the media reflected a sense of celebration while acknowledging that inclusion remained a trial for many community members. In the case of young adults sharing their confusion in trying to come to terms with their alternate sexuality, the media emphasised on the role of family members, friends, mental health experts and health care providers in bridging gaps.

Media not only shaped preventions around the community, de-stigmatising them and enabling greater acceptance, it also played a key role in seeking government accountability towards minority rights. It went through a maze of issues to communicate the essential dilemmas - that bigotry, stigma and discrimination and violence diminishing the enjoyment of basic rights by sexual minorities was unacceptable - and sought accountability from the government in addressing these. Secondly, HIV within the community was unacceptably high and was being fuelled by a complete absence of rights, criminalization and stigma by health care providers. Thirdly, following decriminalization a more holistic approach was needed towards the gay community – an approach

that would encompass access to sensitive health care, acceptance of new thoughts within jurisprudence to extend the principle of inclusion and accommodate gays in every aspect of social life, and a more inclusive social fabric which respected their identity and right to privacy.

2. Environment

Key milestones impacting the rights and vulnerability discourse of MSM and transgender people in the Indian scenario are:

A. Legal environment

In 2006, the Supreme Court held that the 140-year old penal law (Section 377 IPC) merited a more considered scrutiny and asked the Delhi High Court, which had dismissed an appeal by Naz Foundation, to consider the matter afresh. Naz Foundation (India) Trust had filed a petition before the Delhi High Court seeking the reading down of Section 377 of the India Penal Code (IPC) on the grounds that it posed a structural barrier and prevented HIV prevention and care and support services from reaching MSM.

From 2006 to 2009, the Delhi High Court heard the case with the Ministries of Health and Home filing affidavits on the government's stand on the issue. Through the case, the two ministries took contradictory stance in the court leading to much confusion about how the government viewed the issue. The Home Ministry took the stance that Section 377 IPC needed to be retained whereas NACO under the Ministry of Health filed an affidavit stating that the law was a hindrance to HIV prevention efforts across the country. Further, the Ministry of Health took the stand that the Section violated the right of MSM to dignity, privacy and equality.

Activists, civil society organisations and community representatives came together and formed Voices Against 377. In a landmark judgment, the Delhi High Court overturned the 140 year old section, decriminalizing consensual homosexual activities between adults. "The essence of the section goes against the fundamental right of human citizens", stated the High Court while striking it down. In a 105-page judgment,

a bench of Chief Justice Ajit Prakash Shah and Justice S Murlidhar said that if not amended, Section 377 of the IPC would violate Article 14 of the Indian constitution, which states that every citizen has equal opportunity of life and is equal before law.²⁰⁶

The days following the judgment saw some of the highest visibility ever provided to the gay issue. Presence on public domain ranged from splashes across media outlets to discussions on social media, celebrations and advertisements. Predictably, high visibility to the verdict led to a more organised opposition. Over 16 religious organisations argued that the judgment was an antithesis of India's cultural fabric and would result in erosion of moral and social values.

Through 2010 and 2011, legal interventions supporting the Naz judgment were filed by Minna Saran and 18 other parents of LGBT persons, Sekhar Seshadri and 12 other mental health professionals, Nivedita Menon and 15 other academics, film director Shyam Benegal, and Ratna Kapur, Babu Matthew and other law academics.

After initially opposing the Delhi High Court judgment, the Government of India decided not to file any appeal against the Delhi High Court's verdict, stating, "in so far as [Section 377 of the Indian Penal Code] criminalises consensual sexual acts of adults in private [before it was struck down by the High Court] was imposed upon Indian society due to the moral views of the British rulers."

In February and March 2012, the Supreme Court heard arguments from the various parties and reserved the matter for judgment.

The judiciary also intervened to protect the rights of employment of gay people. An Allahabad High Court judgement in 2010 gave interim relief to a professor suspended from Aligarh Muslim University because of his sexual orientation. The court upheld the right to privacy argument and observed, "the right to privacy is a fundamental right which needs to be protected and unless the conduct of a person, even if he is a teacher, is going to affect and has substantial nexus with his employment, it may not be treated as misconduct."

Over these years, the judiciary also upheld the rights of transgender people. The Supreme Court in 2012 passed interim orders calling upon the Government to ensure opportunities and basic entitlements for transgender people such as voter ID, passport, driving license, ration card and admission to education institutions.

B. National HIV programme for MSM and transgender people

The HIV sentinel surveillance of 2007 estimated that at a national level the prevalence amongst MSM was 7.41% and eleven states were showing rates of prevalence higher than 5% among the MSM population. By 2009 it was estimated that 1.7% of all HIV infections were related to sex between men.

The third phase of the National AIDS Control Programme (NACP-III) emphasised the need for increased attention to MSM and a strategy was outlined to develop HIV prevention programmes for transgender persons and MSM populations (including male sex workers). The main components of the interventions included behaviour change communication through outreach education and counselling, condom promotion and distribution; TSI referral and treatment, HIV testing and care and support through referral services; and, creation of an enabling environment within which the programme could operate unhindered. The NACP-III strategy centred on investing in community based organisations as a key strategy to respond to the epidemic and ensure coverage of around 60% of the total MSM population. This articulation led to scaled up interventions from 2007 to prevent HIV amongst men having sex with men across India. The National AIDS Control Organisation (NACO) was also communicating with the Ministry of Home to repeal Section 377 IPC.

Despite the scale up, gaps in the national response were being recognised (WHO, 2010). These included the continued high rates of STI prevalence, inadequate supply of commodities such as condoms and lubricants and inconsistent condom usage in commercial and non-commercial male and female partner settings.

In 2007, Government HIV prevention programmes for MSM were initiated in 30 sites. This was expanded

across 131 sites by the end of 2009²⁰⁷ reaching out reportedly to a population of over 275000 MSM, thus indicating coverage of 78% of the total MSM population (NACO, 2009). Simultaneously, the Avahan programme supported by Bill and Melinda Gates Foundation had launched a similar programme on scale and was intervening among roughly 27% of the MSM population (2006) in the four high prevalence states. This was scaled up to 70% by the end of 2009 (BMGF, 2010)²⁰⁸.

By 2007, there were community leaders who were concerned that despite the programme scale up, community efforts were not getting adequate funding. This core group comprising of gay activists such as Ashok Row Kavi, Vivek Anand, Pawan Dhall and Aditya Bandopadhyay forged a common understanding that MSM communities need to be equal partners in the country's HIV response. This to a great extent was echoing the Global Fund strategy that appropriate targeting of HIV funds amongst marginalised populations such as MSM was crucial to the success of HIV responses. It was emphasised that key populations faced "significant" vulnerability to HIV transmission as a result of high risk behaviour, poor coverage by HIV and health services, criminalization and social marginalization. Consequently, the Global Fund's Sexual Orientation and Gender Identities (SOGI) Strategy, agreed to in May 2009, called on government and technical and civil society partners at country level to strengthen their focus on HIV-related vulnerabilities of people who are marginalised due to sexual orientation, gender identity, or consensual sexual behaviours.

This understanding, combined with research indicating high levels of risk for MSM populations in India and the persistent advocacy of the core group, led to the grant of the funds under Round 9, which is the single largest country grant on HIV response for vulnerable sexual minorities. The Pehchan initiative is an ambitious programme seeking to reach 450000 MSM and transgender people and build capacities of 200 community organisations across 17 states by the end of 2015. Central to the Pehchan programme are initiatives to strengthen community systems and community mobilization approaches - seen as essential strategies for effective HIV prevention within key populations.

Along with a basic package of clinical services and commodities for safe sex, the three large scale interventions focused on strengthening responses to violence faced by community, and advocated with stakeholders such as government departments for entitlements, police for reducing harassment and violence and media for strengthening mainstream inclusion.

By the end of the third phase of the National AIDS Program, it was estimated that there was a 70 fold increase in the coverage of MSM and transgender populations.

C. Emerging community movement

Community organisations such as Humsafar Trust (1994) and Sangama (1999) were some of the earliest to recognise the challenge and contradictions to mainstreaming concerns of gay people in India²⁰⁹. Notwithstanding the lack of spaces for the community on public domain, they recognised the urgency of HIV prevention and support services for this invisible population.

In order to change mindsets and policy, the efforts of Sangama, Humsafar and later on Sahodaran focused on ensuring visibility as a key factor. “One cannot take the issue forward if there is no visibility. It is difficult to mainstream,” asserted Ashok Row Kavi of Humsafar Trust. In the early years, encouraging people to visit the drop-in centres was difficult and visibility had to be given up to ensure that the community could visit the centre freely.²¹⁰

At the state level also the emergence of organisations like Sahodaran (Chennai, 1998) and Suraksha (Hyderabad, 2004) enabled the community gain visibility. “Our initial efforts were only to provide spaces for people to speak and share and get over the confusion of being different,” explained Jaya of Sahodaran.

Across India some of the groups that were offering HIV prevention and support services included Naz Foundation (India) Trust, Humsafar Trust (Mumbai), and Social Welfare Association for Men (Chennai).

Recognising the need to build a broader advocacy platform, community collectives were brought together

in 2003 to form the Indian Network for Sexual Minorities (INFOSEM).²¹¹ Community-based organisations were also responsible for running nearly 65% of the total HIV prevention interventions amongst MSM and transgender populations. Along with another coalition, MANAS Bangla based in West Bengal, these networks emerged as focal points to undertake policy advocacy with the government and other stakeholders. In fact, the policy and operational guidelines for interventions for MSM for the third phase of the National AIDS Control Programme (NACP-III) were developed with the active support and intervention of these networks.

D. Strengthening the early environment

Explaining the early programmes’ rationale of reaching out to stakeholders, Ashok Row Kavi stated, “our experience is that mainstreaming is very difficult if people involved are not willing to become visible. We started with efforts to sensitise government officials and policy makers on the existence of MSM. Our advocacy priorities were the health department, police and media.”

Sahodaran used the cultural medium to strengthen awareness about gay issues emphasising on embracing the concept of difference.²¹²

For Sangama, which sought to represent sexual minorities among the working class, the emphasis was on addressing the pervasive violence that was a common disabling feature of the lives of people who were ‘different’.²¹³

Public rallies to protest injustice against the MSM community became an integral feature of the community’s public domain presence. The rallying point for the early marches in 2005 was to call for the repeal of Section 377 following which numerous parades were held by communities. However, in 2008 the first ever national gay pride march was organised across Delhi, Calcutta, Chennai and Mumbai. The rallying point for thousands of activists, community members and common people was the repeal of Section 377. Using the gay pride, community leaders sought to engage and educate media and the general public on Section 377 and its impact on the community. By 2009, the gathering momentum of the

gay pride parades and the impact it was making became evident when an appeal was filed in the Delhi High Court in 2009 asking for the rallies to be stopped.

A notable initiative in strengthening visibility of the community was the coalition, Voices Against 377. It was formed in 2004 by 12 progressive organisations to articulate and strengthen a unified voice against Section 377 IPC. Using initiatives such as the Million Voices campaign, rallies, debates and consultations, the coalition attempted to reach out to a broad spectrum of civil society groups including activists, NGOs, student bodies, medical practitioners, lawyers and media to put forth diverse opinions of sexuality as a response to Section 377 as well as to counter myths and taboos relating to sexuality.

The open letter of support in 2006 written to the President of India, its Parliament and the judiciary by a galaxy of influential Indians including writers, academicians, actors, economists, social activists and media people was a powerful call to end the discrimination and abuse faced by gay and bisexual men and women. The letters made a strong argument against curbing of human freedom.

Over the years, celebrities such as cine stars Celina Jaitley and Rahul Bose and designers Suneet Varma and Rohit Bal began to actively campaign for gay rights and became associated with the movement.

E. Community and media partnerships

Across the country, media supported the movement for strengthening rights of the gay community. Since 2008, reports have appeared on a range of related issues quoting a galaxy of voices from political, intellectual and legal realms.

Media engagement enabled better understanding and helped position the issue of homosexuality on public domain, even cajoling some of the most reluctant and conservative bastions of society to take a stand on protecting the community against vulnerabilities and rights abuses.

There is consensus among MSM and transgender community representatives interviewed as part of this assignment that coverage of their issues on media

has undergone a sea change compared to early 2000s when the focus was on sensationalising the community, in particular the transgender people. Often, these forms of reporting caused further harm and resulted in the community preferring to remain hidden.²¹⁴

Manohar and Ashok Row Kavi agree that early on when they began engaging media on community issues it was not supportive. According to Ashok, this was due to the “invisibility of the community” which led to speculative and wild reports on their “unnatural behaviour”. Partly, the community could be held responsible for this disconnect. Rex, an MSM activist who worked with Sangama in the initial years, states that the fear and confusion over their identity forced gay people to stay underground.²¹⁵

On the part of the media, lack of information and myths surrounding the community’s life style, coupled with the evidence on high HIV prevalence, confounded perceptions about the community. Early responses to address these were initiated by activists individually and as part of collectives like Naz International, Humsafar Trust and Sangama who sought to build a more focused media engagement with the concerns of the community.

They used varying strategies to encourage media to engage with the issues and write about these. It became evident that each of these collectives or CBOs had its own idea of a workable strategy of engaging media with very few having a cohesive, well thought out and consistent approach of engagement.

- For instance, Humsafar Trust led by Ashok Row Kavi from the initial days focused on sensitising media about the community. Ashok stated, “Our approach was two pronged - focus on broad sensitisation workshops using the rights discourse for journalists. The discussion on HIV vulnerability came a little later when prevention programmes began. Bombay Dost served the purpose of reaching out to the MSM community. It was a head-on approach to get the community together, with discussions on sexuality and sexual orientation.”

- Sangama worked intensively to highlight violations and violence and engaged with senior journalists.²¹⁶
- Samraksha Society (Hyderabad) initially decided to keep away from the media for fear of backlash that the gay community may face. However, over a period of time they began to selectively work with a few senior journalists sensitive to issues of marginal communities.²¹⁷
- Individual stories of triumph by community representatives helped shape the human narrative. Transgender people such as Laxmi Tripathi, Rose and Kalki were part of these initiatives.²¹⁸
- In 2005-06, transgender communities working on HIV prevention in Tamil Nadu began systematic efforts to engage media in partnership with Centre for Advocacy and Research (CFAR). From 2006 to 2009, nearly 65 events and anniversaries were organised by the TAI Vizhudugal community.
- Some of these events were community festivals such as the annual Koovagam festival (annual transgender week celebrations) attended by transgender people from across India. Others were peer conventions, talent shows and cultural events. These events were accompanied by media briefings, one-to-one media interactions and visits to CBO intervention sites. Media teams were organised to visit the annual festivals. Trained community leaders used the opportunity to interact with media and share how they were reaching out to their peers with HIV prevention messages, motivate adoption of safe sex practices and deliver healthcare services. They also shared about community efforts at seeking government entitlements and social security schemes.
- Over the four year period, 103 journalists visited the Koovagam festival and witnessed efforts of the transgender people.²¹⁹
- In Karnataka, MSM and transgender community organised a state media consultation in partnership with CFAR in 2008 for journalists from the district media. There was a perception that, unlike the state media based out of Bangalore, the district and rural media were handicapped by the lack of information and “human face”. MSM in districts and sub districts were not comfortable sharing with media. They feared that their identities would be revealed. 30 district reporters gathered for a two day workshop where the legal scenario, rights of the community and the on-going HIV response was shared and discussed. Representatives of MSM community took the opportunity to engage with media. Site visits to the drop-in centres run by Sangama were arranged for media. They had a chance to observe first-hand the involvement of the community in providing a healthy environment for their peers. Community members interacting with media also had an opportunity to understand the limitations of rural and district reporters and the need to tailor messages.
- CBOs in Maharashtra such as Samapathik Trust partnered with CFAR to organise state and sub-state level media sensitisations in Maharashtra in 2008. State level events sensitised select print and electronic media practitioners on the issues of the MSM and provided them with information on the third phase of the National AIDS Control Programme and the scaled up response to HIV. Following an introductory discussion on ‘Media responsibility in reporting on HIV and AIDS and the MSM community’, other sessions were aimed at giving information on NACP-II and NACP-III, sexual identities and the role of the MSM community in managing the HIV response. Resource persons drawn from institutions like National AIDS Research Institute (NARI) and community organisations such as Samapathik Trust enriched the discussions.

- Sub-state sensitisations were organised in 2008 with media persons and stringers from Ahmednagar, Kolhapur, Thane and Yeotmal districts of Maharashtra. They had also attended previous HIV and AIDS orientations. The 72 participating journalists got to know the state response to HIV, the district scenarios and implementation challenges on the ground. Journalists learned about the contribution of the MSM community in HIV prevention work. The session on MSM was handled by members of the Samabhavana Trust.
- In Andhra Pradesh, MSM CBOs such as Darpan Foundation and Samraksha Society reached out to media in partnership with CFAR and organised the first state media consultation on community issues. A day-long consultation preceded this first ever state consultation and a public march participated by over 1000 MSM and transgender people in Hyderabad. Representatives shared experiences of stigma and discrimination they faced, their role in HIV and AIDS prevention and the support they required from media and stakeholders to take this work forward. Representatives of state level CBOs, Suraksha Society and Darpan Foundation supported by Sangama, highlighted the lack of an enabling environment. The exercise in media engagement was seen as a crucial step for the CBOs as it helped the community gain support of the state media. The state consultation and the rally led to a strong coverage of around 86 news reports of which only 1 report portrayed the community in a negative light.

Through the media consultations in Andhra Pradesh, Karnataka and Maharashtra, an attempt was made to engage media with MSM community concerns and share about the community's contributions in the HIV prevention work. This was a significant first step given that very little had been reported or written about the community's meaningful work on ground.

The sub-state consultations helped the district media with insights into the issue, understand the state level

programme and get introduced to the challenges of the community. The broad perspective provided in the consultations was aimed at bettering representation of the district and grassroots HIV responses on local media.

These interactions used fact sheets on epidemic evidence, peer role in motivating community members adopt safe behavioural practices and encouraging condom use and profiles and sketches of MSM and transgender people from small towns and districts who were fighting stigma to shape their professional spaces. Narratives interspersed with data showcased the impact of peer-led strategies on encouraging young male and transgender people visit community health centre with confidence, interact with peers and learn about better health practices.

These formal and informal strategies adopted by the community exposed senior and mid level beat reporters to the complexities of issues and the extent of marginalization faced by the community.

Such interactions with community proved invaluable for some journalists who were constrained by the absence of credible information, and enabled them write on the isolation faced by sexual minorities. Many of these aimed to help the community negotiate concerns of being "ousted"²²⁰. For others, such interactions helped to shape stories around stigma and discrimination and the absence of rights.²²¹ The evidence and narratives availed reporters with sharp messages and helped them raise critical issues²²².

Many journalists also battled with the need to balance information in reports with ensuring dignity and confidentiality of community sources. "One drawback while covering issues related to this community (MSM and transgender people) is the need to sensitively handle the information and to keep their identities hidden. Newspapers want verifiable aspects of the information provided, such as what the source is doing or where they live. It may cause trouble for the source. Unwitting revelation of information strains our contact with the source for later follow ups or exploration of other story angles. Many reporters feel challenged to balance generating enough reader interest through a story and not harming the community." - L Subramani, Senior Sub Editor and Senior Correspondent, *Deccan Herald*.

Support within newsrooms formed an important aspect of how stories were approached and framed. Supportive newsrooms were few and far between in the early days. This resistance got negotiated by reporters seeking to focus on complexities affecting the gay community²²³. It often led to conscious decisions by reporters to tailor community issues differently so as to wrest available media spaces.²²⁴

Not surprisingly, in the context of India, journalists also reflected on overcoming media fatigue shrouding the issue and constantly sought ways to hold reader

interest by fashioning reports varyingly. There was a constant search for 'different angles' within an overall commitment to remain sensitive on the issue. Thus, with new topics competing for readership, journalists were often trying to reinvent spaces.

3. Mapping coverage – content analysis (CFAR, 2013)

Coverage on the issue is marked by an intense phase during the three years around the Delhi High Court judgement decriminalising homosexuality (2008-2010).

Table 1: Coverage on MSM and transgender persons across four high prevalence states and the national media

Newspapers									
Coverage	2005	2006	2007	2008	2009	2010	2011	2012	Total
4 HIV high prevalence states	65	263	444	940	903	781	300	281	3977
National editions	61	219	426	823	1038	316	300	281	3464
TOTAL	126	482	870	1763	1947	1097	600	562	7441

Initial reporting on MSM and transgender persons was very low and almost non-existent. However, by the end of 2008, it was evident that media both national and in the states had taken note of a vital debate impacting a significant minority in India (CFAR, 2013)²²⁵.

This high volume media coverage at the national and

state level was maintained until 2010, the year following the Delhi High Court judgement. There was a gradual fall in media interest thereon. Interestingly, the three year period from 2008 to 2010 accounted for 64% of total media coverage between 2005 and 2012, and provided space even for peripheral community issues to emerge.

Table 2: English news reports on MSM and transgender persons' issues (2007-2012)

S.No	Classification	2007	2008	2009	2010	2011	2012	Total
1	Law amendments related to homosexuality (2007-2009)/ Legal procedures related to homosexuality – Section 377 IPC Bidhan Barush case on HC (2012)	2	89	335	33	31	116	606
2	LGBT pride march	1	31	90	64	65	24	315
3	Criminalising and negative profiling	1	4	10	16	1	0	32
4	Entitlements and social security schemes	0	2	4	2	0	0	8
5	Stigma and discrimination	2	18	101	14	66	30	231
6	Health – HIV prevention, condom promotion, treatment and care	10	31	18	3	11	19	109
7	Violence against community	0	8	7	3	2	4	50
8	Social inclusion	10	61	126	13	40	15	273
9	International news	36	67	68	75	55	36	390
10	Research/survey on LGBT	3	5	0	0	0	0	8
11	Surrogacy/child adoption	0	14	0	0	0	0	14
	Total	65	330	759	223	271	244	1892

Newsmakers

Predictably, what drove news in these six years was the focus on the Delhi High Court, and thereafter the Supreme Court, proceedings (32%).

The gay pride rallies which were initiated by LGBT groups from 2008 also became a key source of

information (16.5%) and news about the community. The “colourful” visual and anecdotal nature of the community, as senior journalist Vikram Doctor described, was ideal for media and presented numerous opportunities for being picked up in long and short media formats.

Table 3: Key issues related to MSM and transgender persons (coverage in the four states 2005 – 2010)

Issue (Four States)	2005	2006	2007	2008	2009	2010	Total
Criminalizing the community	8	30	83	72	106	77	376
Community efforts to empower itself, highlight human rights violation	18	75	108	299	317	288	1105
Reaching out to various stakeholders - sensitizing (messages of support)	11	26	76	120	142	100	475
Empowerment practices	10	63	45	247	173	196	734
Highlight human rights violation	16	48	108	106	108	89	475
HIV Prevention – Care and Support	2	21	24	96	57	31	217

A. Media Engagement with the Enabling Environment

Negative reports

Pushkin Chandra murder (23 reports) - The Pushkin murder in 2004 opened a hitherto closed area for the national media. *HT* (Gay community grows in city, August 16, 2004) took the opportunity to link the growing incidence of HIV and AIDS in the country with homosexuality. It also linked homosexual activity to child abuse. Senior columnists such as Swapan Dasgupta (The problem is not homosexuality, August 23, 2004) also highlighted the global concern over child pornography and the pornography allegedly found in the murder victim’s apartment to draw the conclusion that there was a “systematic assault on family values” against which ordinary and decent people were wary of speaking out. Community protest against vilification was picked up by a few newspapers. Few balanced articles emerged during this period. Notable amongst these were Avijit Ghosh (How Gay is their world, August 22, 2004) and Suveen Sinha (The nowhere men, *Outlook* 2004) which wrote on the challenges faced by gay community. One of the

more balanced expressions came in an article by Nina Martrys in the Times Of India 21, August 2004 where she suggested that visibility is a double edged sword, indicating that the greater the visibility on media, higher would be the “metro’s latent homophobia”.

At the state level, criminal activities of transgender persons and MSM were reported. In Tamil Nadu and Andhra Pradesh and to a lesser extent in Maharashtra and Karnataka, number of reports on communities’ (especially the transgender people) criminal activities gradually increased to around 116 reports in 2010. These were mostly in the language newspapers (405 reports 2005 - 2010). Such reports were much lesser at the national level (32 news reports).

Stigma and discrimination - violence, rights violations and exclusion from families and communities

At the same time, reports on young people’s inability to cope with the confusion of differing sexual identities and the social pressure to “conform” began to emerge. Between 2005 and 2008, 41 incidents (63 news reports) of lesbians eloping, marrying,

being asked to leave their homes, seeking court's protection and committing suicide emerged from small towns such as Meerut (UP), Chaibasa (Jharkhand), Chindwada (MP), Hoshiarpur and Amritsar (Punjab), and Koraput (Orissa) across the country.

While articles highlighted couples wanting to live together or marry, they also began to draw attention to the public humiliation, social pressure bought on such couples and social and religious intolerance²²⁶. At the same time, these incidents were used to underscore the need for a change in social attitude.²²⁷

At the state level, reports began emerging from 2005-06 on the pervasive violence faced by transgender and MMS communities. Initially, these reports were from Tamil Nadu (38 reports in 2005). By 2006, similar reports emerged from Maharashtra (29) Karnataka (11) and Andhra Pradesh (7).

Stories of violence faced by gay people also became common in newspapers. [When gays get stalked and robbed, *Times of India*, 22 June 2008; Hatred hurts as much as hate crime, *DNA*, 25 December 2008]. In the period from 2005 to 2012, 73 news reports tracked in the national newspapers underlined the extensive and pervasive violence faced by the gay and transgender communities both within homes and in public spaces. Reported forms of violence ranged from being thrown out of homes or workplaces to beating, rape and murder owing to sexual orientation. Organisations such as Sangama in Bangalore reached out to media extensively with stories of consistent violence faced by gay and transgender communities. They found that irrespective of differing views on homosexuality, media found the level of abuse, violence and discrimination faced by the community as unacceptable. Interviews we conducted with journalists (including with L. Subramaniam, Y Maheshwar Reddy and Yogesh Pawar) confirmed that these narratives of extreme abuse at all levels often struck a chord with journalists who began to focus on the need for greater protection for vulnerable communities.

While most reports of stigma and discrimination focused on violence and isolation and the need for society to reconcile its cultural attitudes, some also harped on its impact on the health of the community.

In fact almost all the news reports in 2008 and 2009 that highlighted the HIV and AIDS epidemic within the MSM and transgender community referred to the stigma and discrimination as a key challenge in motivating the community to come out.

Highlighting injustice - arrest of gay people, Lucknow, 2006 (20 news reports)

The arrest of four gay people on charges of running a "gay club" in January 2006 sparked a nationwide debate and was reported widely by newspapers (20 news reports). According to many activists, the episode itself and media coverage sparked debate on how criminalization of homosexuality was impacting health outcomes. The reports were important for two reasons. Firstly, for the strong messaging that emerged on separation of the public and private spheres. Secondly, it highlighted the contradiction shrouding the government's health agenda which on the one hand had service provision for MSM and on the other criminalised the same community.²²⁸

The issue found support in statements from international bodies such as UNAIDS and Human Rights Watch. These imparted the necessary seriousness to the issue which could no more be set aside merely as a lifestyle of a few people.²²⁹ Journalists also realised the importance of the statements against the background of the HIV epidemic.²³⁰

Removal of Aligarh Muslim University professor, 2010 (19 reports)

In 2010, strong and supportive media coverage around the suspension, legal struggle and eventual death of a gay professor of Aligarh Muslim University to a large extent indicated the shift in media perception of the critical issues of rights of marginalised communities. The media discourse (19 reports) focused heavily on the right to privacy of all individuals and concerns over its invasion.²³¹ Even as the university attempted to defend its decision to remove the professor (14 quotes), activists strongly argued against the invasion of individual privacy and the blatant violations of dignity that occurred (18 quotes). Reports also attempted to give voice to the victim of the entire controversy (6 quotes). The news

report 'Homosexuality is an uncontrollable feeling like poetry' (*Indian Express*, 26 February 2010) sketched Siras' (the victimised professor) life and achievements as an academician and acclaimed poet.

Narratives of 'coming out'

By 2008 newspapers devoted middle and guest column spaces to well known people and professionals [Sunil Babu Pant, *DNA*, 6 November 2008; Sonali Gulati, Lesbian and proud of it, *Times of India*, 29 June 2008; I am gay... so, *Times of India*, 21 December 2007] as well as to parents coming to terms with the gay identity of their children [Equality doesn't mean sameness, 21 February 2009; Gay children's parents need emotional help, 2 June 2007, *The Pioneer*].

Similarly, the first open gay royalty emerged as an icon for a community searching for well known figures to "legitimize" their identity (27 articles, across 5 years). Since 2005, media tracked his everyday life from being disowned to eventually accepted, the UNAIDS award 2006, knighthood in 2007 by Greece to the opening in 2009 of an old age home for homosexual couples thrown out by families. Media was recognising his iconic role in centrestaging the gay discourse in India and internationally.²³²

In their reports and opinion columns, senior media people took note of the attitude change that was emerging among the creative artists and intellectuals and acknowledged the importance of normalising gay people and recognising their privacy. [Vir Sanghvi, *Hindustan Times*, 16 September 2009; Repeal this law, *Deccan Herald*, 22 September 2009; What's law got to do with it?, Shohini Ghosh, 20 September 2006, *Indian Express*; Gay and Happy, *Deccan Herald*, 28 October 2006, L. Subramani].

From 2005 to 2009, the human narrative became a crucial space for engaging with the lives of gay

people (108 articles including reports and features). Using events such as the gay pride, more stories of professionals coming out with their gay identity began to emerge across newspapers.

Gay prides and media coverage

National newspapers put out 53 news reports on the first ever gay parades in Mumbai, Delhi, Bangalore and Kolkata. In 2010, 68 news reports were tracked from national newspapers writing about the gay prides in Delhi and Mumbai on the occasion of the first anniversary of the 377 judgement. State newspapers in Tamil Nadu, Karnataka and Mumbai extensively wrote about the gay prides (65 news reports).

Media tracking figures indicate that approximately 17% of the total news reports on the MSM and transgender issues related to the coverage of gay prides and rallies. It is essential to emphasize the importance of this space in terms of the Indian media reporting on LGBT issues. The space expanded over 2008 and 2009 when rallies became an arena for common people to gather and express their solidarity with gay rights.

Secondly, as is evident from the messages below, reports emerging from gay pride rallies were not just about celebration, but about articulating the aspirations of a hitherto invisible community. In the period from 2009 to 2012, the community gradually began to draw attention to the stigma and violence faced by it (32% of total messages tracked – Table 4). Post the High Court judgment, greater emphasis was placed on the need for policies that would help the community negotiate rights violations in work spaces and in employment and inclusion on the government role in ensuring socio-economic security and entitlements (16% of total messages).

Table 4: Messages from gay pride rallies			
	2009	2011	2012
Number of news reports	35	60	47
Government stand on homosexuality is problematic			67
Data sought by Supreme Court will not help / will further stigmatise gay community			20
Effective response to HIV epidemic/ Help respond to risky practices and access interventions to be accessed freely	7	47	11
Stigma and Discrimination - More acceptance from family and society after judgment but stigma continues and more substantive rights need to be assured in the coming period to fight stigma (parenting, property, marriage, adoption)	70	58	26
Arguments against decriminalizing homosexuality	3		19
More measures need to be taken for social inclusion	8	73	
Other legal cases/ High Court decision discussion	22	47	
Total	110	225	143

B. Coverage of the Epidemic and Programmatic Response

Table 5: HIV and AIDS reports									
Main issue covered by news report on MSM, transgender persons	2005	2006	2007	2008	2009	2010	2011	2012	TOTAL
Four States	2	21	24	96	57	31	23	20	260
National	6	11	10	31	16	3	88	20	185
Total	8	32	34	127	73	34	111	40	

Reports focused on HIV and AIDS and health messages formed around 7% of the total news reports tracked from 2005. In addition, reports around law, gay pride, rights and social inclusion of the community often made reference to HIV prevalence within the MSM community underscoring the significance of a public health framework.

Analysis of messages emerging in 217 reports (four states) on HIV and related concerns of the MSM and transgender population (2005-2010) indicates that media was recognising the extent of marginalization faced by the community and its impact on the growing incidence of HIV among them (Table 6). It was also providing strong messages on HIV risk and vulnerability

of the MSM and transgender population. Data emerging from the WHO-SEARO report on the epidemic and high incidence amongst the population was reflected in a large number of the reports. Out of the 254 messages analysed, 57% of the messages were on the number of MSM population in India and the risk of HIV on account of the invisibility, isolation and stigma. While 23 messages focused on the official estimates on MSM and transgender persons, 48 messages shared epidemiological information on increasing prevalence amongst the MSM population. About 28% of the messages focused on programmes and services being accessed by the community and 11% focused on safe sex practices.

A sample of 80 news reports from 2011 and 2012 on HIV was picked for analysis. From the 185 messages tracked, 39 messages emphasised on the number of identified MSM in India and the challenges in identifying the population for health interventions due to high levels of stigma. The risk posed by the lack of regular condom use was explored on varying counts including low ability to negotiate with partners or non availability of condoms (5 messages). NACO's

efforts to develop specific interventions for the MSM and transgender populations and cater to their specific needs emerged quite sharply.

Most messaging emerged from surveillance reports, UNAIDS estimates, the WHO-SEARO report and mapping estimates. UN and NACO officials were quoted most extensively in highlighting the challenges of intervening in a stigmatised population. Few community voices emerged in these reports.

Table 6 Key messages relating to HIV and AIDS

Key Messages – HIV in stories on MSM/ transgender persons	<i>2005</i>	<i>2006</i>	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>Total</i>
Risk faced by the MSM community	2	13	20	58	30	23	146
Condom/ Prevention	0	4	1	4	4	2	17
STI reduction	0	3	2	5	2	1	13
Blood safety/ Donation	0	0	1	0	0	0	1
Program measures – ICTC, VCTC, motivating community to access	0	6	22	27	12	5	72
Reaching out to other service providers				1	4		5

The gay pride was also used to present messages on the impact that de-criminalising homosexuality would have on the HIV response. Out of the 478 messages emerging from a sample of 142 news reports around the gay pride from 2009 to 2012, 68 messages stressed on risky practices which continued due to stigma despite the judgment and on the need to strengthen access to treatment for transgender and MSM populations. (Table 4)

Reporting on the Pehchan programme

Thirty five (35) reports tracked were on the *Pehchan* project launched across India to prevent HIV transmission amongst MSM and transgender people through community-led efforts. These contained strong messages on the intervention in remote and rural areas and the use of initiatives such as community radio, static clinics and partnership with the link worker scheme in rural areas. The reports stated that the strength of the initiative was the partnership between the government and existing community systems²³³. Best practices emerging through these partnerships were highlighted. For

instance, the helpline to assist individuals struggling with their identity was highlighted in Chennai, Tamil Nadu and recounted experiences of people who had benefited from the counselling [Help lines to the aid of those struggling with sexual identity, *The Hindu*, 11 November 2011].

An analysis of 56 messages emerging from a sample of 26 reports from Hyderabad found strong focus on the community-centric components of the intervention (25% messages). A large segment of the reports urged stakeholders including the police and railway authorities to respond in a more emphatic manner, take measures to reduce the community's vulnerability to violence and enable access to welfare measures (52% messages).

Legal environment and its effect on HIV reporting

- a. Legal proceedings also provided opportunities to raise contentious issues of access to health care for a significant section of the population. Though coverage from 2005 to 2012 indicates that number of media reports solely on HIV and AIDS amongst MSM and transgender community

was significantly lower than that on rights and entitlements, the legal reports consistently reflected the HIV discourse.

- b. Following the Supreme Court articulation in 2006 of the need to review the law relating to homosexuality in India, reporters began to write more about the law. In the process, reporting on gay community and HIV risk also emerged. A break-up of 27 news reports from national newspapers tracking the legal developments in 2006 reveals that 8 news reports wrote on how Section 377 hampered HIV prevention efforts among MSM. [Sanchita Sharma, "Article 377 is the biggest hurdle in tackling HIV", *Hindustan Times*, 27 September 2006] Jugran Nitin, "The invisible gay face of AIDS", *Sahara Times* strongly referred to the evidence presented in the report, MSM and HIV and AIDS Risk in Asia.
- c. Even as media began to come to terms with the complexity of gay issues in 2005, journalists were questioning research reports on homosexuality in prison and the government ignoring the recommendations for condom distribution. Activists such as Anjali Gopalan questioned the ambiguous stand of the government which was funding MSM programmes but was unable to reconcile the need for a stronger environment through the review of regressive laws such as 377. [Giving gays their legal rights, *The Telegraph*, 14 December 2005]

At the same time, columnists were also questioning why the debate on rights of the gay community had to subscribe to the high risk of HIV debate to gain acceptance.²³⁴ Other commentaries however used the HIV argument to underline that a law was impeding legitimate prevention initiatives and pushing the already spiralling epidemic. [Will Gay marriages be allowed in India, Pratibha Parmar, *India Today* December 2008].

Anirban Mahapatra pointed out the contradiction between the Ministry of Health running the HIV programme and opposing review of Section 377. He examined the negative impact of the law through aspects like pushing gay people underground and preventing them from reporting

violence and abuse. [Giving gays their legal rights, *The Telegraph*, 14 December 2005, Anirban Mahapatra]

- d. Two incidents in 2008 and 2011 helped to shape the health arguments with regard to MSM and transgender populations quite sharply on the media domain. In 2008, the Health Minister, Ramadoss called for legalising homosexuality in an effort to combat HIV. 106 news reports were devoted to the need to protect gays and transgender people to ensure that HIV response was more effective.

Nineteen (19) news reports highlighted various statistics to emphasize risk of the MSM population.²³⁵ Another crucial piece of evidence that was being shared was that 86% of HIV transmission was happening through unprotected sex, including among MSM. Data was quoted from such sources as NACO's estimates and amFAR's research ('MSM are 19 times more likely to be infected with HIV'). Seventeen (17) reports highlighted that a strong national response had led to reduction in HIV prevalence and a similar response was needed on war footing to address HIV amongst groups such as MSM. The reports focused on the need to remove structural discrimination against those vulnerable to HIV and strengthen an enabling environment (23 reports). The report of the Commission on AIDS in Asia was quoted stating that unprotected sex was a major determinant of HIV rates. [Law criminalising sex between men must go: Ramadoss, *Tribune* 2008].

In 2011, the Health Minister Azad's comment calling homosexuality a disease sparked not just a frenzy of outrage but also a debate on the limited understanding guiding health interventions amongst such key populations. 77 reports tracked the comment by the Minister. Of these, 37 reports underlined the estimates provided by NACO of the number of MSM. UNAIDS Executive Director, Michel Sidibe was extensively quoted emphasising a stigma free environment to ensure successful programme implementation among key populations at higher risk. Data was put out by the UN indicating that over 67% of

the 400,000 strong MSM population was able to access prevention services owing to a strong and progressive AIDS policy [UN hails India's HIV services to gay, transgender people, *Statesman*, 12 July 2011]. These statements were picked up by other reports emerging during this period.

Newspapers were also quick to point out that the remarks reflected a “remarkable lack of understanding amongst most people on the issue and the perception that MSM is the primary reason for the prevalence of HIV and AIDS in India.” The reports argued that given the continued lack of awareness about the disease, the consequences and steps for prevention, there was little chance of halting the epidemic. [A costly misconception, *Pioneer*, 6 July 2001; Bigotry Alert, *Indian Express*, 6 July 2011; Dangerous Words; *Times of India*, 6 July 2011; Reaching out, *Indian Express*, 10 July 2011].

- e. Following the Delhi High Court decision in July 2009, 11 news reports and opinion pieces dealt with the health impact of the judgment. Charles Gilks, Country Coordinator, UNAIDS emphasised that the judgment would enable greater action through the supply of products and services to reduce risk of HIV transmission through gay sex. [The road after section 377, *Mint*, 12 October 2009]. Senior health correspondents referred to the impact that the judgment would have on reducing risk of HIV transmission and strengthening demand for services.

Sanchita Sharma [“But why aren't the hijras clapping”, *The Hindustan Times*, 5 July 2009] stressed on the fact that the significance of the judgment was on its impact on public health for MSM and transgender people. Quoting UN agencies, the report stated that a major impediment to HIV prevention amongst the gay community had been removed with the judgment. Kounteya Sinha [“HC order will help in the HIV battle”, *Times of India*, 3 July 2009] highlighted that the infection rate amongst the MSM community was 7.4% owing to high prevalence of risky multi partner sex and with limited access to condoms.²³⁶

Similarly, other news reports focusing on health implications stated that the judgment would reduce the fear among the gay community and enable them to access medical facilities and demand services without fear of reprisal.²³⁷ It was recognised that the challenge lay in convincing people of “a large population of MSM's who were fighting increasing incidences of AIDS”.²³⁸

Reports quoted NACO officials and SACS officials in Maharashtra, Karnataka, Punjab and Rajasthan saying that the judgment was a big push to fighting stigma and enabling better access to services. It highlighted that the fear of legal action had actually prevented NGOs from taking up targeted intervention projects for MSM and transgender populations²³⁹. An analysis of 228 quotes from a sample of 100 news reports around the judgment indicates that opinions emerging from activists, UN agency heads, NACO and SACS officials, donors, HIV positive people and gay community representatives saw the far reaching impact of the judgment on HIV policies and programmes for the MSM community and an urgent need to scale up interventions. (29 out of 228 quotes focused on the impact on HIV interventions).

- f. Analysis of legal reports between 2010 and 2012 indicates that there were fewer spaces being provided to discussing the risk of HIV and the programme response as compared to 2008-2009. Only 43 HIV messages were tracked out of a total of 346 messages in 118 reports on the law between 2010 and 2012. (Table 7)

In comparison, in the run up to the 2009 judgement (July 2009), there were 50 news reports on high incidence of HIV amongst MSM and the challenge of a strong response in the prevailing environment of stigma and discrimination. These had a total of 73 messages.

However, reports in 2011 and 2012 continue to strongly reinforce the arguments that the law was hindering an effective response. Interestingly, these arguments were quoted from lawyers and activists and not from government officials.

C. Coverage on Legal Environment

- a. Reports on legal proceedings in the High Court and Supreme Court formed a major portion of news coverage in the six-year period from 2007 to 2012. Roughly 32% of news coverage centred on the proceedings. 606 reports, opinion pieces, guest columns and editorial pieces emerged during this period which shaped the entire discourse on community rights.
- b. As the content breakup below shows, these legal reports were rich with details of court proceedings with over 50% of the reports dealing with some aspect of the proceedings such as the continued confusion within the government over its stand (both post and pre High Court judgment) and legal options before Naz Foundation and the pro-gay lobby after the High Court judgment. They also noted the impact of the High Court judgment on the gay community and the need for more proactive measures from the government.
- c. In the run up to the judgement in 2008, most of the reporting was devoted to the affidavits filed by the government and the continued confusion. The Health Ministry stand on section 377 was extensively referred to during this period (2008) owing to the statement of the Health Minister Ramadoss at an HIV conference that the gay community should be legalised to enable HIV prevention measures to be implemented.

Following this statement, the differences between the Cabinet Ministers emerged sharply on public domain and this got duly reflected on media. Hard-hitting news reports emerged during this period criticising the government's lack of interest in resolving a crucial issue for the community. Reporters such as Harish Nair (Hindustan Times) kept portraying the confusion that prevailed with the government through a series of articles through September 2008 (Is homosexuality legal? Cabinet will decide, 19 Sep 2008; Cabinet to take call on gay rights, 19 September 2008; Centre against legalising homosexuality, 26 September 2008; Homosexuality can't be legalised, 27 September 2008; Gay rights: HC says public morality an issue in India, 26 September 2008; Gay rights: Centre snubs Ramadoss, 30 September 2008).

During this period, 79 news reports raised crucial concerns including the harmful impact on HIV prevention among the MSM community as the cabinet continued to vacillate on issues of morality and social good, stigmatising an entire community as delinquent and criminal, right to privacy amongst adults without state interference, erosion of family values due to homosexuality, gay sex as injurious to health, gay sex leading to HIV and homosexuality as a disease, et. al.

Legal reports during this period chose to highlight the confused approach and arguments by the government and were silent on the petitioner's arguments. [Homosexuality is a vice, says centre, *Statesman*, 27 September 2008; P.P. Malhotra confirmed that the Centre would "obviously" object to the removal of the law. The government's position on the fate of Section 377 IPC has been vague after the health ministry endorsed the move to exempt adult homosexual love from the provision, even as the home ministry supported the law'. Centre against scrapping of law outlawing homosexuality, *Indian Express*, 26 September 2008]

While spokespeople from the two ministries including the ministers Shivraj Patil and Ramadoss and government counsel, Mr Singhal were quoted extensively through this period, the gay perspective got represented by a large number of activists and leaders such as Aditya Bandopadhyay, Lesley Estarves and Ashok Row Kavi.

- d. The days following the Delhi High Court judgment in July 2009 saw some of the sharpest media reporting on the recognition and triumph of gay rights and greater rights for minorities. To a great extent, reporting in this period brought out the extent to which the Indian media had engaged with and evolved a nuanced understanding of the arguments that emerged since 2004 (when the high court began to hear the public interest litigation). A large segment of news reports wrote extensively about the legal meaning, impact and consequences of the judgment.

The judges' interpretation of constitutional provisions relating to privacy, equality and their invocation of

the right to dignity was seen as a victory for all minorities. It was observed that post-Naz foundation decision, it will be much more difficult to discriminate against vulnerable minorities like dalits and disabled persons. This was raised by many media columnists.

For instance, Tarunabh Khaitan, a legal commentator, wrote in *The Telegraph*: 'It may seem that this judgment does not obviously benefit Hemanshu, who is Hindu, English-educated, male, able-bodied, north Indian, straight, Hindi-speaking and upper-caste. But should Hemanshu lose his legs in an accident, or get posted in a non-Hindi speaking or non-Hindu-majority area, he too will be protected. The court has recognised that pluralist societies rarely have permanent majorities or minorities. The Constitution stands for the principle of minority protection, whoever they might happen to be. This should be noted by the *ulema* and the archbishops who seem to have failed to envision a fellowship of the disenfranchised in their response to the court's judgment.' [Good for all minorities, *Telegraph*, 9 July 2009]

An edit in *Deccan Herald* stated that "the judgment is an affirmation of the equal rights of sexual minorities. A sexual minority in like any other social minority and a democratic and constitutional society has to protect its rights." [Point of debate, *Deccan Herald*, 4 July 2009]

Pratap Bhanu [It's about all of us, *Indian express*, 4 July 2009] observed that the judgment is first and foremost a defence of liberty, equality, privacy and a presumptive check on state power. He raised three important issues in the context of gay rights - "privacy cannot be protected if state has arbitrary power over some groups, equality cannot be realised if invidious distinctions between citizens persist and the rights of liberty cannot be genuine if they apply only to all those who are alike."

News reports also dealt with the notion of inclusiveness which embodied the spirit of the judgment and underlined the need for a gradual change in society. The judgment was said to be a precursor to a larger discussion in society on the balance between sexual freedom and traditional society. [Inclusiveness, inch by inch, *Hindustan Times*, 8 July 2009]

Another view that emerged was that the judgment had enabled India to catch up with liberal democracies and uphold minority rights and protection of communities against invasion of privacy. [A judgment for India, *Indian Express*, 16 July 2009; A landmark judgment, *Pioneer*, 14 July 2009]

e. Media at the same time was also indicating that numerous challenges still remained for the MSM community. Analysis of 228 voices gathered from 100 news reports of the judgement reveals the attempt to articulate the road ahead.

Religious organisations across the country were outraged at the verdict that read down section 377 of the Indian penal code and demanded that the government must not legalise homosexuality. [Gay issue unites Hindu and Muslim hardliners, *DNA*, 6 July 2009] 'NBCC will bring out more concrete steps to inculcate a sense of awareness in the minds of the Nagas. The church is evolving a consensus to combat the ruling of the Delhi High Court' (Homosexuality is ungodly: Church, *The Nagaland Post*, 12 July 2009).

The judgement did not consider the impact of watering down provisions of section 377 on punishments for rape and paedophilia. Reporting on such aspects, media noted, "It is a sensitive issue, and therefore requires a wider debate. At the time we discussed section 377 from the perspective of a small population it impacted, but now it involves the entire society. The issue needs to be discussed at length. The judgement will have an impact on several other laws also." [Sensitive issue: NCW, *The Hindu*, 5 July 2009]. In yet another instance, a leading daily stated, 'The Delhi Commission for the Protection of Child Rights (DCPCR) has come out strongly against the dilution of provisions criminalising gay sex. The commission has expressed concern that the dilution can have serious impact on the emotional and sexual behaviour of children and adolescents in the country. The definition of consensual and non-consensual sex may get blurred in some cases.' [Child rights panel opposes any dilution of Section 377, *Times of India*, 18 July 2009].

Substantive rights for the MSM community still remained a challenge. "To allow same sex marriages, many amendments will have to be made to all

marriage laws which seems unlikely at the moment. [Gays are not free to marry, *Mail Today*, 4 July 2009]. 'Gay marriages are not acceptable in Sikhism and have no place in Gurmat. We may begin an agitation against such relations.' [Akhal Takth bars gay marriages, *The Times of India*, 9 July 2009].

A progressive judgment notwithstanding, the community still faced a lot of social stigma and lack of family acceptance. 'Just because it's de-criminalised, it doesn't mean my parents will be proud of me or accept me. It doesn't mean that people will stop making fun of me.' [Young gays relish freedom at home, in pubs, *The Times of India*, 19 July 2009]. The report further stated, 'The restlessness is evident in their grappling with the slow process of change. Initially euphoric about the impact of legalization, they realise that society's mindsets have to change before persecution stops.'

Strategies were required to ensure that MSM could overcome social stigma and access health services. 'Around 1000 gays have so far availed of the counselling sessions. Of these, 250 have joined the organisation. They can hold film festivals, workshops and rallies in the metros and bigger towns, but this is not possible in a small town where the society is conservative and has a rigid attitude.' (Small city hide and don't seek, *DNA*, 13 July 2009)

f. Reporting on the Supreme Court proceedings was considerably lower in number (180 reports from 2010 to 2012). However, as analysis of

118 news reports below indicates the media continued to track the issue and the submissions of various groups opposing de-criminalization of the MSM community. It continued to critically reflect the complexity of the arguments that were taking place in the court of law regarding gay rights and entitlements.

Of the messages in a sample of news reports during the period from 2010 to 2012, 34% focused on arguments opposing de-criminalisation and 52 messages (15%) underlined the continued challenge of stigma and family and social opposition to this key population at higher risk. The reports began to link the contradictory stand of the government to abdication of responsibility to protect vulnerable minorities (62 messages). This crucial link establishing government accountability towards citizens raised the bar for the discourse on gay rights and state role in protecting those rights.

Another dimension related to the discussion on substantive rights in areas such as civil union, parenting and surrogacy rights for gay people. Unlike in the period prior to the Delhi High Court judgement, these discussions were found in guest columns of newspapers. With the judgment however, the debate on whether these rights can be guaranteed to gay people in addition to the right to health appeared in the news reports space (21 messages).

Table 7: Messages in news reports centred on the legal environment (2010 – 2012)

Key messages in legal reports	2012	2011	2010
Number of Reports	76	20	22
Path breaking verdict		1	
Contradictory stand of the government	29	1	11
Law was a hindrance to HIV prevention efforts	17	1	1
Arguments on why the law was bad – bad law, outdated/Doesn't prevent child sexual abuse/Is incomplete/Doesn't address rape/misuse of the law high	12		10
Arguments to oppose de-criminalization- Homosexuality will lead to child sexual abuse/Homosexuality unnatural/Homosexuality encourages child sexual abuse/Restrictions under Section 377 are in the interest of public morality and society/Private choice must be tempered with for public good	68	23	27
Homosexuality is related to the adult right to consent and privacy/ Right to choice/Freedom of expression/Equality and constitutionality of law important	13		8
High Risk practices encouraged through homosexuality/ Causes AIDS	20	1	3
Stigma against communities continues to be high and issues of sexuality not discussed openly	8		9
Families and society has become more accepting of homosexuality/ Slow changes	6	3	1
Government is not defending the rights of citizens/Vulnerable class of people must be protected	17	3	2
Society changing and things becoming more acceptable	18		7
Discussion on surrogacy, single parenting, live in relationships/ Gays and child adoption/Substantive rights still need to be addressed	12	9	
Evidence presented–HIV figures	5		
Total Messages	225	42	79

Table 8: Spokespeople quoted in legal reports

	2012	2011	2010
Judges	26	3	6
Lawyers	29		2
Human rights and community activists	15		3
Government representatives/Ministers	3		2
Common man	2		
Public Figures – Cine stars, Professionals, Academicians	3		1
Community			5
Armed forces		7	
Religious bodies		10	11
Commissions	4	9	10

D. Partnerships with Media Brought Positive Impact for Community

Community voices in media reports

Community leaders made concerted effort to interact with media and emphasize their role in empowering the community even as they drew attention to the communities' fight against violence and violations. Of particular note is the effort made by the transgender communities in Tamil Nadu and the MSM and transgender representatives in Karnataka since 2006. 528 news reports highlighted these narratives from 2005 to 2010.

"They are looked at differently and the society shuns them... In spite of the 'Rights' movement worldwide, the sexual minorities - lesbian, bisexual women and transgender persons - are humiliated and pushed around by not just the society as a whole but by their families as well." [Let us live the way we want, *The New Indian Express*, 5 August 2007, Bangalore]

Reports began to include strong community voices emerging from isolation, confusion and the trauma of violence. From a meagre 52 community voices in 2005, 281 community voices were tracked in the reports of four states by the end of 2010.

- 'Sonu described the confusion that his gender created when he applied for jobs. Employers would look at the "female" on his certificates and expect him to dress like a woman. He finally got a job in an NGO. "What is the connection between what we wear and how we do our work?" asked Christie. CK Meena, [Sounds of Silence, *The Hindu, Metro Plus*, 16 August 2007,]

The report goes on to state, 'It is a question that could well be echoed by the MTF (male-to-female transgender) hijra community, which has been a part of Indian culture for centuries. The hijra has little hope of employment unless she appears visibly male, which is an impossibility since a major part of her cultural identity is founded on exaggeratedly feminine mannerisms and attire.'

- "Once a group of boys enquired if I'm a male or female. I felt humiliated and did not respond. But they stripped me and I was forced to jump out of the bus and flee. The society stereotypes men and women." Christy Raj [Let us live... *New Indian Express*, August 2007, Bangalore]

In November 2008, the first ever state media consultation on MSM was held as a run up to the first ever MSM convention in Andhra Pradesh. A key feature of the effort was a close partnership between the state HIV program, organisations implementing the initiative and senior community leaders. The event led to over 80 media reports across newspapers, TV channels and websites. Anecdotal evidence of the impact of one such coverage on the community itself comes from a community representative after a full spread cover story was done by a mass circulation Telugu language daily Andhra Jyothi. He states that the supportive and informative nature of the article helped to mobilize the target audience.

Similarly in 2008, NGOs based in Karnataka - Samara, Sangama, Suraksha, Sadhane, Samara - partnered with CFAR on the occasion of the World AIDS Day and 15 journalists were selected for a briefing. Community representatives used the opportunity to speak about the myths and misconceptions surrounding these communities and the media was equally appreciative of the community efforts to reach out to them. One-to-one interactions were organised for journalists following the briefing. The resulting coverage (15 news reports) not only supported the struggles of the community to access their rights but also paved the way for increased reporting by these reporters on the growing incidence of HIV amongst MSM and the need for interventions. As a follow up to consistently ensure media partnerships, in 2008, two district level MSM conventions (Dharwad, Bangalore) were used as spaces to encourage media and community interactions. Press conferences organised before the events helped journalists understand the rationale behind the MSM conventions. 25 news reports emerged from these two initiatives which were seen as a watershed in reporting on MSM and transgender issues in the state.²⁴⁰

Analysis of reports emerging out of a coordinated community media partnership in Tamil Nadu

In Tamil Nadu, between 2005 and 2010, partnership between the community leadership of transgender people and CFAR helped to systematically mobilize media focus on the numerous development concerns faced by the community including response to HIV prevention amongst the community. 40% of the total coverage on transgender people (593 out of 1452) emerged from the partnership. Not only did media coverage on transgender community grow but it also recorded a high percentage of community voices (33% of total voices) and supportive government and political voices (19% of the total voices). Central to this strategy was to continuously harness the community-media partnership through 65 large and

small events in the six year period including festivals, anniversaries and rallies. From 2007, a large number of reports were built around the theme of vulnerability reduction (929 out of 1452 reports) and around 8% of the coverage (110 news reports) focused on addressing the risks faced by the transgender community to HIV infection due to stigma and discrimination.

An analysis of 65 reports on Koovagam (2006–2008) and 74 reports on Aravani Pengal Week (APW) (2008–2011) which emerged out of community, media and CFAR partnerships shows that the Koovagam news reports generated 147 messages and the *Aravani Pengal Week* reports generated 129 messages.

Table 9. Messages emerging from events initiated by MSM and transgender communities in Tamil Nadu

Messages by events supported	APW	Koovagam
Empowerment, self esteem	34	36
Raising concern, seeking social inclusion	6	21
Demonstrating social inclusion and mainstreaming	30	16
Risk reduction	9	46
Vulnerability reduction: strengthening access and delivery of social entitlements	50	29

Table 10. Risk and vulnerability reduction emerging in news reports supported through community events in Tamil Nadu

Messages	2005	2006	2007	2008	2009	2010
Risk reduction	1	12	32	39	14	12
Vulnerability reduction	20	74	175	340	140	180

When the community focused on key issues such as risk reduction, more specific programme-centred messages emerged. Between the two events *Arvanigal Pengal Dinnam* and *Koovagam*, nearly 20% of the messaging was on risk reduction. Within it, over 80% of the messaging on risk reduction was done during the Koovagam event. During Koovagam, the dominant messaging was on safe practices and risk reduction. It accounted for nearly one-third or 31.29% of the

total messaging. Spokespersons from NGOs and community accounted for over 60% of the total voices that emerged and was closely followed by the supportive voices from media accounting for another 30%.

Community spokespersons who accounted for 20% of the voices urged their peers to be cautious and reduce their risk to HIV and STI and stressed the

importance of good health. They spoke about the necessity of condom use and sought the support of the public to take forward their condom distribution work at the event. Here, media played a significant role which was evident in the support it voiced to the many risk reduction initiatives taken during the event including urging District Collector and villagers to extend greater support for HIV prevention activities.

The events provided opportunity to articulate different facets of vulnerability reduction. This ranged from raising concerns about social exclusion, speaking about practices enabling social inclusion and demanding more consistent access to social entitlements and welfare schemes. Vulnerability reduction messages account for 28.26% of the total messaging, and within it the messaging on social entitlements was distinctly ahead of the other two facets.

While messages on risk reduction had to be contextual and crafted in a non-judgmental manner, on vulnerability reduction the challenge was to ensure that the messages were down-to-earth and reflected the rights-based approach. The events were designed

to enable spokespersons both from the community and NGOs to message in a convincing manner. They spoke about both rights and responsibilities and even enacted the message by performing some humanitarian service such as planting saplings, etc. to show that even though they are socially marginalised, they are responsible citizens.

On social entitlements, the messages were concrete and they not only wanted the government to issue “Orders” but also develop a well formulated implementation plan and the necessary mechanism to ensure that the entitlements reach the community.

Although entitlement to ration card, skill development and livelihood schemes and quality education were messaged repetitively, what is significant is the wide range of demands that were made encompassing almost every aspect of governance. This included access to services such as health, legal, grievance redress, shelter, old age home, counselling, marketing facilities, bank loans, a separate social welfare board and declaring a day dedicated for transgender empowerment. A consistent and planned use of media enabled the community mainstream vulnerability reduction into the larger framework of state obligations.

The MSM and Transgender Persons' (LGBT) Movement in Nepal: Role and Engagement of Media

Acknowledgements

This country case study is shaped by inputs from a variety of community members, media professionals and researchers with whom we interacted during our visit to Kathmandu in March 2013. We would like to dedicate this space acknowledging their valuable participations.

Among the individuals who contributed significantly, we are particularly thankful to Sunil Babu Pant, Bhumika Shrestha, Bobby, Umesh, Parshuram, Durga and so many of their colleagues and members at BDS, some of whom also participated in a focus group discussion. Madhav Dulal of Ujyalo FM and journalist, researcher and chronicler Kyle G Knight, besides sharing their responses, were of immense help in facilitating our interactions with local media in Kathmandu. Basu Guragain facilitated our interaction with the young gay members of his organisation Pink Triangle Nepal. Daniel Coyle spared valuable time sharing his experiences of research on facets of social lives of sexual and gender minority groups in Nepal.

Of our interactions with media people, we would like to especially mention Keshav Podel of The New Spotlight, Ajay B Khanal of *The Himalayan Times*, Hari Bahadur Thapa, Gopal Khanal and Atul Mishra of *The Kathmandu Post*, Ghanshyam Khadag and Sunder Khanal of the *Daily Kantipur* and Subeena Dutt, former editor of *Wave* magazine, for their valuable participations.

A series of Bandhs affecting public life in Kathmandu disrupted many of our scheduled meetings including those with representatives at the country UN office, the Ministry of Health and with senior journalists like Kunda Dixit and Kanak Mani Dixit. We are as much

thankful to our friend Prakash C Nayak who was based at Kathmandu during the period and helped with local logistics along with Ambika Thapa.

Executive Summary

The LGBT movement in Nepal evolved from being predominantly human rights-centred to being part of a wider socio-political struggle. The continued assertion by the community was also able to make remarkable gains in terms of legal and constitutional recognition, more frequently occurring sharing of public space, visible civil society support, and indeed, in tandem with all these, a commensurate public domain presence.

Overall Representation on Public Domain

In what evolved as a widely supportive and sympathetic representation on media of human rights violations against the community, the struggles of the community resonated within the wider socio-democratic movement in the country, and came to be recognised as a legitimate part of it, beginning 2003-2004.

The HIV discourse – as visible on the public domain in this entire decade – both, continued as a parallel streak, and was very much part of the largely human rights-centric LGBT narrative in the country. Of the 24 media reports documented by BDS and mentioned for the year 2003, 22 stories are centred on human rights violations or social stigmatization, with five mentioning the contexts of HIV and AIDS or SRH.

Key Aspects of the LGBT Discourse

Although the focus of BDS as the lead LGBT group remained on addressing HIV, the sheer intensities of day-to-day violations faced by LGBT community members seems to have forced a dominantly human rights approach in the way it steered its issues.

The fact that on human rights they could engage the media more persistently is testified by how documentation of violations against the community were positioned onto the public domain, which served 'as clinching evidence' used by the court later when it pronounced the historic judgment in 2007-8 stopping all forms of discrimination against sexual and gender minorities.

Alongside the human rights focus, some early sensitive reports by media representatives like Kiran Nepal, Sudeshna Sarkar, Sandeep Chakan, etc. are recognised as critical, necessary impetus to creating and strengthening convergence with wider society. Purely from the point of view of communication, such beginnings may have been of strategic long term significance for the issue.

Aligning access to HIV prevention with human rights, "BDS was successful in convincing the National AIDS Programme to include men who have sex with men as a key population at higher risk in the National AIDS Strategy." As it constantly conferred with the media on human rights violations faced by community members, the negative impact on HIV services too were covered.

As part of project commitments, BDS leveraged its HIV, AIDS and sexual and reproductive health mandate to focus on strengthening community awareness using a series of community disseminations. It helped strengthen, in particular, the MSM and gay identities, as it advanced HIV education. At the same time, these campaign publications were solely 'for-the-community and by-the-community', and remained detached from the wider public discourses.

In the later phase, post the court judgment, BDS addressed the gap by undertaking wider public education through paid programmes on a national television channel and later on FM radio.

Structural Barriers

Writing on the barriers and biases the community was facing, media tended to mostly use the widely identifiable theme of social injustice rather than highlight the deep-seated structural barriers that were marginalising the community in a far more entrenched

manner. Missing was a conscious, informed or strategic effort by the movement and its advocates to deepen media engagement on the issue of structural barriers, particularly in relationships with key stakeholders (including the media) in the post-judgment phase..

More immediately, community disinclination to come out in the open only meant that there were no engaging human interest stories of individual dilemmas, relationships, and family and social negotiations, or the deleterious effect it was having in increasing their vulnerability to all kinds of life-threatening challenges. This disconnect resulted in a virtual absence of any demystification of the issues in the public domain.

Surge in Positive Media Coverage

The legal milestones attained by the community in 2007-8 catapulted it to the centre stage of public discourse, with media celebrating the historic significance in reclaiming the rights of these communities, world over. Analysis of media reports show that both national and international media continued to report with prominence the significance of this historic development for the next few years.

Still, even as the state and legal responses were showing clear signs of positive shifts, discrimination and abuse at the social and structural levels did not show signs of abatement in this period. The hugely positive and aspiration-centred depictions overwhelmed the paltry reporting of continuing struggles for survival and basic civil liberties on the public domain.

Key Factors to Success

Increased presence of community spokespersons

– From the perspective of the media, the phenomenon of historic recognition of the community's identity and rights –legal, state and constitutional –was an attractive opportunity for further attention. At the same time, the charm, affability and accessibility of the movement's pioneer, Sunil Babu Pant, led the media to position him as the quintessential face and champion of the movement, even with continued efforts to position others as "victims", change agents or role models.

New symbols of community assertion – In the midst of growing international attention, solidarity and support, the dominant leadership focused on augmenting social and civil society acceptance for the community, and used cultural, sports and even ceremonial events like gay marriage, gay tourism and gay sporting events as popular symbols to connect with mainstream society.

Advancing citizenship rights – Parallel to the above, lead champions like Sunil Babu Pant remained keenly conscious of using their political stature to push for institutionalising the mandates for recognition of the community in government and legal processes and policies. Persistence also led to significant actions such as the creation of the National Task Force for Sexual and Gender Minorities and the inclusion of community needs in planning and policy development by other ministries and key agencies.

Continued community participation in HIV prevention – A notable trajectory of community involvement remained at the ground level in the form of the continuing HIV prevention services.

Gaps, Challenges and Emerging Lessons

Loss of the HIV discourse - The human rights' path taken by the LGBT movement in Nepal eventually overcame the need for continued attention to HIV prevention, care and treatment. Out of 58 reports on the issue of citizenship rights for the community, for example, only three mentioned the link of such vital rights with the communities need for basic health services, including addressing HIV-related risks.

Need to address the persistent concerns - Continued perseverance of the community at the ground level may have done little to change structural responses and biases, as evidenced by a constant flow of local media reports on harassment and resistance to change by local authorities. In the predominantly positive portrayals during the post-judgment and post-gains phases, the media lacked the necessary engagement to demystify and dismantle entrenched resistances to acceptance for the community at social and institutional levels.

Sustaining continuity in media engagement - Critically, the leadership's consuming engagement

with negotiating policy discourses in the intervening periods distracted it almost entirely from documenting evidence and sustaining a media trail as it did so successfully in the beginning of the movement (2003-2008). Media was not prepared by the community for the post-victory scenario, and did not understand nor was able to deconstruct state obligations to help establish supply and demand dynamics.

This has particular relevance today as some media persons, a few officials and some disengaged community members have publically challenged the decade-long legacy and leadership of the community. The challenge is severely jeopardising even the basic momentum necessary to keep the LGBT movement apace in the country. The need to have media gate keepers in place has been acknowledged as a clear necessity for the future.

Entering the media space to address entrenched biases – Once again, the community had to take on the role of media in order to address exclusion by media, through the Pahichan programme that was aimed at disseminating LGBT issues. The emphasis has been on reiterating community vulnerabilities, health needs, and HIV risks. No cooperation or active engagement with the outside media is apparent and likely does not exist.

Conclusion: A Carefully Nuanced Media Re-engagement to Advance the Rights of MSM and Transgender Persons

The evolution of the LGBT movement in Nepal brings out some vital lessons in how it leveraged a popular tide on the public domain and was able to align itself effectively to wrest salient gains for itself.

At another level, however, the way media as a key stakeholder was engaged with this evolution and the emerging issues of the community brings out the fact that especially at critical junctures of the evolution process the engagement tended to be selective on the part of the media.

As evident, a lack of informed mediation with media may have lead to heightened or loosely founded-expectations, even as media's engagement may not have invested in necessarily the most critical issue

dimensions. While the volume of media reporting and attention to the issues have been dramatic, the important question is whether such an intensity yielded the desired outcomes for the community, especially given the need to mainstream the unique concerns of the community.

As media largely chose to support the community and the movement, somewhere the alignment had to be defined by the issue advocates such as the LGBT community leaders rather than the media itself.

Clearly, presence of the issues on the public domain could not be negotiated to effect long term strategic alliances with key stakeholder institutions like rights advocates, experts, government and the dominant civil society. Given the current state of media disengagement with the issue, the need to work on the gaps and challenges and etch out a dynamic framework for community engagement with media becomes even more vital.

Narrative Report

Introduction

The picture of the LGBT narrative in Nepal emerging from our literature review was that of a predominantly human rights-centred struggle waged resolutely by the community and its leaders. It also indicates the process of evolution from a small community initiative to being part of a wider socio-political struggle. Especially towards end of the last decade, continued assertion by the community was also able to make remarkable gains in terms of legal and constitutional recognition, more frequently occurring public space share, visible civil society support, and indeed, in tandem with all these, a commensurate public domain presence.

Gains accomplished

Of the many veritable gains accomplished by the community in the preceding and intervening periods, the more historic ones can be recounted as the Supreme Court directive of late 2007 to the Government of Nepal to stop all forms of discrimination on grounds of gender and sexual identities; the final court order to

this effect in 2008; the National Committee recommendation on same sex marriage in 2012. Of as much significance was the inclusion of the 'other' category in the census enumeration process.

Overall representation on public domain

Representation of these path-setting developments on the public domain tended to celebrate the socio-political foresight and 'progressiveness of the society'²⁴¹ as much it lauded the communities' struggles behind the gains, very often sensitively illustrating the pathos and deprivation in their lives. Partly, such a public domain disposition came across as a spill over of the widely sympathetic recognition media in general had been ensuring for the community since 2003-4²⁴², more so as the community's struggles and outcries resonated with the wider socio-democratic movement in the country.²⁴³

The HIV discourse – as visible on the public domain in this entire decade – both, maintained a parallel streak, and was very much part of the largely human rights-centric LGBT narrative in the country. Critical examination of these trends was consciously done during first hand interactions with key stakeholder including the community, media and civil society in Nepal.²⁴⁴

Key elements

The manner in which the LGBT issue got positioned on the public domain was entwined with how the community was negotiating severe forms of violations for basic survival and clamoured for its rights and entitlements vis-à-vis the social and structural biases and repression. Although the focus of a LGBT group like BDS was on addressing HIV, the sheer intensities of day-to-day violations faced by its community members²⁴⁵ forced a dominantly human rights approach in the way it steered its issues. As a result of the path setting constitutional and legal recognition of their sexual and gender identities in the country in 2007-8, the public domain itself tended to support the rights based outlook of the community movement led by BDS.

A scan of media reports that appeared on their issues across years evidences how human rights abuses and individual and collective struggles and resistances

by community members were used as the most frequent pegs by the media²⁴⁶. In fact, the sheer presence of compelling human interest hues in these incidences of discrimination and atrocities may as well have been one of the factors that led to not only a spate of media reports but also created a strong public discourse and opinion on the anti-democratic practices of the then regime. Also significant is how BDS and its members continued being the most consistently visible community voices on LGBT issues on the public domain, including online international portals like www.globalgayz.com.

Flag bearer on the issue

The LGBT discourse in Nepal has by and large been synonymous with BDS - the group recognised as the sole agency that brought the issue into public reckoning ever since its inception in 2001. BDS has continued being recognised and posted in public domain as the flag bearer on the issue.

Beginning as a group on 'HIV prevention in 2000-01, it got drawn into addressing incidences of violations against the gay and transgender people by 2003-4'.²⁴⁷ A predominant human rights focus prompted a transition to leading and representing a civil liberties movement on behalf of the community, and later to a more coordinated movement for gender and sexual identities and rights in Nepal. They found themselves becoming a natural focal point for disparate members from the LGBT communities, and instantly succeeded in bringing them together on a common platform.

Having got focused on addressing on a day-to-day level incidences of discrimination, repression and other violations by police and others, the group could network and consolidate its members better, and was already out there in the open. It was proactive about engaging with media to report and highlight all incidences of violations, and media in general responded empathetically. Even today, many journalists are able to clearly recall²⁴⁸ how they used to be contacted by BDS and Sunil Pant whenever there was an incidence of illegal detainment or forceful arrest by police, etc. In all of this, the larger civil society, media and human rights groups remained empathetic to the LGBT community, especially the transgender subgroup who were the more visible lot²⁴⁹.

We find that when BDS began as a small group of community volunteers to support and give voice to individual struggles of community members, the media joined in as a key instrument in amplifying their voices and concerns. "Intense media focus on violence against gender variant people" has been noted as a key explanation for a heightened local cultural relevance for the third gender in the country "as the contemporary sexual and gender minority rights movement emerged in Nepal."²⁵⁰

Early trends

From as early as 2000, and more concretely from 2003, there are numerous media reports on abuses and atrocities on community members, in most cases by the police. These relate mostly to forced and unlawful detention, torture, beating, rape and humiliation faced by them at the hands of the authorities, and often also the associated social and familial persecution²⁵¹. BDS attempted to bring these together in the form of a compilation and review of media reports. A typical example of the reports depicted in this Review is as follows. "On Feb 05, 2003, Himalayan News Service reported 'Some 10 gays, who were dancing at the Babylonat about 1:30 am, were reported to have been physically assaulted by a Mongolian-faced man demanding sexual favours. They were chased by this man holding a knife. ...Janasewa Police at New Road refused to register their complaint' ...a press release issued by the Blue Diamond Society states". The document samples media reports that emerged in the succeeding years and comments on the community's response to violations.

Making Human Rights the focus

It is of significance to note how the intensification of the pro-democracy movement and the continued instances of such atrocities and discriminations directed at LGBT communities may have forced BDS into redefining its organisational focus in those days even though, as Sunil Pant confirmed, "the organisation's focus in the initial phase was on HIV and AIDS outreach."

BDS' outreach emphasised HIV prevention and educating members of the MSM community about

their particular vulnerability to the infection. When BDS took “a conscious decision to move slowly into the human rights campaign from merely continuing HIV and AIDS outreach, ...(it) began documenting violence against community members and raising awareness about the rights violations against the SGM [sexual and gender minority] community”²⁵².

Of the 24 media reports documented by BDS and mentioned in this Review for the year 2003, 22 stories are centred on human rights violations or social stigmatization. Mention of HIV and AIDS or Sexual and Reproductive Health contexts are there in only five of these stories. Two stories (on gay parade, fashion show) are about social assertion and inclusion.

As BDS was becoming conscious of documenting incidences of violations and atrocities targeted at the LGBT community members, it helped facilitate more effective interaction with media on the issues. Many of these accounts were graphically documented in detail, and reproduced later by BDS and Bhandari in the form of a review.

Media as an early enabler

Interspersed in this period of increasing violations are also media stories recounting the courageous yet uphill task that a community group like BDS had mounted upon; how atrocities impacted delivery of HIV and AIDS care and services by its staffers, etc.²⁵³ Even within the predominantly human rights-centric focus, media was framing specific reports on issues of LGBT and HIV²⁵⁴. We also find media coverage interspersed with stories promoting awareness and acceptance for this community²⁵⁵ all along this period.

Clearly, BDS was aware of making efforts to reach out to the media, and saw media as a critical agency. “Insurgency began around the same time, leading to more violence and atrocities against community members. We had to intervene in individual cases almost every day. Community members were booked for creating public nuisance and for immoral behaviour. We thus started documenting these from the human rights perspective. As violence escalated, we engaged journalists to cover and expose it all from the civil rights perspective” - Sunil Babu Pant of BDS recounting his struggles in the early days.

The stories done early on by Kiran Nepal profiling the nascent struggles by a group of volunteers, or by Himal Khabar in 2003-4 on the first national convention of the LGBT community are seen as pieces of public domain messaging that helped initiate the process of building a receptive environment for the community. Similarly, those on gay rights by Sudeshna Sarkar, Sandeep Chakan or the programme on national TV– *Sangharsh*, raised the issue of alternate gender identities sensitively. These not only helped position the issues in wider public recognition, but also helped address the ‘hitch and hesitation’ that media in general faced in approaching members of this community. In this sense, the works of these early pioneers are recognised as critical necessary impetus to opening up dialogue with wider society, and positioning the community’s struggles within the larger social democratic movement in the country.²⁵⁶

These may as well have in many ways been the cornerstones on which the ‘largely positive’ outlook of media on LGBT communities got shaped in the following years. Purely from the point of view of communication, such beginnings may have been of strategic long term significance for the issue.

Pro-democracy movement: Game changing times for LGBT

Looking at how LGBT issues got posited in the wider public domain in these years, we find that the trajectories of violations against the community tended to reverberate with the bigger pro-democracy movement in the country. As Sunil Pant stated in 2006, “BDS has also been an active participant in the recent democratic movement in Nepal.”²⁵⁷

Both, global mediations and media’s role and response in this entire period, got naturally aligned into amplifying the rights debate. The organisation of “the first national convention in 2003 was a significant step in encouraging the community to come out in the open”²⁵⁸. This was reciprocated by “positive stories in some lead media including the one by Kiran Nepal in *The Himal*.”. The imprisonment and detention of 39 BDS members without charges in August 2004 as a result of a petition filed against BDS for ‘promoting homosexuality’ by a lawyer “catalysed unprecedented attention from international NGOs and

media”²⁵⁹. From its focus on prevention services since 2000, BDS found itself increasingly drawn into human rights issues by 2003-4, and by 2006-7, got fully involved into a civil liberties movement. With the courting of arrest and the filing of the PIL against the newly promulgated ‘Code of Conduct’ for NGOs and Media by the new regime, the community’s participation became more pronounced, overt and even combative.²⁶⁰

The fact that on human rights they could engage media more persistently is testified by their documentation of violations against the community and got positioned into the public domain, and eventually served ‘as clinching evidence’ for the court²⁶¹ to pronounce the historic judgment in 2007-2008.

Aligning access to HIV prevention with Human Rights

It is clear that having come together on the plank of a focused HIV prevention program, the LGBT community, while advocating on community initiatives, also posited the hardships faced by it within the larger issue of HIV in the country, highlighting the need for more inclusive efforts to address the specific needs of this most-at-risk-population. “BDS was successful in convincing the National AIDS Programme to include men who have sex with men as a key population at higher risk in the National AIDS Strategy.”²⁶²

On February 07, 2003, Inter Press Service carried the report ‘Men Who Have Sex with Men Speak up’ with the predominant message that ‘metis’ among homosexuals are the key population at higher risk as they have multiple ‘ta’ partners. The news was part of the coverage of the first Nepal National Consultation Meeting for Male Reproductive and Sexual Health held on February 01 2003.

This was the time the community, led by BDS, had just realised that it needed to consistently sound the media, in particular, of its hardships and travails. That violence and discrimination by society and law enforcement agencies also jeopardised HIV care and service delivery became part of their narratives. The diversity in coverage across outlets as well as the frequency with which reports around MSM and gays

in particular appear on the domain in this period clearly point to the fact that as an ally, media helped with an active and a highly supportive reporting for and on the community. The fact that community members (mostly staffers of BDS and its affiliate organisations working in HIV care and prevention across districts of Nepal) were as much at the receiving end of atrocities and abuses by authorities very often helped media highlight the critical overlap between the twin issues of HIV risk and harm reduction and LGBT rights. As the forefront community group, BDS’s efforts in this are evident in how it engaged media through alerts, mailers and letters to authorities to this effect²⁶³. In effect, as BDS emerged as the sole sounding board for media on LGBT, it also helped bring gaps and challenges in access to HIV services and implementation, including in far off regions, on the public domain.

Addressing structural barriers: Some challenges

Media was occupied with reporting the many facets of the popular uprising and people’s struggles in the country. Reports of violations suffered by the community did find some spaces on media. However, it was the peg of social injustice - rather than deep seated structural barriers marginalising the community in a far more entrenched manner – that continued to find appeal with media. Lack of any conscious, informed and strategic effort by the movement and its advocates to deepen media engagement on the issue of structural barriers had a significant impact, particularly on the community’s relationship with stakeholders including the media in the post-judgment phase. Moreover, the fact that the community remained deeply distrustful of media and disinclined to come out in the open only meant that there were no engaging human interest stories – of individual dilemmas, of relationships, and unsaid family and social negotiations and the deleterious effect of these in abetting their vulnerability to all kinds of life-threatening challenges. Initial bids to ‘engage’ with the media could not negotiate this resistance, as BDS got consumed more and more into addressing increasing incidences of atrocities and violations against the community. “Impressed with the HIV outreach work our community members could achieve in 2003, a sensitive English journalist at Nepali Times tried to do

detailed stories on us and our works. I spoke with all our community friends to speak to her. But when she came, everyone vanished. Finally, it was just me. The story was out,” recounts Sunil Babu Pant.

This disconnect, which in many ways pre-empted any deeper and meaningful media engagement with LGBT issues, resulted in a virtual absence of the necessary demystification of their issues on the public domain. The few and far in between independent early attempts on the media in this regard though are recalled with great appreciation and fondness by even the common members of the community. *The Himal Khabar* journalist and director Kiran Pandey (Nepal) wrote about gay rights early on. Others like Sandeep Chakai contributed significantly with their writings on our issues in the early days. The weekly evening programme ‘Sangharsh’ by Arti Chato on national TV proved to be a great mover as it raised our gender issue nationally. These and such others like Sudeshna Sarkar in India have been the true early media inspirations that helped bring our issues to light in a positive and balanced manner”. Response in an FGD with young transgender members at BDS.

Enhancing sexuality and HIV prevention education

In the early phase there was a “clear separation between our project activities and participating in the wider movement”, admitted Sunil Babu Pant. As part of project commitments, BDS leveraged its HIV and AIDS and Sexual Reproductive Health mandate to focus on strengthening community awareness. A series of periodic newsletters, both in Nepali and English, which began being published by BDS for circulation within the community across districts of Nepal, clearly show that HIV education got built into a larger aim of ‘using dissemination to empower and bring the community together’²⁶⁴. No doubt, it helped strengthen, in particular, the MSM and gay identities, as it advanced HIV education. Beginning 2004 until 2006-7, the publication of Blue Diamond and the vernacular *Neel Heera* series of newsletters show a visible intensity, with their periodicity varying between weekly, fortnightly, and later monthly, with more gloss and the look of a general interest magazine. The content too shows gradual evolution –from being limited to news and updates on community affairs

from across the globe in 2004-5, to including support from highly recognisable popular celebrities; discussing issues of wider significance such as sex education, development support; and also celebrating talents and milestones achieved by people with alternative gender and sexual identities.

At the same time, these campaign publications were solely ‘for-the-community and by-the-community’, and ‘we circulated these only among the fraternity’, noted Sunil Pant. Not only did media not show any recall of these²⁶⁵, we also could not come across any instance where the content or a story in a community publication triggered a story by media. Clearly, community dissemination remained distanced, and even aloof, from the way public domain was responding to its issues. However, there are many instances of these community publications carrying stories published earlier on media of violations faced or assertions by the community.²⁶⁶

In the later phase, post the court judgment, BDS addressed the gap by undertaking wider public education through paid programmes on the national television channel, and later also, on FM radio.²⁶⁷ It is important to ascertain if this sequencing was deliberate on the part of the community leadership or if it emerged from the compulsions created by broader socio-political happenings and developments.

Responding to this query, Sunil Babu Pant was clear that the strategic choices made by BDS and the LGBT community were clearly one of opting to work and intervene at multiple levels. “As far as I was concerned, yes between 10.00 am to 5.00 pm I was obliged to focus on the projects and work we have committed, but after 5 p.m. I was not in any way answerable to donors. I was fully engaged with the wider struggles and movement.”

Surge in positive media coverage

As the wider social democratic struggles in the country was entering a fresh phase around 2007-8, the landmark legal milestones attained by the community catapulted it to the centre stage of public discourse. Especially from the announcement of the Supreme Court directive in November 2007 to end discrimination against LGBT communities and ensure

equal rights for them to the final order in late 2008, media celebrated the historic gains, often illustrating its historic significance in reclaiming the rights of these communities the world over.²⁶⁸

Analysis of media reports show that both national and international media continued to toast and give prominence to this significant and historic development way up to 2012.²⁶⁹ Clearly, in the public domain, the gains reverberated with the wider public opinion which was upbeat with gains in sight for national democratic and social transitions in the period.²⁷⁰ In this phase of renewed public opinion, the LGBT issue accomplished victories of its own as it got recognised on the public domain as a distinct legitimised force.

Media in Nepal put its strength behind the community, continuously arguing for and supporting it through these periods of ascent. An obvious question today therefore relates to the same media becoming completely disengaged in the current period of intense crisis²⁷¹ facing the community which also threatens continuance of critical HIV prevention services. So much so that media outlets which were once among the prominent advocates for the community in the public domain have opted to side with a small group of others who are believed to be adversely targeting the community. Clearly, community's engagement with media in the past fell short of inducing the latter with any deeper and informed understanding of its vulnerabilities and risks. Also, the more like-minded and positively inclined ones like My Republica could not get the needed impetus to nuance their appreciation of the cross-cutting community issues, and develop a level of sensitivity needed to engage with these.

BDS's continued documentation of violations against LGBT community members, however, clearly reveals that even as the state and legal responses were showing clear signs of positive shifts and media overall was felicitating these shifts, discrimination and abuse at the social and structural levels did not show signs of abatement in this period.²⁷²

Notwithstanding this, representation of the issue in the public domain by this time however had changed its hue rather decidedly in favour of positive and aspiration-centred depictions. Stories of the

communities' continuing struggles for survival and basic civil liberties at best tended to get edged out by stories on the imperative to wrest constitutional rights of freedom and equality.²⁷³

With the final verdict of the Supreme Court affirming equal rights and non-discrimination against gender and sexual minorities, the pioneer of the LGBT movement in the country securing a significant political mandate as an elected MP, and the inclusion of community voices in the new nation /constitution building processes, the public discourse may have gotten naturally inclined into celebrating the unprecedented gains and recognition for the community. Some matching state responses like inclusion of 'sexual and gender minorities' as a category in the federal budget (2008-9) and the introduction of transgender category in Nepal census around the same time appear to have contributed to the shaping of the contours of the discourse. A look at media reports of the period clearly brings this out.²⁷⁴

At another level, the more exploratory, in-depth and contemplative stories that tried to look at the course of evolution of the LGBT discourse in the country, given the obvious contours of growth and evolution, lauded the movement's pioneer, Sunil Babu Pant as the quintessential leader and spokesperson, as much as these celebrated the legal and constitutional recognition for the SGM.²⁷⁵

Key Factors to Success

From the perspective of the media, besides continued incidences of atrocities and violations, the phenomenon of historic recognition – legal, state and constitutional – of community identity and rights, must have been more attractive themes. As the Chief reporter at Kantipur, Gopal Khanal, points out, "As a media person, I think that any story around the community has a lot of attraction, and often we provide anchor spaces for these". At the same time, the sheer charm, affability and accessibility of its pioneer, Sunil Babu Pant all through the decade, visible in the way local, national and international media continue to portray him, clearly stands out as a key factor that steered the representation of LGBT community and its issues. As a leader, he ought to have worked upon

this as well. “Sunil’s strength is that he ensures proper and dedicated time and attention to media queries”, notes Kyle G. Knight.²⁷⁶

- **Increased presence of community spokespersons**

By his own admission, Sunil is extremely popular with the media in all far off regions in the country. Speaking about a weekly programme on LGBT²⁷⁷ that he spearheaded and anchored on the national television for over two years until Dec 2012, Sunil acknowledges that “the programme is more popular in rural areas. Whenever I go out there, I am recognised well. It brought celebrities and community members together.”

No surprise then that it is hard to locate a media story in this period without the mention of the name of this ‘by far the sole spokesperson for the community’, as he is often referred to in media circles. Other than him, the only names that appear, mostly in stories of violations, are those of BDS (the organisation and its members) and sometimes also of its affiliate gay or lesbian organisations in this period. Initiatives to position other community voices on the public domain, as also to help them evolve as possible spokespersons for the community, too is visible in this period. This includes “ensuring representation of over 50 BDS staff members on government committees across ministries”²⁷⁸; securing representation of community members in political parties; facilitating direct media connects for victims, survivors and role models including those who secured identity cards under the ‘others’ category²⁷⁹, etc. However, while some individuals (such as Bhumika Shresth) and cases (victims or protagonist therein like Bhakti Shah) became more recognisable entities on media, the recognition could barely stretch to a point beyond which these faces could have evolved into spokespersons on cross-cutting dimensions of LGBT. We also find a section in media trying to showcase people like Sandhya Tamang, Bhumika Shresth, Roshan Mahato, Jyoti Thapa and others as community faces. Here works of Sudeshna Sarkar, Mamta Dhakal, Bibek Bhandari, Kyle Knight among others in profiling these young voices from the community stand out.

- **New symbols of community assertion**

Alongside such attempts in this period to bring up a band of spokespersons capable of representing cross-cutting aspects of identity, representation, social and health vulnerability, and social parity, we find a conscious effort at generating for the community platforms for coming together and for wider assimilation. These include organising pride marches, gay marriages and tourism, gay sports, etc.²⁸⁰ Through these symbols there is a noticeable thrust on using the freshly attained recognition for the community to advance social assertion. In the midst of growing international solidarity and support, the dominant community leadership focused on augmenting social and civil society acceptance for the community, and used cultural, sports and even ceremonial events like gay marriage, gay tourism, gay Olympics as popular symbols to connect with the mainstream.

- **Advancing citizenship rights**

Parallel to these, lead champions like Sunil Babu Pant and his team at BDS remained keenly conscious on using its political stature to push for institutionalising the recognition mandated for the community in government and legal processes and norms. “In this period when we were trying to get the citizenship and identity issues worked out, I engaged personally with the vagaries of the system. I paid countless personal visits to the MHA²⁸¹ explaining and clarifying at every stage the complexities in the process,” recounts Pant of his tenure as a Member of Parliament (MP). As instances of violations against the community, and more notably structural apathy²⁸², did not show any veritable sign of abatement in the period, the leadership’s thrust on securing these critical safeguards for the community assumed vital significance. At these macro levels, their persistence was also throwing up results. The National Task Force for Sexual and Gender Minorities got set up and, as an important ‘sounding board for the government’ it had representation from BDS, community and the UN’. Other ministries such as Health, Women and Child Development and key agencies like the National AIDS Programme began to include community stakes in their plans and the ‘other’ identity in implementation norms²⁸³.

We also find that media supported the community in these ‘struggles with the system’. As the community was wresting these incremental gains, however, what is also becoming increasingly visible on the public domain is how the ‘system’, and by implications, its structures, get posited in adversarial dispositions vis-à-vis the community and its core interests.

- **Continued community participation in HIV prevention**

The other notable trajectory of community involvement remained at the ground levels. “As I concentrated at the policy levels, our HIV work at the ground levels continued,” asserts Sunil. The 2012 national figures show decline in new rates of infections, and there is recognition of the fact that Nepal recorded one of the lowest transmission rates amongst all groups in Asia-Pacific, including MARPs. It is well acknowledged that an organisation like BDS, operating close to 800 centres that deliver HIV related services to mainly at-risk groups across regions in the country, had a definitive role in this.

Gaps, Challenges and Emerging Lessons

- **Deepening the HIV discourse**

However, we hardly find the media celebrating any such accomplishments of the community, or even for that matter, the community asserting its role. In a notable finding from the analysis of media reports in this period, we find that out of the 58 reports on the issue of citizenship rights for the community, only three have attempted to link up the argument for such a vital right with the community’s need for basic health services, let alone HIV related risks.²⁸⁴ If projected deftly and from a solution-centric perspective, these certainly were opportunities for creating strong common stakes between community entitlements and rights and HIV prevention, treatment and care. That such an engagement was vital for the community to sustain is underscored by the fact that in the crisis that precipitated in 2012, the most pertinent arguments on media put forth in support of the community were centred on HIV prevention and risk and harm reduction. However, as has been pointed out earlier, the human rights trajectory for the LGBT movement in Nepal eventually had gotten too pronounced to

effectively leverage the HIV dynamics. Qualifying this further, Kyle Knight observed an equally relevant likely factor when he shared, “LGBT rights activists in Nepal don’t necessarily associate with HIV regimes that package them as “MARPS” or at-risk populations and express a range of reasons for, and ways of engaging in rights and HIV work beyond how donor-driven paradigms designate them.”

- **Persisting concerns**

Also of significance is the fact that the continued perseverance of the community at the ground levels may have done little to change structural responses and biases towards them, as we notice a constant flow of local media reports on harassment and resistance by local authorities in these times. Many of these being related with HIV services, the media may have tended to ignore reading the underlying trends or biases, avers Atul Mishra²⁸⁵ of Kathmandu Post agreeing with the widely held opinion that “HIV as an issue has long been plagued by ‘donor fatigue’²⁸⁶. At the same time, senior media professionals like Keshav Poudel of Spotlight further point out that HIV was ‘becoming an increasingly technical subject’ for lay media people to deal with, and that ‘implementation gaps’ as such could not keep the media interested unless coupled with strong ‘humanitarian pegs’ or institutional supports²⁸⁷.

Clearly, such signals were positing themselves as deepening the risks for the community. However, the leadership’s pressing preoccupation with the policy level dynamics in these periods meant that these signals continued to go unheeded. In a sombre response, Sunil Babu admits they ‘should long have had media gatekeepers’ and a better worked out ‘community coordination and response framework’ overall.

- **Sustaining continuity in media engagement**

It is also crucial that the leadership’s consuming engagement with negotiating policy discourses in these intervening periods distracted it from documenting evidences and sustaining a media trail – like the one it sustained in the beginning of the movement (2003-2008). The fact has assumed particular relevance today as a handful of media in

connivance of a few officials and disengaged community members took to challenging the decade long legacy of the community and its leadership, in the process severely jeopardising even the basic momentum necessary to keep the LGBT movement apace in the country.²⁸⁸

- **Recognition of structural barriers as a critical challenge**

Predominantly, the public domain texture through this post-judgment and post-gains phase portrays media as positively inclined towards the community, yet lacking an engagement necessary to demystify and dismantle entrenched resistance to acceptance of the community at social and institutional levels. Occasional reports²⁸⁹ aside, the spate of media stories in this period clearly depict how media engaged only with the gains the community had made.²⁹⁰ Public domain had safely transitioned from the very hard, struggle-for-survival stories of the early phases to the very soft and feel-good tenors of the present. In these times of celebrations²⁹¹, the media did also ensure necessary intactness of policy level dynamics²⁹².

However, a lot of these gains did not get translated on the ground. Neither was there any mechanism to engage media in looking at and writing about the barriers. As gains with more far-reaching implications such as citizenship recognition or inclusion of a separate category in the population census were made, chances of media engaging with disjoints and dilemmas at the ground levels dipped further. Owing to the absence of any sustained engagement with life realities and predicaments of the community, media could not be expected to comment on, assess and dissect the various systemic and social barriers that continued despite the macro level gains.

The lack of engagement of different apparatus of the state could neither get chased up nor portrayed in the public domain. In effect, media never got readied for the 'post-victory' scenario for the community, to understand and deconstruct state obligations and establish supply-demand dynamics. It must be remembered that the community's assertion was largely built on the wider pro-democracy movement, and much of its expectations got entwined with the course and shape of this movement in the country.

However, as this process of democratic transition 'slowed down', the macro connects necessary for the evolution of the issue discourse tended to get stuck. BDS too, with its new focus on impacting the 'system', had to focus more on using its macro level linkages to argue and push for change rather than on its tested strength in ground level mobilization.

- **Rebuilding terms of media engagement**

BDS's alliance with media – from the life-and-death plank of early 2000s to the post judgment celebrations – did not get advanced systematically. With a maximum order from the courts in 2008, the community leadership's alignment with both the state and media underwent a sea change. In the midst of all this, even as sections of gay and MSM continued to resist coming out, there were 'no qualitative media engagements' or sustained dialogue 'with select journalists'²⁹³ by the community so as to have positioned the more underlying aspects of their issues on public domain. On the programmatic front too, the only organised exercise in media engagement was a media workshop BDS organised in April 2012 to help interface managers of community-led initiatives interface with media practitioners.²⁹⁴

- **Entering the media space to address entrenched biases**

Once again, the community and its dominant leadership (BDS and Sunil Pant) may have taken it upon themselves to address continuing biases, as is apparent in their decision to go on air on national television with a programme like *Pahichan* aimed at disseminating information on LGBT issues. In a way, it meant that the community itself assumed the role of media. Any mediation or active engagement by the outside media domain is not visible in the effort. It "used the most effective format, making celebrities talk about LGBT"²⁹⁵ and continued to be on air every week for two years until December 2012. The FM radio programme by the same name, started once again at the behest of the community in August 2012, may be another example of the community's response to continuing resistances in the period. The formats of the programmes clearly emphasize on reiterating the vulnerabilities, health and HIV risks and existential dilemmas of the community all over again.

Conclusion: A Carefully Nuanced Media Re-engagement to Advance MSM and Transgender Persons' Issues

The evolution and course of LGBT movement in the country shows vital lessons in how it leveraged a popular tide on the public domain and aligned itself effectively to wrest salient gains. The making and evolution of a cult community figure Sunil Babu Pant, who steered the entire campaign almost single-handedly for the community, is clearly a remarkable aspect. Similarly, the manner in which the community's reckoning in Nepal, unlike in most other Asian countries, retained an identity largely independent of the HIV discourse is yet another key facet. Of as much significance has been the fact of how the entire movement retained a unified persona²⁹⁶ throughout – keeping in its ambit the transgender populations, gays, lesbians and bi- and inter-sex persons.

At another level, however, a review of media's engagement with the movement and emerging issues of the community show that especially at critical junctures media engaged only selectively. The lack of a strategic approach by the community for engaging media meant that it could not address such selective engagements by media with any informed or coordinated mechanisms. So much so, when media remained largely disengaged during a phase of intense crisis for the community in 2012-13, the community was unable to harness either of its human rights, constitutional or HIV vulnerability standpoints to re-engage media.

Clearly, a media engagement which is so universal and mega in scope and scale has intrinsic pressures of its own, and throws up constant challenges for champions and advocates who are expected to recognise and respond to these proactively. A lack of informed mediation here could lead to misplaced expectations, and media may not necessarily be investing in the most critical dimensions of the issue. While the volume of media reporting on the issues in Nepal have been nothing short of dramatic, what is important is whether such an intensity yielded the necessary outcomes for the community, especially in the phase of striving to mainstream the unique concerns of the community.

As media largely chose to support the community and the movement, the alignment had to be defined by the issue advocates rather than the media itself. Lack of any conscious or strategic effort by the movement to align media interest with the dynamic issue needs at different junctures meant that issue-based evidence, developments and gains got used to serve the wider democratic struggles in the country exponentially more than building an affirmative body of long-term opinions and support in favour of the community. It further also meant that presence of community issues on the public domain could not be negotiated to effect strategic alliances with key stakeholder institutions like rights advocates, experts, government and the dominant civil society. Given the current state of media disengagement with the issue, the need to work on such gaps and challenges and etch out a dynamic framework for community's engagement with media becomes even more pressing.

Advocacy Programme Briefs and Fact Sheets

INDIA - Country Profile

In 2009 the estimated number of MSM in India was 23, 50,000. In 2009 the estimated number of MSM at high risk in India was 4, 30,000.²⁹⁷ No reliable estimates were available for hijras or transgender (TG) women.²⁹⁸

Prevalence and trends of HIV among MSM and transgender populations

By the end of 2011, HIV prevalence among MSM in India was 4.4%.²⁹⁹ HIV Sentinel Surveillance (HSS) found a HIV prevalence of 7.3% among MSM in 2010, down from 7.4% in 2007.³⁰⁰ In HSS 2008/09 HIV prevalence among MSM was more than 5% in 27 out of 60 valid sites; while in 2007 it was higher than 5% in 19 out of 37 valid sites.³⁰¹ By 2009 percentage of all cases that are among MSM was 1.7%.³⁰²

In 2007, HIV prevalence estimates among MSM in high prevalence states included: 6.6% in Tamil Nadu, 11.8% in Maharashtra, 16.4% in Manipur, 17% in Andhra Pradesh and 17.6% in Karnataka.³⁰³

HIV prevalence among MSM increased between 2003 and 2007 in the sentinel sites in Karnataka (10.8% in 2003 to 17.6% in 2007) and Tamil Nadu (4.2% in 2003 to 6.6% in 2007). A decreasing trend was noted only in Maharashtra, from 18.8% in 2003 to 11.8% in 2007, where the study was conducted at the same sentinel sites.³⁰⁴

In 2007, specific cities showed higher prevalence rates among MSM, including: 14% in Gujarat, 19.2% in Bangalore, 23.6% in Pune and 32.8% in Delhi.³⁰⁵ IBBA Round 1 (2005-07) found that in the city of Hyderabad in Andhra Pradesh, HIV prevalence among MSM was 24.7%, while in Madurai in Tamil Nadu, it was 22.3%.³⁰⁶

A 2010 survey of 676 MSM at higher risk in Hyderabad and Secunderabad found an HIV prevalence

of 21.9%.³⁰⁷ A small 2009 clinic-based study of 75 MSW in Mumbai, found HIV prevalence of 33%; a larger 2006 survey of MSM in Mumbai found a prevalence of 18.8%; and another large survey in Mumbai found 5% among married MSM in 2009.^{308, 309, 310} One study also recruited members of the transgender community and reported an HIV prevalence of 68% in Mumbai,³¹¹ while a study in five sites in Tamil Nadu found a prevalence of 12%.³¹²

Prevalence of STIs among MSM and transgender populations

The sexual transmission of HIV between men is a major cause for concern in many parts of India. HIV prevalence is high among MSM in high prevalence states such as Maharashtra, Manipur, and Karnataka and in medium prevalence states like Delhi.³¹³ In 2009 the Syphilis prevalence among MSM in India varied from 0.5-17.8%^{314, 314}

In a study of 51 MSM in Chennai who regularly attended a community-based clinic, 26% were clinically diagnosed to have one or more STIs.³¹⁵ A study of 513 MSM during 2008-09 in Mumbai and Hyderabad, 13.8% were found to have gonorrhoea.³¹⁶

Two studies reported that 14% MSM tested VDRL and TPHA positive in Tamil Nadu 5 and 13% MSM in Chennai shown VDRL-reactive.³¹⁷ The prevalence of laboratory-confirmed syphilis among MSM in other high prevalence states was 13% in Andhra Pradesh, 8.4% in Maharashtra and 11.9% in Karnataka.³¹⁸ Three clinic-based studies conducted among MSM attending STI clinics in Maharashtra reported an HIV prevalence ranging from 11% to 18.9% (11% in Mumbai; 8 17% in Mumbai; and 18.9% in Pune).^{319, 320, 321}

Study done in 2008 shows that among transgender populations the prevalence of syphilis was 13.6%.³²² Clinic-based studies have documented a high

prevalence of syphilis among MSM in Pune 5.8% and Mumbai 17%; and among hijras in Mumbai it was 57%.³²³

HIV-related risk behaviours among MSM and transgender persons

Some behavioural studies conducted among the “general” male populations and STI clinic attendees in different parts of India have reported a prevalence of same-sex behaviour ranging from 6% to 13%, depending upon the male population type.³²⁴ In one Indian study among 2910 males (15–49 years) in five rural districts of five states (Haryana, Rajasthan, Uttar Pradesh, Odisha, Karnataka) 9.5% of young married men who had sex in the past year reported having had anal sex with another male.³²⁵ Additionally 3.1% of married males who had extramarital sex in the past year reported having had anal sex with another male.³²⁶ In another study conducted in 30 slums of Chennai, 5.9% married males reported having ever had same-sex encounters.³²⁷

In studies conducted among male STI clinic attendees, same-sex behaviour ranged from 7% to 13%.³²⁸ In Mumbai-based STI clinics, 45% of MSM had more than five male partners during the past six months, and 39% of transgender persons had more than 10 male partners in the past one month.³²⁹

In Pune, 54.7% of MSM had between 10 and 99 lifetime partners, and 23.1% had ever had sex with hijras.³³⁰ Community-based studies also indicated that MSM had multiple male partners: 25.9% of MSM in Andhra Pradesh reported having had sex with three to five male partners during the past one month.³³¹

In 2003-04, a study of 6,661 MSM in urban areas in Andhra Pradesh found that the average number of male partners in the last month was 6 men. The same study found that in the last 3 occasions of sex with a male, 92% of MSM reported anal sex at least once. In 2009, 35.9% of 210 MSM in Chennai reported having ever paid another man for sex.³³²

Female partners and marital status

The BSS 2001 and 2006 noted that a significant proportion of MSM reported having had sex with

female partners in the past six months, and this varied across sites. But as per the BSS 2001, reporting a female sexual partner was highest in Delhi (51.8%) and lowest in Bangalore (7.8%). In the BSS 2006, it was highest in Delhi (69.6%) and lowest in Chennai (12.6%).³³³

It was interesting to note that the percentage had doubled in Bangalore from 7.8% in 2001 to 16.7% in 2006,³³⁴ while it showed a decrease in Chennai, Kolkata and Mumbai.

In the BSS 2001, having been married to a woman was highest in Delhi (46.2%) and lowest in Kolkata (24.1%).³³⁵ The BSS 2006 showed a decrease in marital status among MSM in Kolkata (10%), while it was highest in Gujarat (55.6%).³³⁶ In another study among MSM attending STI clinics, 82.3% had ever had sex with a female partner and 72.7% had ever had sex with female sex workers.³³⁷

According to IBBA Round 2 reported vaginal sex in past month among MSM was 4.0% - 66.0% (Year 2009).³³⁸

The 2009 survey reported varying proportions of MSM that were ever married (to a woman): 45% in Uttar Pradesh, 11% in Manipur, 25% in Tamil Nadu, 34% in Karnataka and 47% in Andhra Pradesh.³³⁹

Condom use at last sex with male partners

Condom use at last anal sex with commercial male partners varied across locations. During the BSS in 2001, use of a condom with a commercial male partner was lowest in Kolkata (18.9%) and highest in Mumbai (66.7%) in 2006, it was lowest in the state of Uttar Pradesh (13.1%) and highest in Goa (87%).³⁴⁰ In the BSS 2001, condom use with non-commercial male partners was lowest in Delhi (25.8%) and highest in Bangalore (80.7%) in the BSS 2006, it was lowest in the state of Uttar Pradesh (13.8%) and highest in Mumbai (88.2%).³⁴¹

In a community-based study, the proportion of MSM reporting condom use at last anal sex with a paying male partner was highest in Andhra Pradesh (90.3%), followed by Maharashtra (83.0%) and Tamil Nadu (83.6%).³⁴² The IBBA 2005–2007 conducted in Tamil

Nadu among hijras showed that condom use with a regular sexual partner was 73% (last time) and 34% (every time). With a paying sexual partner, it was 93% (last time) and 50% (every time).³⁴³ In 2009 condom use during last encounter among MSM was 58%.³⁴⁴ In 2010, condom use at the last occasion of anal sex with a male was reported by 57.6% of MSM in Manipur and 48.9% in Tamil Nadu. In 2007 50% of MSM reported condom use at the last occasion of anal sex with a male was ranging from 13% to 87%.³⁴⁵

In 2009, a study of 150 MSM in Mumbai found that of those engaging in insertive anal intercourse, condoms had been used in 63% of their encounters in the last month. Those engaging in receptive anal intercourse reported condom use in 95% of encounters.³⁴⁶

Consistency of condom use with male partners

In the IBBA 2005-2007 survey among MSM, consistent condom use (every time) was low in Andhra Pradesh at four sites (ranged from 2% to 22%) with regular partners but was higher in Tamil Nadu at four sites (ranged from 25% to 41%).³⁴⁷ Condom use with paying partners (last time) was found to be relatively high in both the states (range 73–92%).³⁴⁸ Consistent condom use with paid male/hijra partners in the past one month was highest in Maharashtra (72.4%), followed by Tamil Nadu (46.5%) and Andhra Pradesh (17.5%).³⁴⁹

Consistent condom use (in general) with non-regular, non-commercial male/hijra partners varied among states: Andhra Pradesh (13.0%), Maharashtra (57.9%) and Tamil Nadu (25.1%). Consistent condom use (in general) with regular male/hijra partner during anal intercourse was highest in the state of Karnataka (76.7%), followed by Maharashtra (50.4%) and was lowest in Andhra Pradesh (9.4%).³⁵⁰

Consistent condom use with paid male partners from BSS 2008/09 remains low in Karnataka at 35%; it was reported at 54% in Tamil Nadu; 72% in Uttar Pradesh and as high as 95% in Andhra Pradesh. This shows an increase in all stated compared to the previous round of BSS except for Karnataka.³⁵¹

Condom use with female partners

As per the IBSS 2001, Condom use at last sex with a female partner was lowest in Kolkata (23.5%) and

highest in Bangalore (61.9%). But as per the BSS 2006, Condom use at last sex with a female partner was lowest in Bangalore (11.1%) and highest in Delhi (69.7%). Consistent condom use over the past six months (BSS 2001) was lowest in Kolkata (10.3%) and highest in Mumbai (25.6%), in the BSS 2006 it was lowest in Uttar Pradesh (5.3%) and highest in Delhi (29.8%).³⁵²

In a clinic-based study, consistent condom use (in general) with a regular female partner varied across states, ranging from 1.6% in Andhra Pradesh to 41.9% in Karnataka; consistent condom use with a paid female partner in the past month ranged from 23.3% in Andhra Pradesh to 78.2% in Maharashtra.³⁵³

Prevalence of drug use among MSM

In the BSS 2006, up to a third of MSM in Delhi (30.1%) reported injecting drugs but none reported injecting drugs in the past 12 months in Chennai, Kolkata and Andhra Pradesh. At other sites, 9.1% of MSM in Gujarat and Goa reported injecting drugs in the past 12 months. Drug use among MSM was highest in Delhi (60.4%), followed by Bangalore (21.1%) and lowest in Chennai (2.2%). Cannabis (commonly called ganja) was the non-injecting drug used most often.³⁵⁴

Risk perception and knowledge about HIV

In 2010, 39.4% of MSM could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions about HIV (ranging from 17.4% to 56.7%). In 2007, this figure was 45% (ranging from 16% to 75%). A 2010 study conducted in Mumbai showed that although only 27% of respondents had an accurate understanding of HIV and routes of transmission.³⁵⁵

The 2009 BSS also reported low levels of comprehensive knowledge about HIV among MSM surveyed, including: 21% in Uttar Pradesh, 30% in Manipur, 32% in Tamil Nadu, 22% in Karnataka, and 57% in Andhra Pradesh.³⁵⁶

In 2009, a study of 210 MSM reported psychosocial problems, such as anxiety and depression, attributed to HIV infection or perceived risk of HIV.³⁵⁷

In 2009, 46.3% of MSM in Tamil Nadu reported having been tested for HIV in the last 12 months and were able to recall the result. This contrasts with 35% who reported the same in 2007.³⁵⁸

According to 2009 BSS, HIV testing among MSM in Uttar Pradesh was 9%, 7% in Manipur, 54% in Karnataka, and 83% in Andhra Pradesh.³⁵⁹

National Responses

Coverage of interventions

By late 2009, 2, 75,000 MSM were reported to be “covered” through TIs. It has been reported by NACO that out of an estimated 3, 51,000 MSM considered to be at high risk for HIV in different states of India, the coverage is 78%.³⁶⁰ At the beginning of NACP III (2007), only 30 TIs for MSM were established but by September 2009, there were 131 TIs exclusively for the MSM population.³⁶¹

Geographical distribution, coverage, and quantity of targeted interventions to key affected populations (KAPs), including MSM, increased between 2008-2010.³⁶² Nearly 11% of all targeted interventions overseen by the National AIDS Control Organisation are targeted to MSM.³⁶³ MSM and other most at risk populations are consistently involved in technical working groups related to HIV and AIDS prevention and treatment.³⁶⁴

Reaching a higher level of coverage will, however, be a challenge. As found in the BSS (2006) and reported in the United Nations General Assembly Special Session (UNGASS) country progress report of 2008, the percentage of MSM reached with HIV prevention programmes across ten states in India varied widely (17-97%).³⁶⁵ Similarly, the percentage of MSM who had undergone an HIV test in the past 12 months and who knew their results also varied widely (3-67%). HIV test in last year, MSM 17.0% (Year 2009).³⁶⁶

India has a free anti retroviral therapy (ART) programme for people living with HIV (PLHIV), and this is offered from 248 centres. As of August 2009, 2, 61,806 patients were being provided free ART.³⁶⁷ As of November 2009, the cumulative number of transgender patients ever started on ART was 658, and the total number of transgender patients alive and on ART was 467 (grand total numbers as found at NACO centres).³⁶⁸

Achievements during NACP III (2007-12) in relation to MSM and transgender populations include: seventy-fold increase in HIV prevention services coverage; the initiation of 150 surveillance sites for MSM/transgender populations; a “targeted intervention” presence across nearly all Indian states.³⁶⁹

Community-based responses

In a 2008 mapping exercise performed by The Asia Pacific Coalition on Male Sexual Health (APCOM), 152 organisations were found to be working with MSM in India. This number represented over three-quarters of all organisations working with MSM in South Asia.³⁷⁰

Of the 35 states and Union Territories in India, 14 were found to not have any groups, organisations, or networks engaged with MSM issues. There was a high concentration of organisations in Tamil Nadu, Andhra Pradesh, and West Bengal. Together, organisations in these three states comprised nearly half.³⁷¹

Key organisations include: Humsafar Trust in Mumbai, Naz Foundation India Trust in Delhi, and Social Welfare Association for Men in Chennai, Manas Bangala (a coalition of MSM targeted intervention organisations), Sahodharan, Lakshya Trust, Sangama-Samara.³⁷² MSM community-based organisations (CBOs) conduct a wide range of HIV-related activities and services, including: peer outreach and education, drop-in centres, condom and lubricant distribution, social marketing, health counselling, community awareness events, advocacy, peer support for people living with HIV (PLHIV), voluntary counselling and testing (VCT) clinics, and STI clinic and VCT referral.³⁷³

National MSM networks

The Integrated Network for Sexual Minorities (INFOSEM) has played an integral role in joint policy advocacy with the government and other key stakeholders and in formulating policy and operational guidelines of India’s National AIDS Control Programme, Phase III (2007-12) on HIV targeted interventions among MSM.³⁷⁴

Rainbow Planet, (National MSM Network) is a coalition of diverse progressive groups working for the rights of sexuality minorities, sex workers and people living with HIV in India.³⁷⁵

Alternative Law Forum (ALF), a collective of lawyers committed to the practice of law that responds to social and economic injustice; LGBT – Adhiikhar; National MSM and HIV Policy, Advocacy, and Human Rights Network, and Voices Against 377.³⁷⁶

International support

The South Asian MSM and AIDS Network (SAMAN), which includes India, was awarded a multi-country grant in Round 9 of the Global Fund for AIDS, TB, and Malaria (GFATM). The grant will finance support from the Naz Foundation International (NFI), Population Services International (PSI), and the United Nations Development Programme (UNDP).³⁷⁷ India GFATM Round 9 (Pehchan project) aims to: strengthen civil society and institutional capacity; strengthen community institutions to increase the reach and quality of services for MSM and hijra/transgender communities; and conduct policy development and advocacy.³⁷⁸ The principle recipient is the India HIV and AIDS Alliance. *Pehchan* is an ambitious national Global Fund programme which aims to reach 450,000 MSM and hijra/transgender and strengthen the capacity of 200 community-based organisations across 17 states by 2015. *Pehchan* is the Global Fund's largest single-country grant focused on sexual minorities in the global HIV response.³⁷⁹

Legal environment

The National Legal Services Authority has in the recent past announced a social justice litigation to be filed in the Supreme Court of India on the constitutional rights of hijra/ transgender people.³⁸⁰

Current gaps in responses

Reaching out to key populations at higher risk such as MSM and transgender persons will need to be accelerated and the provision of an adequate supply of condoms and lubricants increased. Consistent condom use with commercial and non-commercial male and female partners remains low overall, and behaviour change through information, education and communication (IEC) delivered through appropriate channels such as outreach or from TIs will be necessary. Addressing the needs of female partners of MSM through IEC appears to be missing and this

will need to be given a higher priority. Information about the transgender population is available but further research among this key population at higher risk will be required to respond to their specific needs. Stigma and discrimination against MSM and the transgender community in health care settings and society still remains a challenge, which hinders access to HIV prevention, treatment and care services.³⁸¹

INDIA – ADVOCACY FACT SHEET

In 2009, the estimated number of MSM in India was 23, 50,000 and the estimated number of MSM at higher risk in India was 4, 30,000³⁸².

Epidemiology

- By the end of 2011, HIV prevalence among MSM in India was 4.4%.³⁸³
- In 2009, the Syphilis prevalence among MSM in India vary from 0.5-17.8%³⁸⁴

Risk factors

- During the BSS in 2001, use of a condom with a commercial male partner was lowest in Kolkata (18.9%) and highest in Mumbai (66.7%) in 2006, it was lowest in the state of Uttar Pradesh (13.1%) and highest in Goa (87%).³⁸⁵
- In a community-based study, the proportion of MSM reporting condom use at last anal sex with a paying male partner was highest in Andhra Pradesh (90.3%), followed by Maharashtra (83.0%) and Tamil Nadu (83.6%).³⁸⁶
- In 2009, a study of 210 MSM reported psychosocial problems, such as anxiety and depression, attributed to HIV infection or perceived risk of HIV.³⁸⁷
- In 2009, 46.3% of MSM in Tamil Nadu reported having been tested for HIV in the last 12 months and were able to recall the result. This contrasts with 35% who reported the same in 2007.
- According to 2009 BSS, HIV testing among MSM in Uttar Pradesh was 9%; 7% in Manipur;

54% in Karnataka; and 83% in Andhra Pradesh.³⁸⁸

Interventions and response:

- By late 2009, 2, 75,000 MSM were reported to be “covered” through TIs.³⁸⁹
- Nearly 11% of all targeted interventions overseen by the National AIDS Control Organisation are targeted to MSM. MSM and other most at risk populations are consistently involved in technical working groups related to HIV and AIDS prevention and treatment.³⁹⁰
- 152 organisations were found to be working with MSM in India conducting a wide range of HIV-related activities and services, including: peer outreach and education, drop-in centres, condom and lubricant distribution, etc.³⁹¹
- The Integrated Network for Sexual Minorities (INFOSEM) has played an integral role in joint policy advocacy with the government and other key stakeholders and in formulating policy and operational guidelines of India’s National AIDS Control Programme, Phase III (2007-12) on HIV targeted interventions among MSM.³⁹²

Legal response

The National Legal Services Authority has in the recent past announced a social justice litigation to be filed in the Supreme Court of India on the constitutional rights of hijra/ transgender people.³⁹³

Current gaps in responses

- Consistent condom use with commercial and non-commercial male and female partners remains low overall.
- Addressing the needs of female partners of MSM through IEC appears to be missing and this will need to be given a higher priority.
- Stigma and discrimination against MSM and the transgender community in health-care settings and society still remains a challenge, which hinders access to HIV prevention, treatment and care services.³⁹⁴

PAKISTAN - Country Profile

In 2010 the estimated number of MSM in Pakistan was 2, 285,500.^{395, 396}

Prevalence and trends of HIV among MSM populations

By the end of 2009 HIV prevalence among MSM in Pakistan (national) was found to be 10.9%.³⁹⁷ In 2010 there were 17, 275 HIV-positive MSM in Pakistan needing ART.³⁹⁸ Khanania et. al performed the only known HIV prevalence study among MSM who self-identify as male in Pakistan. Of the 396 study respondents recruited across the three study sites (Karachi, Sangar, and Larkana), 385 were male-identified, 42 (10.9%) of whom tested positive for HIV. Of the participants recruited in Larkana, 18% tested positive for HIV, whereas this figure was 12.4% in Karachi and 2.8% in Sangar.³⁹⁹

HIV-related risk behaviours among MSM

Surveillance activities revealed disproportionate HIV risk among hijra and male sex workers, who exhibit HIV prevalence of 7.2 and 3.1%, respectively.⁴⁰⁰ Of the 396 MSM and transgenders surveyed in Khanania et. al’s study (11 were transgender), 86 (22.2%) reported recent injection drug use, 17 (4.3%) reported multiple sex partners, and 25 (6.3%) reported contact with sex workers.⁴⁰¹

In 2007, the lifetime prevalence of male same sex behaviour was 3% with non-commercial partners and 1% with male sex workers.⁴⁰² Males who sell sex to other men also buy sex from women, and hijras who sell sex to men also buy sex from male sex workers. In 2007-08, 9.5%-15% of hijra sex workers paid a man for sex.^{403, 404}

Female partners and marital status

In the in Khanania et. al’s study, 165 (60.2%) respondents reported being married and 35 (8.8%) reported being engaged in sex work.⁴⁰⁵

National Responses

Coverage of interventions

There is no specific MSM and HIV strategy available in Pakistan.⁴⁰⁶ There is no inclusion of MSM in ongoing HIV surveillance too.⁴⁰⁷

Community-based responses

In 2006, it was reported that MSM are informally organised, with 2 to 3 social groups. There are no known MSM-oriented community organisations or NGOs, though there are more formal networks of hijras.^{408, 409, 410} There are no known national MSM networks in Pakistan.

International support

The South Asian MSM and AIDS Network (SAMAN), which includes Pakistan, was awarded a multi-country grant in Round 9 of the Global Fund for AIDS, TB, and Malaria (GFATM). The grant will finance support from the Naz Foundation International (NFI), Population Services International (PSI), and the United Nations Development Programme (UNDP).⁴¹¹ In 1999-2000, the Joint UN Programme on HIV and AIDS (UNAIDS) assisted the government of Pakistan in establishing an expanded HIV and AIDS control program, where the specific aim was to, “prevent HIV from becoming established in key populations at higher risk and spreading to the general adult population, while avoiding stigmatization of the vulnerable populations.”⁴¹²

Legal environment

Sex between men is illegal under Section 377 of the Penal Code.⁴¹³ In 2009, the Supreme Court ruled that transgender persons/hijras should have equal rights. In 2006, it was reported that MSM/transgender persons/hijras and HIV workers face problems with law enforcement authorities.⁴¹⁴ The legal system has been classified as “prohibitive in high intensity” and “highly repressive” for MSM/transgender persons/hijras in two UN legal reviews.^{415, 416}

PAKISTAN – ADVOCACY FACT SHEET

In 2010 the estimated number of MSM in Pakistan was 2, 285,500.⁴¹⁷

Epidemiology

As of 2009, HIV prevalence among MSM in Pakistan (national) was found to be 10.9%.⁴¹⁸

Risk factors

Injecting drug use (4.3%), multiple sex partners and unsafe contacts with sex workers are major risk factors for MSM in Pakistan.⁴¹⁹

Interventions and responses

- There is no specific MSM and HIV strategy available in Pakistan. There is no inclusion of MSM in ongoing HIV surveillance too.⁴²⁰
- MSM are informally organised, with 2 to 3 social groups and there are no known MSM-oriented community organisations or NGOs.⁴²¹

Legal response

- Sex between men is illegal under Section 377 of the Penal Code.
- In 2009, the Supreme Court ruled that transgender persons/hijras should have equal rights.⁴²²

BHUTAN - Country Profile

In 2010 the estimated number of MSM in Bhutan was 4000^{423, 424}

HIV prevalence and trends among MSM populations

As per the Country Snapshots, Bhutan, October 2012, there are no known epidemiologic studies focusing on MSM in Bhutan.⁴²⁵

HIV-related risk behaviours among MSM

A recent behavioural assessment in two major towns found evidence of high-risk behaviour among key affected populations, including MSM.^{426, 427} A sexual behaviour assessment performed in Thimpu found that 4% of the venues reported MSM clients. Discos and bars were most likely to host MSM; meanwhile, none were found to frequent public places, hotels/restaurants, and Karaoke bars. In total, 22 MSM were reported to visit the 22 venues.⁴²⁸

National Responses

Coverage of interventions

The National STI and HIV AIDS Prevention and Control Programme (NACP) was established in 1988, five years before HIV was first detected in the country.⁴²⁹ Bhutan's HIV response continues to be led by the 2004 Royal Decree on HIV Prevention, delivered by the Fourth King, His Majesty Jigme Singye Wangchuck and subsequent proclamations of support.⁴³⁰ In 2005, the Fifth King, His Majesty Jigme Khesar Namgyel Wangchuck advocated for abstinence and urged Bhutan's youth to "use their strength of character to reject undesirable activities."⁴³¹

Community-based responses

There is very little published information about MSM population in Bhutan.⁴³² There are no known community-based responses to HIV among MSM in Bhutan. There are no known national MSM networks in Bhutan.⁴³³

International support

The South Asian MSM and AIDS Network (SAMAN), which includes Bhutan, was awarded a multi-country grant in Round 9 of the Global Fund for AIDS, TB, and Malaria (GFATM). The grant will finance support from the Naz Foundation International (NFI), Population Services International (PSI), and the United Nations Development Programme (UNDP).⁴³⁴

Legal environment

Article 213 of the Penal Code of Bhutan punishes sodomy with imprisonment of one month to one year though there have not been any reported prosecutions.⁴³⁵ The NSP-II emphasises prevention interventions that target MSM and other key affected populations.⁴³⁶ It calls for a review of Article 213 of the Penal Code of Bhutan and the use of new guiding principles, many of which promote enabling environments for MSM.⁴³⁷

The imperative of ensuring universal access and equity in health service delivery were echoed in the Honourable Secretary for the Ministry of Health, Nima Wangdi's remarks at the Bhutan National Stakeholders Meeting on Advocacy and HIV Prevention Among MSM and transgender People in May 2012.⁴³⁸ Bolstered by exceptional political will and a renewed, more inclusive strategy, Bhutan is well positioned to make timely progress in the fight against HIV.⁴³⁹

There are criminal sanctions for consensual sex between male adults. Specifically, Penal Code 2004 Code 213 criminalises sodomy or any other sexual conduct that is against the "order of nature." Penalties include a prison sentence of up to one year.⁴⁴⁰

In part because there is no evidence that Penal Code 2004 Code 213 has ever been enforced, a recent UNDP report categorises Bhutan's legal system as "moderately prohibitive."⁴⁴¹

BHUTAN – ADVOCACY FACT SHEET

In 2010 the estimated number of MSM in Bhutan was 4000.⁴⁴²

Epidemiology

No known epidemiologic studies focusing on MSM in Bhutan as yet.⁴⁴³

Risk factors

A recent behavioural assessment found evidence of high-risk behaviour among MSM.⁴⁴⁴

Interventions and responses

- The National STI and HIV AIDS Prevention and Control Programme (NACP) was established in 1988.⁴⁴⁵
- The HIV response is led by the 2004 Royal Decree on HIV Prevention, delivered by the Fourth King, His Majesty Jigme Singye Wangchuck.⁴⁴⁶
- There are no known community-based responses to HIV among MSM in Bhutan and no known national MSM networks in Bhutan.⁴⁴⁷
- The South Asian MSM and AIDS Network (SAMAN), which includes Bhutan, was awarded a multi-country grant in Round 9 of the Global Fund for AIDS, TB, and Malaria (GFATM).⁴⁴⁸

Legal response

- Article 213 of the Penal Code of Bhutan punishes sodomy.⁴⁴⁹
- The NSP II calls for a review of Article 213 of the Penal Code of Bhutan promoting enabling environments for MSM.⁴⁵⁰

BANGLADESH - Country Profile

HIV prevalence amongst MSM

In 2010 the estimated number of MSM in Bangladesh ranged between 32,967-14,30,652.⁴⁵¹ The recent National Serological and Behavioural Surveillance round in Bangladesh found zero cases of HIV among MSM and male sex workers surveyed in Chittagong, Hili, and Dhaka.⁴⁵² However, the previous round found that the HIV prevalence rate for male sex workers was 0.7% and 0.2% for MSM.⁴⁵³

There is limited serological evidence for HIV infections among MSM. A 2009 modelling study estimated 450 cases of HIV among MSM and male sex workers or approximately 6% of total estimated infections nationwide. The same authors predict a rise from 0.7% HIV prevalence in 2005 to 2.3% by 2020.⁴⁵⁴

Among Male Sex Workers, from Round 3 (2000-2001) to Round 6 (2004–2005), none tested positive for HIV except 0.2% in Round 4 (2002). An HIV prevalence of 0.7% and 0.3% was recorded in 2006 and 2007, respectively. Among hijras, HIV prevalence has remained less than 1% with a lower range of 0.2% in Round 5 (2003–2004) and a higher range of 0.8% in Round 4 (2002) and Round 6 (2004–2005)⁴⁵⁵.

Prevalence of Syphilis

By 2011 the syphilis prevalence among MSM in Bangladesh was found to be 1.5%.⁴⁵⁶ Among MSM, the prevalence of active syphilis varied from 2% in 2005, to 0.2% in 2006 and 1% in 2007. Among MSWs, the prevalence ranged from 7.7% in 2000 to 3% in 2007. Among the combined MSM and MSW group, syphilis prevalence fluctuated between 2.3% and 5.6% from 2002 to 2005. Although the prevalence of active syphilis decreased among hijras from 10.4% in 2002 to 5.2% in 2005, an increase has once again been identified: 6.5% in 2006 and 7.7% in 2007.⁴⁵⁷

HIV related risk behaviours among MSM and transgender persons

MSM in Bangladesh are at increased risk for HIV infection due to sexual behaviour, including low condom use, association with IDU and blood sales.⁴⁵⁸

About half of MSM surveyed in a port city had unprotected anal sex with female partners. Their same-sex sexual practices were rarely disclosed to their female partners.

In one survey conducted by the Naz Foundation at a drop-in centre in Northeast Bangladesh, 78% of 200 MSM surveyed had more than 10 male partners in the last month and 21% had more than 51 male partners⁴⁵⁹. Anal sex is common among MSM in Bangladesh. Consecutive rounds of behavioural surveillance found that 99% of male sex workers reported anal sex in the previous week⁴⁶⁰. BSS Round 2 found that 99% of these acts were receptive and 32% were also insertive. Among MSM not in sex work, 41% had engaged in receptive anal sex and 72% in insertive anal sex in the previous week⁴⁶¹.

Over the years, in general, the number of sexual partners (any type) of MSM has decreased (except in Sylhet). In Dhaka, the mean number of sexual partners of MSM in the preceding month decreased from 10 sexual partners in Round 5 (2003–2004) to five in BSS 2006–2007. The reason for this decrease was not known. However, the average number of sexual partners among MSM in Sylhet did not change between the different rounds. On average, MSM in Sylhet had five partners (of any type) in the preceding month⁴⁶².

Sex with paid partners

In general, the number of paid partners has decreased among MSM in Dhaka while it has increased among MSM in Sylhet. In Dhaka, the percentage of MSM who reported buying sex from males, hijras and female sex workers (FSWs) in the past month decreased when data from BSS 2006-2007 and BSS Round 5 were compared: males 62% and 72%, respectively hijras 6.5% and 38% respectively and FSWs 24.8% and 57.2% respectively. However, in Sylhet, 96.7% of MSM reported buying sex from males in Round 5, which decreased to 81.2% in BSS 2006-2007. In Sylhet, buying sex from hijras steadily increased from 7.2% in Round 4 to 12.2% in BSS 2006-2007.⁴⁶³

Buying sex from FSWs decreased in Dhaka and slightly increased in Sylhet during BSS 2006-2007 compared with Round 5.⁴⁶⁴

Group sex

Nearly a third of MSWs and around 15% of other MSM engage in group sex⁴⁶⁵

Among MSWs in Dhaka, 31% among the group had not used a condom during the last group sex. Among MSM in Dhaka, 13.3% had group sex in the past month with a mean partner number of 3.6 at last group sex. Group sex among MSM in Dhaka showed a decrease in BSS 2006-2007 (13%) compared with Round 5 (54%). In Sylhet, however, group sex showed an increase in BSS 2006-2007 (13%) compared with Round 5 (3%). Risk behaviours of MSM in Dhaka and Sylhet were much the same; in Sylhet, they have remained the same or have increased⁴⁶⁶.

Condom use at last sex

In 2011 condom use during last encounter among MSM was 26.1%⁴⁶⁷. Condom use at last anal sex with a non-commercial male partner was 37% in 2005 and 24.3% in 2007. Condom use at last anal sex with a commercial male partner was 49.2% in 2005 and 29.5% in 2007.⁴⁶⁸ Among MSM in both Dhaka and Sylhet, condom use at last sex with any group of sex workers decreased notably in BSS 2006-2007 (males 22.8%, hijras 7.8%, females 19.4%) compared with Round 5 (males 46.7%, hijras 27.3%, females 39.8%). However, in Sylhet, the percentage of MSM who used condoms with FSWs remained the same in BSS 2006-2007 (55.1%) and Round 5 (54.6%)⁴⁶⁹.

In the context of MSW and hijras, the use of condoms at last sex has increased among hijras but decreased among MSWs. In Dhaka, the percentage of MSWs who used condoms during the last anal sex with both new and regular clients declined slightly in BSS 2006-2007 (new 38.4%, regular 22.1%) compared with Round 5 (new 43.6%, regular 34.8%). In Chittagong, the percentage of MSWs who used condoms with new and regular clients increased in BSS 2006-2007 (new 48.6%, regular 50%) compared with Round 5 (new 44.7%, regular 30.2%). The percentage of hijras who used condoms with new and regular clients significantly increased in BSS 2006-2007 (new 66.5%, regular 66.5%) compared with Round 5 (new 16%, regular 17%)⁴⁷⁰.

Consistency of condom use

In Sylhet, consistent use of condoms by MSM with hijras and FSWs decreased in BSS 2006-2007 (hijras 0%, FSWs 39.7%) compared with Round 5 (hijras 32.1%, FSWs 42.9%), while condom use with MSWs increased from 5% in Round 4 to 18.6% in BSS 2006-2007. Only a small proportion of MSWs and hijras used condoms consistently during anal sex with new clients in the past week. In Dhaka, consistent use of condoms by MSWs with new clients decreased slightly during BSS 2006-2007 (16%, down from 18% in the previous round), while it remained unchanged with regular clients (11%).⁴⁷¹

Prevalence of drug use among MSM and hijras

In both Dhaka and Sylhet, a significant reduction in risk behaviour relating to injecting drug use was noted among MSM. In Dhaka, the percentage of MSM who injected drugs in the past year decreased in BSS 2006-2007 (0.5%) compared with Round 5 (2.1%), while in Sylhet, none reported injecting drug use. In BSS 2006-2007, a slight increase was noted in the prevalence of injecting drug use among MSWs in Dhaka and Chittagong, whereas only a negligible proportion of hijras injected drugs. In both Dhaka and Chittagong, injecting drug use among MSWs increased slightly in BSS 2006-2007 (Dhaka 1%; Chittagong 5%) compared with Round 5 (Dhaka 0.5%; Chittagong 3.9%). In BSS 2006-2007, 24.2% of clients of MSWs in Dhaka and 17.5% of clients in Chittagong were reported to inject drugs.⁴⁷²

National Responses

Coverage of interventions

HIV prevention programmes are primarily targeted at most-at-risk population groups. The present coverage of prevention programmes for MSM in Bangladesh is low. Coverage by prevention programmes during 2006-2007 declined substantially from previous years (2003-2004) with only 10-15% of MSM receiving a service. The proportion of MSWs covered by HIV prevention services in 2006-2007 was 47.9%, a decrease from 66% in 2003-2004. Among the hijra population in Dhaka, the coverage reported during 2006-2007 was 37%, an increase from 15.4%

in 2003–2004. In Dhaka, among MSM, only 14.5% used the services and among MSWs it was only 1.3%. The hijra community had not accessed VCT services.⁴⁷³

Accessing STI services offered by NGOs was low among MSWs and MSM in Dhaka: 8.4% and 8.2%, respectively. The nongovernmental organisation (NGO) Bandhu Social Welfare Society (BSWS) had reached some 3, 00, 000 MSM in six cities between October 2000 and December 2004. The size of the hijra population is estimated at 10, 000-15, 000.⁴⁷⁴

By 2009, there were around 200 HIV infected people on antiretroviral treatment (ART), which was estimated at around 3% of those who needed treatment.⁴⁷⁵

Community-based responses

In a 2008 mapping exercise of groups, organisations, and networks in South Asia, six were found in Bangladesh and 97 were found in the rest of the region. The six were heavily concentrated in Dhaka city and Rajshahi division. A high proportion (50%) of the groups, organisations, and networks in Bangladesh were found to offer self-help group initiatives for transgender people. Most also additionally offered detoxification and rehabilitation services for people who use drugs.⁴⁷⁶ Services conducted by MSM CBOs include: drop-in centres, counselling, education, training, outreach, community mobilization, condom and lubricant distribution, referrals, health services, and Voluntary Counselling and Testing (VCT).⁴⁷⁷ While the official MSM population estimation of 32,967-143,065 is often cited, Bandhu Social Welfare Society (BSWS) claims to have reached approximately 3, 00, 000 MSM in six cities between October 2000 and December 2004.⁴⁷⁸

National MSM networks

In March 2009, a human rights advocacy group organised a two-day workshop titled, “Sexual Diversity and Coalition Building,” that led to the first network of LGBT organisations in Bangladesh, the Coalition of LGBT in Bangladesh, in August 2009. The Centre for Gender, Sexuality and HIV and AIDS at BRAC University in Dhaka recently became a member of the Coalition for Bodily and Sexual Rights (CSBR), an international advocacy organisation. The collaborative

relationship is expected to lead to opportunities for capacity building related to advocacy⁴⁷⁹.

International support

The South Asian MSM and AIDS Network (SAMAN), which includes Bangladesh, was awarded a multi-country grant in Round 9 of the Global Fund for AIDS, TB and Malaria (GFATM). The grant will finance support from the Naz Foundation International (NFI), Population Services International (PSI), and the United Nations Development Programme (UNDP).⁴⁸⁰ Bangladesh also receives MSM-related support from: United States Agency for International Development (USAID)/ Family Health International (FHI), the Embassy of the Kingdom of the Netherlands, Government of Bangladesh, and Swedish International Development Cooperation Agency (SIDA) Swedish Association for Sexuality Education (RFSU).⁴⁸¹

Legal environment

Sex between males is illegal under Penal Code 1860 Section 377. This law is generally not enforced.⁴⁸² Law enforcement agencies are known to harass MSM outreach workers (Section 377 of the Penal Code), preventing some MSM from accessing sexual health services. Sex work is illegal for males, though legal for females over the age of 18. Harassment of both MSM and HIV outreach workers by law enforcement authorities has been documented.⁴⁸³

Current gaps in responses

On the whole, there is a decrease in HIV programme coverage among these most-at-risk population groups. Accessing VCT and STI services is low among the MSM, MSW and hijra populations, and this also requires more focused attention. The hijra community has specific needs that are different from those of MSM and MSWs, but the service model is largely based on addressing the needs of MSM and is not really appropriate for the context of the hijra situation. Criminal laws against same-sex relations between consenting adults adversely impact upon an enabling environment for service delivery and this also contributes towards impeding efforts at HIV prevention interventions.⁴⁸⁴

BANGLADESH – ADVOCACY FACT SHEET

In 2010 the estimated number of MSM in Bangladesh ranged between 32, 967-1, 43 0652.⁴⁸⁵

Epidemiology

The recent National Serological and Behavioural Surveillance round in Bangladesh found zero cases of HIV among MSM and male sex workers surveyed in Chittagong, Hili, and Dhaka.⁴⁸⁶

In 2011 the Syphilis prevalence among MSM in Bangladesh was found to be 1.5%.⁴⁸⁷

Risk factors

MSM in Bangladesh are at increased risk for HIV infection due to sexual behaviour, including low condom use, association with IDU and blood sales.⁴⁸⁸

Nearly a third of MSWs and around 15% of other MSM engage in group sex. Among MSWs in Dhaka, 31% among the group had not used a condom during the last group sex.⁴⁸⁹

Interventions and response

The present coverage of prevention programmes for MSM in Bangladesh is low. Coverage by prevention programmes during 2006-2007 declined substantially from previous years (2003-2004) with only 10-15% of MSM receiving a service.⁴⁹⁰

Accessing STI services offered by NGOs was low among MSWs and MSM in Dhaka: 8.4% and 8.2% respectively.⁴⁹¹

In a 2008 mapping exercise of groups, organisations, and networks in South Asia, six were found in Bangladesh and 97 were found in the rest of the region. A high proportion (50%) of the groups, organisations, and networks in Bangladesh were found to offer self-help group initiatives for transgender people. Most also additionally offered detoxification and rehabilitation services for people who use drugs. Services conducted by MSM CBOs include: drop-in centres, counselling, education, training, outreach, community mobilization, condom and lubricant distribution, etc.⁴⁹²

The Centre for Gender, Sexuality and HIV and AIDS at BRAC University in Dhaka recently became a member of the Coalition for Bodily and Sexual Rights (CSBR), an international advocacy organisation. The collaborative relationship is expected to lead to opportunities for capacity building related to advocacy.⁴⁹³

Legal environment

Sex between males is illegal under Penal Code 1860 Section 377. Sex work is illegal for males, though legal for females over the age of 18.⁴⁹⁴

Current gaps in responses

There is a decrease in HIV programme coverage among these most-at-risk population groups.

Criminal laws against same-sex relations between consenting adults adversely impact upon an enabling environment for service delivery and this also contributes towards impeding efforts at HIV prevention interventions.⁴⁹⁵

MALDIVES - Country Profile

The size of the MSM population is estimated to be between 1600 and 4200.⁴⁹⁶ No information is available about the transgender population.⁴⁹⁷

Prevalence and trends of HIV and STIs among MSM and Transgender Population

The BSS 2008 indicated that the HIV prevalence among MSM was 0.0%.⁴⁹⁸ In terms of prevalence of Sexually Transmitted Infections (STIs) among MSM, the BSS in 2008 found that in Maldives none of the MSM tested reactive for syphilis but STI related symptoms were reported by 17% of MSM sampled in Malé and 12% in Addu.⁴⁹⁹ A prevalence of 6% and 1% of Hepatitis B was reported among MSM in Addu and Malé, respectively. The detection of Hepatitis B among MSM may be a result of unprotected anal sex, sexual linkages with PWID or an involvement with injecting drug use. The BSS 2008 found all such behaviours among MSM and this may have contributed further to the risk of acquiring Hepatitis B.⁵⁰⁰

HIV-related risk behaviours of MSM

Several high-risk behaviours were found among MSM in the Maldives: high rates of unprotected sex with men and women (wife, girlfriend and FSW), selling sex to men and women, buying sex from men and women, injecting drugs, consuming drugs and having sex, and having sex with PWID.⁵⁰¹ However, there can be little doubt that once HIV enters the MSM population, the potential for rapid transmission of HIV across key populations at higher risk and their sexual partners is high.

BSS 2008 reported that a high prevalence of unprotected sex was found among FSWs, MSM, PWID and youth. It also found that among all MSM participants, 48% have had sex with a male in the past month.⁵⁰²

Casual male sex partners

The BSS report 2008 found that most MSM had sex with a man in the past year and in the past month no payment was exchanged nearly half of the time (48%). In addition, 16% of MSM in Malé reported that they had met a sex partner on the Internet.⁵⁰³

Male sex work

The BSS 2008 reported that 44% of MSM in Malé and 18% in Addu had sold sex to another man and 29% in Malé and 18% in Addu had bought sex from a man in the past 12 months.⁵⁰⁴

Condom use

The BSS 2008 reported that while 31% of MSM sold sex to men, 72% did not use condoms. Additionally, 58% of MSM had sex with other men (consensual or paying) but 77% had not used condoms. The incidence of unprotected anal sex with consensual and paid male partners was higher in Addu (86%) compared with Malé (67%). Among paying male partners it was 78% in Addu and 67% in Malé.⁵⁰⁵

Bisexual behaviour and condom use with women

The BSS 2008 found that a considerable proportion of MSM were married to women (29% in Malé and 26% in Addu).⁵⁰⁶ The study found that 75% of MSM

had sex with women and 90% did not use condoms. The incidence of unprotected sex was higher with women in Addu 98% compared with Malé 82%. Many MSM had casual female partners as well as paid and paying female partners. More than two thirds of MSM (62% in Malé and 67% in Addu) reported having had sex with women without any money being exchanged. In Malé, less than one third of MSM (29%) reported having sold sex to women, and 49% reported having bought sex from women.⁵⁰⁷

Injecting drug use

BSS 2008 shows that one fourth (25%) of MSM in Addu and 16% of MSM in Malé reported having ever injected drugs.⁵⁰⁸ Recent qualitative research has also found that MSM do use drugs, and often in connection with sex.⁵⁰⁹

Risk perception and knowledge about HIV

Regarding knowledge of HIV in the various groups surveyed, between 67% and 80% of respondents correctly identified ways of preventing the sexual transmission of HIV, the exception being construction workers. Among MSM, 48% in Malé and 47% in Addu reported that the chances of spread of HIV decreases by using a condom every time they have sex. Only 32% and 21% of MSM in Malé and Addu, respectively, perceived themselves to be at risk for HIV.⁵¹⁰ None of the MSM survey participants tested positive for HIV.⁵¹¹

Coverage of interventions

According to the BBS 2008, 16% of MSM in Malé and 2% in Addu had tested themselves for HIV. Information on those who were tested and received the results was not known. In Malé, 48% of MSM and in Addu 21% had received information on HIV and AIDS/STI in the past 12 months. In the absence of targeted interventions, HIV and STI information was received mainly through the television, radio, newspapers and magazines.⁵¹²

Despite the apparent lack of targeted interventions, the BBS in 2008 reported that condom distribution was highest among MSM compared with the other groups that were surveyed: 65% in Malé and 72% in Addu.⁵¹³ (It is not clear whether condoms were

distributed to MSM by some NGOs.) It is reported that, by 2011, a target of 80% of MSM will receive comprehensive HIV prevention services.⁵¹⁴

Information was not available on the distribution of lubricants or the detection and management of STIs among the MSM population.

Legal environment

Sex between same-sex adults remains criminalised in the Maldives. According to Section 15, clause 173 (8a) “Sexual activity with a member of the same sex”, under the “Rules of adjudication”, the punishment is to be lashed (*tha’zeer*) between 19 and 39 times and banished or imprisoned for a period of between 1 and 3 years, depending on the severity of the offence. In the Maldives, as in many other societies, issues surrounding sexuality, especially same-sex sexuality, and sex work are not openly discussed.⁵¹⁵

Current gaps in responses

Despite the fact that HIV infection has not been detected among MSM, a high level of sexual risks behaviours within the MSM population and their sexual relations with women is a cause for concern. The lack of targeted interventions for MSM remains largely unaddressed. The widespread lack of condom use with all types of sexual partners shows a lack of information, education and communication (IEC) and counselling services on sexual health and ways of reducing risk behaviours. Lack of capacity among existing NGOs to implement targeted interventions with the MSM population was identified, as was the lack of community groups of MSM to serve their broad-based needs. Criminal laws against consensual same-sex relations and negative societal attitudes are also important structural barriers that need to be examined further and addressed.⁵¹⁶

MALDIVES – ADVOCACY FACT SHEET

The size of the MSM population in Maldives is estimated to be between 1600 and 4200.⁵¹⁷

Epidemiology

The BSS 2008 indicated that the HIV prevalence among MSM was 0.0%.⁵¹⁸

In Maldives none of the MSM tested reactive for syphilis but STI related symptoms were reported by 17% of MSM sampled in Malé and 12% in Addu.⁵¹⁹

Risk factors

High rates of unprotected sex with men and women (wife, girlfriend and FSW), selling sex to men and women, buying sex from men and women, injecting drugs, consuming drugs and having sex and having sex with PWID are major risk factors.⁵²⁰

The BSS 2008 reported that while 31% of MSM sold sex to men, 72% did not use condoms and 75% of MSM had sex with women and 90% did not use condoms.⁵²¹

Interventions and responses

In the absence of targeted interventions, HIV and STI information is received mainly through the television, radio, newspapers and magazines.⁵²² It is reported that, by 2011, a target of 80% of MSM will receive comprehensive HIV prevention services.⁵²³

Legal response

Sex between same-sex adults remains criminalised in the Maldives as per Section 15, clause 173 (8a).⁵²⁴

NEPAL - Country Profile

In 2011 the estimated no of MSM in Nepal was about 246 419. There have been a number of size estimates for the MSM/transgender population.⁵²⁵ In 2009, the National Centre for AIDS and STD Control estimated that there were 1, 40,691 MSM and in 2011 they estimated 7, 4,220 MSM at higher risk in Nepal.⁵²⁶ However, a major MSM nongovernment organisation (NGO), Blue Diamond Society, considers that number to be an underestimation.⁵²⁷ Information on the transgender population is not known to be available.⁵²⁸

Prevalence and trends of HIV among MSM and transgender populations in Nepal

By 2009 HIV prevalence among MSM (capital city) was 3.8%.⁵²⁹ By 2009 percentage of all cases that

are among MSM was 21.6%.⁵³⁰ By 2009 HIV prevalence among MSM was 10 times higher than among general population. By 2009, HIV prevalence among youth MSM was 1.3%.⁵³¹ HIV prevalence among the MSM has not changed much over the three rounds of the Integrated Biological and Behavioural Survey (IBBS) survey (3.9% in 2004, 3.3% in 2007 and 3.8% in 2009).^{532, 533, 534} Disparities were also observed among sub-populations of MSM. The third round (2009) of IBBS found that 5.2% of male sex workers had HIV, meanwhile 3% of other MSM also had it. In 2012 it was reported that sex between males accounts for 21.6% of cumulative HIV infections. This is an increase from the figure of 4% reported in 2008 and 6.2% reported in 2009.^{535, 536, 537}

Prevalence of STIs among MSM and transgender populations in Nepal

By 2009 the syphilis prevalence among MSM in Nepal was 1.5%. Prevalence of active syphilis (1.7% in 2004, 2.4% in 2007 and 1.5% in 2009) and syphilis history (8.9% in 2004, 2.8% in 2007 and 2.5% in 2009) among MSM was lower in the third round of IBBS as compared to the first and second rounds. Of all MSM surveyed in the 2009 IBBS, 20.8% of non male sex worker (MSW) MSM reported at least one STI symptom during the last 12 months. Among MSW, this figure was 25.9%. Most of the non-MSW MSM (86.8%) cited genital ulcers as an STI symptom.⁵³⁸ In the 2009 IBBS, 12.5% of non-MSW MSM and MSW had rectal gonorrhoea;⁵³⁹ and in the 2007 IBBS, 3.6% had rectal chlamydia, and 2.4% had syphilis.⁵⁴⁰ In all the three rounds, rectal chlamydia trachomatis infection (rectal-CT) was higher among MSWs (range 11.1% - 20.5%) than among non-MSWs (range 1.5% - 2.6%). Among MSWs, there has been a reported decline over the years in those with a history of syphilis (14.5% in 2004 to 4.5% in 2009). The overall higher rates of STIs among MSWs compared with non-MSWs appear to suggest higher rates of unprotected anal sex. Specific information about STIs among the transgender population is not known to be available.^{541, 542, 543}

HIV-related risk behaviours among MSM and transgender populations

Many MSM in Nepal reported being sexually active at a relatively young age.⁵⁴⁴ More than 50% of MSM

(58.4% in Round 1, 51.5% in Round 2 and 61.3% in Round 3) reported having had their first sexual experience before the age of 17 years. The first sexual partner was not always male. Half in Round 1, about 63.9% in Round 2, and 40.8% in Round 3 reported that their first sexual partner was a female. Anal sex was widely practiced in the three rounds: 71.1%, 82.4% and 71.4%, respectively, reported having had anal sex with a paying male partner in the past month.⁵⁴⁵

A recent multivariate analysis of data obtained from MSM in Nepal showed that “high risk of HIV infection” was significantly associated with being involved in sex work, having no knowledge of male STI symptoms, and having a history of STI symptoms.⁵⁴⁶

Consistent condom use with various types of male partners

Consistent condom use increased among non-MSW MSM with non-paying partners from 39.3% in 2004 to 77.5% in 2007 and then decreased to 65.1% in 2009. Among male sex workers, consistent condom use with regular paying male anal sex partners was found to be 97.2% in 2007 and 75.8% in 2009. Consistent condom use with non-paying partners also decreased from 71.8% in 2007 to 65.4% in 2009.⁵⁴⁷

Condom use during last anal sex with various types of male partners

In Rounds 2 and 3, condom use during last anal sex remained almost the same (71.6% in Round 2 and 75.3% in Round 3). However, within the subgroups, condom use during last anal sex decreased among MSWs (from 93.1% in Round 2 to 76.3% in Round 3), while among non-MSWs, condom use increased from 69.2% in Round 2 to 74.7% in Round 3. Similarly, with paid male sex partners, among MSM condom use decreased from 91.1% in Round 2 to 82.4% in Round 3. An increase in unprotected anal sex was noted among both MSWs and non-MSWs, more so among the former.⁵⁴⁸ In the 2009 IBBS, 86.8% of overall MSM surveyed had used lubricant at least once during anal sex and 96.5% of them had used it during their last act of anal sex. Male sex workers were 17% more likely to use lubricant during their last act of anal sex than non-MSW MSM.⁵⁴⁹

Bisexual behaviour

Sexual relations and marriage to women are common among MSM in Nepal. The IBBS Rounds 2 and 3 found that a considerable proportion MSM reported being married to women (Round 2: 33.7%, Round 3: 22.5%). Differences were found in marriage status between non-MSWs (Round 2: 37.8%, Round 3: 25.6%) compared with MSWs (Round 2: 15.6%, Round 3: 16.2%). According to IBBS Round 3 reported vaginal sex in past month among MSM was 66.6%. Several studies concluded that there was a lack of information about sexual behaviour and sexual networks in Nepal, particularly on MSM.^{550, 551} Little is known about the crossover and linkages between seasonal labour migrants, FSWs, and MSWs and non-MSWs but, if possible networks are established, rates of HIV infection would be likely to rise.⁵⁵²

Risk perception and knowledge about HIV

The proportion of MSM who could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions increased from 44.4% in 2007 to 64.3% in 2009.^{553, 554} In 2009, 42% MSM had been tested for HIV in the last 12 months and knew the result, increasing from 30% in 2007 and 7% in 2004.^{555, 556, 557}

National response

Policy and legal environment

The Nepalese Government states that it has embraced the principle of universal access (with a target of 80%) for provision of HIV and AIDS prevention, treatment, care and support services to vulnerable and infected people.⁵⁵⁸

The second National HIV and AIDS Strategy (2006–2011) provides details of specific components of HIV intervention programmes among MSM. The Strategy also provides “impact/ outcome targets” in relation to MSM that include a reduction in HIV prevalence among MSM from 3.6% (2004) to 2.0% and among MSWs from 4.8% (2004) to 3.0% by the end of 2011 and increase in condom use during last anal sex with a male from 55.9% (MSM) and 66.7% (MSWs) (2004) to 80% by the end of 2011.⁵⁵⁹

Legal response

The Supreme Court decriminalised consensual sex between same-sex adults, however no action has yet been taken to introduce legal protections. Since 2007, transgender people have been officially recognised with “third gender” cards. There has been a history of harassment of MSM and HIV project workers, but the situation has improved since 2007.^{560, 561}

In 2008, an unpublished UN legal review found that Nepal was “prohibitive in high intensity” for MSM and transgender persons. In 2009-10, a second review conducted by the UNDP found that it was now “protective”. This indicates the greatest degree of change possible, from the most repressive to the most protective category.^{562, 563}

Coverage of interventions

The Nepalese government has set a target of reaching out to 1, 02, 880 MSM (including MSWs) by the end of 2011.⁵⁶⁴ In 2007, among MSWs and non-MSWs, the percentage of those who had received an HIV test in the past 12 months and who knew their results was 51.85% and 30% respectively. The coverage of prevention programmes for MSM and non-MSWs was 55.56% and 46.75% respectively nationwide.⁵⁶⁵ However, in the same report, figures from routine reporting show that national coverage for MSM ranged widely from 12.0% to 35.9%.⁵⁶⁶ In the capital city, Kathmandu, coverage of MSM increased substantially from 10% in 2004 to 45.75% in 2007.⁵⁶⁷ BDS runs six MSM-focused “care and treatment” centres in Nepal.⁵⁶⁸

Community-based responses

BDS is the key organisation working with MSM in Nepal, with an expansive network of care, support, and human rights centres. As of September 2009, BDS’s MSM programme covers 26 districts and 31 cities.^{569, 569, 570, 571} Services conducted by the BDS include: peer outreach, condom distribution, training on safe sex and HIV, community sensitisation and awareness, and support services for MSM and transgender persons living with HIV.^{572, 573} As of 2012, there were 17 city offices, drop-in-centres, or separately established community-based organisations

(CBOs) delivering HIV and AIDS and sexual health services to MSM and male sex workers across Nepal.⁵⁷⁴ In Nepal's 2005-06 annual HIV and AIDS plan, almost 70% of the total resources budgeted for HIV and AIDS programmes were executed through NGOs.⁵⁷⁵ MSM groups in Nepal are consulted and are part of a variety of national processes.⁵⁷⁶

National MSM networks

BDS helped to found the Federation of Sexual and Gender Minorities of Nepal (FSGMN), a national network of nine national organisations, during Round 7 of the Global Fund for AIDS, TB and Malaria (GFATM).⁵⁷⁷ FSGMN was supported by the USAID-funded ASHA Project from its inception and is currently supported by the USAID-funded Saath-Saath Project.⁵⁷⁸ In a 2008 mapping exercise performed by the Asia Pacific Coalition on Male Sexual Health (APCOM), 14 organisations were found to be working with MSM in Nepal.⁵⁷⁹ White Feather Nepal, a CBO that includes 50 members (including 25 hospitality, 15 beauticians and 20 fast food restaurants) provides capacity building and "life enhancement" services in an effort to reduce stigma and promote social re-integration among Nepali MSM living with HIV.⁵⁸⁰

International support

The South Asian MSM and AIDS Network (SAMAN), which includes Nepal was awarded a multi-country grant in Round 9 of GFATM. The grant will finance support from the Naz Foundation International (NFI), Population Services International (PSI), and the United Nations Development Programme (UNDP).⁵⁸¹ Nepal also receives MSM-related support from: United Nations Children's Fund (UNICEF), United States Agency for International Development (USAID)/ Family Health International (FHI-360), and U.K. Department for International Development (DFID).⁵⁸² The latter amounts to approximately USD 3.6 million over a 7-year period - a sizeable contribution relative to historical funding.⁵⁸³ Estimated funding for HIV prevention activities related to MSM during fiscal year 2011/12 represented 23% (or approximately USD 1.2 million) of the total national HIV prevention budget.⁵⁸⁴ This suggests increased emphasis on MSM programming but reduced overall funding as compared to 2009 spending estimates.

Current gaps in responses

Condom use is modest to high but there has been a recent decline in consistent condom use. Among MSWs 40.7% and among non-MSWs 44.5% both correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission,⁵⁸⁵ suggesting that greater efforts are needed to increase IEC on such issues. The prevalence of STIs among MSWs has been consistently high, suggesting that the response to this unresolved health problem requires greater focus. Substantial numbers of MSM are married or have sex with females but the efforts of HIV prevention programmes to respond to the needs of wives or female sexual partners of MSM appear to be meagre. Too many MSM who had an HIV test did not know their results and consequently a greater response will need to be implemented by the NGO (linked to MSM issues) and health sector to lessen this gap.⁵⁸⁶

NEPAL – ADVOCACY FACT SHEET

In 2011, the estimated number of MSM in Nepal was about 2, 46, 419.⁵⁸⁷

Epidemiology

- As per 2009 estimates, HIV prevalence among MSM was 3.8%.⁵⁸⁸
- HIV prevalence among the MSM has not changed much over the three rounds of the Integrated Biological and Behavioural Survey (IBBS) survey (3.9% in 2004, 3.3% in 2007 and 3.8% in 2009).⁵⁸⁹
- In 2012 it was reported that sex between males accounts for 21.6% of cumulative HIV infections. This is an increase from the figure of 4% reported in 2008 and 6.2% reported in 2009.⁵⁹⁰
- The Syphilis prevalence among MSM in Nepal was 1.5% as per the 2009 estimates.⁵⁹¹

Risk factors

- Many MSM in Nepal reported being sexually active at a relatively young age. More than 50% of MSM (58.4% in Round 1, 51.5% in Round 2 and 61.3% in Round 3) reported having had their first sexual experience before the age of 17 years.⁵⁹²

- A recent multivariate analysis of data obtained from MSM in Nepal showed that “high risk of HIV infection” was significantly associated with being involved in sex work, having no knowledge of male STI symptoms, and having a history of STI symptoms.⁵⁹³

Consistent condom use with various types of male partners

- Consistent condom use increased among non-MSW MSM with non-paying partners from 39.3% in 2004 to 77.5% in 2007 and then decreased to 65.1% in 2009. Among male sex workers, consistent condom use with regular paying male anal sex partners was found to be 97.2% in 2007 and 75.8% in 2009. Consistent condom use with non-paying partners also decreased from 71.8% in 2007 to 65.4% in 2009.⁵⁹⁴
- The proportion of MSM who could correctly identify ways of preventing sexual transmission of HIV and rejected major misconceptions increased from 44.4% in 2007 to 64.3% in 2009.⁵⁹⁵ In 2009, 42% MSM had been tested for HIV in the last 12 months and knew the result, increasing from 30% in 2007 and 7% in 2004.⁵⁹⁶

Interventions and responses

- The Nepalese Government states that it has embraced the principle of universal access (with a target of 80%) for provision of HIV and AIDS prevention, treatment, care and support services to vulnerable and infected people.⁵⁹⁷
- BDS is the key organisation working with MSM in Nepal, with an expansive network of care, support, and human rights centres.⁵⁹⁸
- BDS helped to found the Federation of Sexual and Gender Minorities of Nepal (FSGMN), a national network of nine national organisations, during Round 7 of the Global Fund for AIDS, TB and Malaria (GFATM).⁵⁹⁹

Legal response

The Supreme Court decriminalised consensual sex between same-sex adults, however no action has yet

been taken to introduce legal protection. Since 2007, transgender people have been officially recognised with “third gender” cards.⁶⁰⁰

Current gaps in responses

- Condom use is modest to high but there has been a recent decline in consistent condom use.⁶⁰¹
- The prevalence of STIs among MSWs has been consistently high, suggesting that the response to this unresolved health problem requires greater focus.
- Substantial numbers of MSM are married or have sex with females but the efforts of HIV prevention programmes to respond to the needs of wives or female sexual partners of MSM appear to be meagre.⁶⁰²

SRI LANKA - Country Profile

In 2011 the estimated number of MSM in Sri Lanka was 32, 000.⁶⁰³ Nearly 30% of all MSM reside in Colombo based on 2010 size estimates.⁶⁰⁴

Prevalence and trends of HIV among MSM

By 2011 HIV prevalence among MSM (national) in Sri Lanka was 0.9%. By 2009 HIV prevalence among youth MSM was 0.8%.⁶⁰⁵ By 2011, the percentage of all cases that are among MSM is 12.3%.⁶⁰⁶ HIV prevalence among MSM appears to be on the rise since national HIV sero-surveillance began including MSM. Official figures increased from 0% in 2008 to 0.5% in 2009, and to 0.9% in 2011.^{607, 608} In 2008, the HIV sentinel surveillance included the population group MSM. Of the 242 MSM included in the survey, only one tested positive for HIV. In 2009, of the 411 MSM participating in the HIV sentinel surveillance, the HIV prevalence was 0.48%. It was reported that the probable mode of transmission of HIV cases detected during 2008-2009 was mostly heterosexual but MSM accounted for 15%.⁶⁰⁹

Prevalence of STIs among MSM and transgender populations

In 2009 the syphilis prevalence among MSM in Sri Lanka was 4.7%.⁶¹⁰ Among 302 MSM surveyed, 8.9% reported having ever had STI symptoms; only five

persons (1.7%) reported having had genital discharge, and three persons (1%) reported a genital sore/ulcer in the previous 12 months. Notably, a higher proportion (16.4%) of the beach boys sampled reported ever having had STI-related symptoms, which is twice that reported by MSM (8.9%).⁶¹¹

A conference presentation report cites a study conducted among 105 MSM in Anuradhapura in 2005, which showed that 6.4% had genital warts and 5% had evidence of past and/or current syphilis infection.⁶¹² In 2007, the behavioural surveillance survey (BSS) found that 8.9% of MSM and 16.4% of “beach boys” had ever had STI symptoms.⁶¹³ In 2005, a study of 105 MSM in the city of Anuradhapura who had anal sex in the previous year showed that 52% reported ever having STI symptoms.⁶¹⁴

HIV-related risk behaviours among MSM

Female partners

One of the researches indicates that reported vaginal sex in past month among MSM was 23.0%.⁶¹⁵ In 2006, 41.3% of MSM in 5 cities had ever had sex with a woman.⁶¹⁶ In another 2006 survey 80.6% of “beach boys” and 23% of MSM had sex with a woman in the previous year; and 7.6% of the MSM were married.⁶¹⁷

Male partners

By December 2010, an estimated 8% of all HIV infections were due to sex between men. By December 2011, this number increased to 12.3%.^{618, 619} In 2007, over the past 12 months, 45.4% of “beach boys” and 92.4% of MSM had anal sex with a male. The “beach boys” were more often the receptive partner and had anal sex with more foreigners than “local” men.⁶²⁰ In a 2006 socio-behavioural survey, over 80% of 494 MSM in five cities reported having had anal sex in the previous three months; 14.8% of MSM were able to get free condoms in the previous month; most MSM in 5 cities knew about lubricant, but only 32.4% had ever used it; and 16% of MSM reported being forced into sex against their will.⁶²¹

Condom use at last sex with male partners

In 2009 condom use during last encounter among MSM was 61.0%.⁶²² In a 2009 survey of 812 young

MSM (ages 18-24) from the Galle District (Southern Province), only 3% reported using a condom during the previous instance of anal sex with a male partner.⁶²³ In 2006, 50% of MSM who engaged in anal sex sometimes used condoms for insertive anal sex, while 42.4% used condoms for receptive anal sex.⁶²⁴

Consistency of condom use

In a 2008 survey of 900 male military personnel, 6% of those with male sexual partners reported consistent condom use during the last 12 months and 10% reported using a condom during the last sexual encounter with a male partner. The same survey also found that 31% of respondents reported ever having a relationship with another male.⁶²⁵ In the same 2006 behavioural surveillance survey as above, 47% of MSM practiced consistent condom use with their male “non-regular” partner; 36% practiced it with their female “non-regular” partner; 26% practiced it with their male regular partner; and 18% practiced it with their female regular partner.⁶²⁶ A knowledge, attitude and practice (KAP) survey conducted in five cities (Colombo-Western Province; Negombo-Western Province; Galle-Southern Province; Anuradhapura-North Central Province; and Kandy-Central Province) among the MSM population found that regular condom use was low. The survey found that for insertive anal sex, 50.1% sometimes used condoms, while for receptive anal sex, 42.4% sometimes used condoms. Many MSM participants also had sex with women (41.3%), and condom use was lower with women than with men: 18.4% rarely and 20% sometimes used a condom. Up to 18% of the participants were married to women.⁶²⁷

Prevalence of drug use among MSM

The BSS (2006-2007) included male drug users found that 20.4% reported ever having had anal sex with a male partner and 5.8% reported anal sex with a male partner in the past 12 months. Among the drug users who reported anal sex in the past 12 months, 90.5% had never used condoms. Over two thirds of drug users reported having had sex with a female partner in the past 12 months. Male drug users reported inconsistent condom use with female partners: in the past 12 months, 47.4% always used condoms with commercial partners and only 1.1% always used condoms with regular partners.⁶²⁸

Risk perception and knowledge about HIV

Prevention knowledge among MSM was found to be 19.9%.⁶²⁹

National responses

Coverage of interventions

13.5% of MSM had received an HIV test in the past 12 months and knew their results; 19.8% of MSM could correctly identify ways of preventing the sexual transmission of HIV and could reject major misconceptions about HIV transmission. 61.9% MSM reported the use of a condom the last time they had anal sex with a male partner.⁶³⁰ In 2006, out of the estimated number of 250 MSM in Anuradhapura district, 150 were reached by an NGO working with the STD clinic. In 2008, a total of 13, 104 condoms were distributed through NGOs carrying out HIV prevention interventions among MSM and transgender women in Sri Lanka (personal communication, UNAIDS Sri Lanka).⁶³¹

HIV test in last year (2009) among MSM in Sri Lanka 14.0%.⁶³² Whereas 21% of MSM in one 2006 survey had ever been tested for HIV, only 14% were tested in the last 12 months and knew their results.⁶³³ ⁶³⁴In 2007, another survey showed that 13% of MSM had been tested for HIV in the last 12 months and knew the result; 82.4% of “beach boys” and 79.1% of MSM had never been tested for HIV. By 2009, HIV Positive MSM needing ART in Sri Lanka was 4.7%.⁶³⁵

Community-based responses

While many organisations have demonstrated interest in working with MSM, few have demonstrated the organisational capacity to do so.⁶³⁶ The capacity of NGOs based in regions outside of Colombo to deliver HIV services is especially limited. In 2010 a pilot mapping and national size estimation exercise was conducted by the MSM community in partnership with NSACP, UNAIDS, World Bank and UNFPA with technical support from the University of Manitoba.⁶³⁷ Subsequently in 2011, prevention micro-planning interventions were piloted based on the data gathered from mapping exercise.⁶³⁸ Services conducted by the MSM community-based organisations (CBOs) include peer-led education, counselling on safer sexual behaviours, condom and lubricant use, reducing number of partners, and STI counselling, testing, and referrals.⁶³⁹

HIV prevention care and support interventions have commenced in 5 districts through Global Fund Round 9, with potential to continue until 2015.⁶⁴⁰ A recent assessment found that MSM community groups in Sri Lanka are not consulted adequately in national processes related to HIV.⁶⁴¹

National MSM networks

A national MSM network was established in 2009 as a result of a consultation organised and conducted by Companions on a Journey and Naz Foundation International.⁶⁴² Besides, MSM CBOs, programmes, and social networks are also informally organised in Sri Lanka.⁶⁴³

International support

The South Asian MSM and AIDS Network (SAMAN), which includes Sri Lanka, was awarded a multi-country grant in Round 9 of the Global Fund for AIDS, TB, and Malaria (GFATM). The grant will finance support from the Naz Foundation International (NFI), Population Services International (PSI), and the United Nations Development Programme (UNDP).⁶⁴⁴ Sri Lanka also receives MSM-related support from: the Canadian International Development Agency (CIDA), the Swedish International Development Cooperation Agency (SIDA), Helvetas, UNAIDS, the World Bank, and the UN Population Fund (UNFPA).^{645, 646}

Legal environment

In Sri Lanka, sex between males is illegal under the Penal Code.⁶⁴⁷ Sex work is legal per se, but soliciting sex is illegal. The vagrancy law has also been used to arrest sex workers for loitering. There appear to be no laws protecting MSM from violence, stigma, or discrimination.⁶⁴⁸

There have been reports of MSM and HIV workers facing problems with law enforcement authorities. The vagrancy law has been used to harass MSM and male sex workers. Legal reviews conducted by the UN have found that Sri Lanka is “prohibitive in high intensity” and “highly repressive” for MSM.^{649, 650}

Current gaps in responses

There is a lack of national funding for NGOs and CBOs to implement targeted HIV prevention interventions for the key populations at high risk, including MSM populations at high risk and beach boys. Negative

societal attitudes and criminalization of consensual same-sex adult relations mean that reaching out to MSM presents various challenges that need to be addressed. The findings of the behavioural and services access indicators from the first BSS among MSM in Sri Lanka indicates the need to focus on improving knowledge of HIV and access to HIV voluntary counselling and testing (VCT), and promoting condom and lubricant use among MSM in Sri Lanka.^{651, 651}

SRI LANKA – ADVOCACY FACTSHEET

Estimated number of MSM in Sri Lanka is nearly 32000.⁶⁵²

Epidemiology

- 2011 estimates show that the HIV prevalence among MSM in Sri Lanka is 0.9%.⁶⁵³
- HIV prevalence among MSM shows an increase since the national HIV sero-surveillance started including MSM.⁶⁵⁴
- It was reported that the probable mode of transmission of HIV cases detected during 2008-2009 was mostly heterosexual, but MSM accounted for 15%.⁶⁵⁵
- In 2009 the syphilis prevalence among MSM in Sri Lanka was 4.7%.⁶⁵⁶
- By December 2010, an estimated 8% of all HIV infections were due to sex between men. In December 2011, this number increased to 12.3%.⁶⁵⁷
- In 2009 condom use during last encounter among MSM was 61.0%.⁶⁵⁸
- Prevention knowledge among MSM was found to be 19.9%.⁶⁵⁹

Interventions, programme response and outreach

- HIV prevention care and support interventions have commenced in 5 districts through Global Fund Round 9, with potential to continue until 2015.⁶⁶⁰
- Services conducted by the MSM community-

based organisations (CBOs) include peer-led education, counselling on safer sexual behaviours, condom and lubricant use, reducing number of partners, and STI counselling, testing, and referrals.⁶⁶¹

- HIV test in last year (2009) among MSM in Sri Lanka was 14.0%, whereas 21% of MSM in a 2006 survey had ever been tested for HIV.⁶⁶² In 2007, another survey showed that 13% of MSM had been tested for HIV in the last 12 months and knew the result 82.4% of “beach boys” and 79.1% of MSM had never been tested for HIV. By 2009, HIV positive MSM needing ART in Sri Lanka were 4.7%.⁶⁶³
- A national MSM network was established in 2009. The South Asian MSM and AIDS Network (SAMAN), which includes Sri Lanka, was awarded a multi-country grant in Round 9 of the Global Fund for AIDS, TB, and Malaria (GFATM). Sri Lanka also receives MSM-related support from: the Canadian International Development Agency (CIDA), the Swedish International Development Cooperation Agency (SIDA), Helvetas, UNAIDS, the World Bank, and the UN Population Fund (UNFPA).⁶⁶⁴

Legal environment

Sex work is legal per se, but soliciting sex is illegal. The vagrancy law has also been used to arrest sex workers for loitering. There appear to be no laws protecting MSM from violence, stigma, or discrimination.⁶⁶⁵ Sex between males is illegal under the Penal Code.⁶⁶⁶

Current gaps in responses

- There is a lack of national funding for NGOs and CBOs to implement targeted HIV prevention intervention.
- Negative societal attitudes and criminalization of consensual same-sex adult relations mean that reaching out to MSM presents various challenges that need to be addressed.⁶⁶⁷

Bibliography

- amfAR. (2008). *MSM, HIV, and the road to universal access - how far have we come?*
- APCOM. (2009). *APCOM engagement in the 9th ICAAP, Bali, Indonesia.*
- APCOM. (2008, July). *Scaling up HIV programming for men who have sex with men - the experiences in Asia and the Pacific. A report to the Global Forum on MSM and HIV.* Australian Federation of AIDS Organisations.
- Billimoria, H. (2011, September 21). Special Edition. Retrieved September 26, 2012, from *Groundviews, Journalism for Citizens*: www.groundviews.org
- Bondyopadhyay, A. (2007). *A qualitative study into the degree of violence, abuse, discrimination and violation of civil and fundamental rights as faced by males who have sex with males in six cities of India.* Naz Foundation International, Lucknow.
- Carlos F. Caceres, M. P. (2009). *Review of legal frameworks and the situation of human rights related to sexual diversity in law and middle income countries.* Study commissioned by UNAIDS. UNAIDS.
- Centre for Advocacy and Research (CFAR). (2012, September). *Analysis of selected news coverage on men who have sex with men (MSM) and transgender people in Nepal.* Delhi, India.
- Centre for Advocacy and Research (CFAR). (2012, September). *Analysis of selected news coverage on men who have sex with men (MSM) and transgender people in Sri Lanka.* Delhi, India.
- Centre for Advocacy and Research (CFAR). (2012, September). *Analysis on news coverage on men who have sex with men (MSM) and transgender people in India, 2005-2012.* Delhi, India.
- Centre for Advocacy and Research (CFAR). (2012, September). *Analysis of selected news coverage on men who have sex with men (MSM) and transgender people in Bangladesh.* Delhi, India.
- Chris Beyrer, Stefan D. Baral. Global Commission on HIV and the Law. (2011). *MSM, HIV and the law: the case of gay, bisexual and other men who have sex with men. Working paper for the third meeting of the technical advisory group of the Global Commission on HIV and the Law.*
- Citizen's Initiatives on CEDAW - Bangladesh. (2010). *Combined sixth and seventh alternative report to the UN CEDAW Committee.*
- Commission on AIDS in Asia. (26 March 2008). *Redefining AIDS in Asia: Crafting an effective response.* United Nations. Oxford University Press.
- Committee on Economic, Social and Cultural Rights. (2000, April 25). *General Comment No. 14 on the right to highest attainable standard of health* (article 12 of the International Covenant on Economic, Social and Cultural Rights). Geneva.
- Committee on Economic, Social and Cultural Rights. (2002, November 11-29). *General Comment no. 15 on the right to water* (articles 11 and 12 of the International Covenant on Economic, Social and Cultural Rights). Geneva.
- Committee on Economic, Social and Cultural Rights. (2005, November 7-25). *General comment no. 18 on article 6 of the International Covenant on Economic, Social and Cultural Rights.* Thirty-fifth session. Geneva.
- Constella Futures, USAID. (2006). *Briefing note on MSM and HIV in the Asia Pacific region.* Retrieved September 21, 2012, from Health policy initiative: www.healthpolicyinitiative.com
- Daily News, Tribune.* (2011, November). Retrieved November 21, 2012, from Tribune: <http://tribune.com.pk/story/305807/plea-to-court-eunuch-tax-collectors-want-jobs-regularised/>
- Dawn Daily News.* (2011, November 15). Retrieved November 21, 2012, from Dawn: <http://www.dawn.com/2011/11/15/eunuchs-get-on-voters-list.html>
- Deccan Herald. (2010, July 8). "Sexual minorities may be boxed into backward class category."
- Dr. Mohammad Aslam Khaki and another Versus Senior Superintendent of Police (Operation) Rawalpindi and others, 41 of 2009 (Supreme Court August 17, 2009).
- Dr. Shrinivsa Ramachandra Siras and others Versus The Aligarh Muslim University and others, Civil Misc, WP 17549 (Allahabad High Court 2010).
- Economic and Social Commission for Asia and the Pacific (ESCAP). (2010, May 19). *Resolution 66/10 Regional call for action to achieve universal access to HIV prevention, treatment, care and support in Asia and the Pacific, fifth plenary meeting.* .
- Economic and Social Commission for Asia and the Pacific ESCAP. (2011, May 19-25). *Resolution no. 67/9, Asia*

- Pacific regional review of the progress achieved in realising the Declaration of Commitment on HIV and AIDS and the Political Declaration on HIV and AIDS, Sixty-seventh session. Bangkok.
- Economic and Social Commission for Asia and the Pacific. (2012, February 6 - 8). *Report of the Asia Pacific high level inter- governmental meeting on the assessment of progress against commitments in the political declaration on HIV and AIDS and the Millennium Development Goals*. Bangkok.
- Economic and Social Commission on HIV in Asia and the Pacific. (2011, August 24). *Overview of good practices in promoting multi- sectoral cooperation and enhancing national capacity in addressing policy and legal barriers to universal access to HIV prevention, treatment, care and support in the Asia- Pacific region. Note by the Secret. Asia-Pacific high level inter- governmental meeting on the assessment of progress against commitments in the political declaration on HIV and AIDS and the Millenium Development Goals*.
- FHI 360 and ICMR. (2011). *National summary report, Integrated Behavioural and Biological Assessment, Round 2 (2009-2010). National Summary Report*, New Delhi.
- Global Commission on HIV and the Law. (2011, February 17). *Regional Issues Brief: Laws and practices relating to criminalization of people living with HIV and populations vulnerable to HIV*. Bangkok.
- Global Commission on HIV and the Law. (2011, February 17). *Report of the Asia Pacific Regional Dialogue of the Global Commission on HIV and the Law*. Bangkok.
- Global HIV Prevention Working Group. (2007). *Bringing HIV prevention to scale: An urgent global priority*.
- Godwin, J. (2010, July). *Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific: An agenda for action*. UNDP, APCOM.
- Government of Nepal. (2010). *National report submitted in accordance with paragraph 15 (a) of the annexure to Human Rights Council resolution 5/1*.
- Human Rights Watch. (2002, July 9). *State supported oppression and persecution of sexual minorities in India. Statement of Aditya Bandhopadhaya to the UNHCR. Epidemic of Abuse: Police Harassment of HIV and AIDS Outreach Workers in India* .
- Indian Express. (2009, July 3). "Section 377, split within: Government to ask for more time."
- International Development Law Organisation (IDLO), South Asian Association for Regional Cooperation (SAARC), UNDP, UNAIDS, World Bank. (2011, November 8 - 10). *Report of Roundtable on Legal and policy barriers to HIV responses*, Kathmandu, Nepal.
- International HIV and AIDS Alliance. (2008). *The hidden HIV epidemic: A new response to the HIV crisis among transgender people*. Presentation at International AIDS Conference. Mexico City.
- Karnataka State Backward Commission. (2011, February 8). *Suggestion No. 25*. Bangalore, India.
- Kirby, M. (2010, May 17). *Deconstructing Homophobia. High level dialogue report: Punitive laws, human rights and HIV prevention among men who have sex with men in Asia Pacific* (p. 20). Hong Kong: UNDP.
- Kirby, M. (2009, April 9). *Homosexual law reform: An ongoing blind spot of the commonwealth of nations*. Presentation at the 16th Commonwealth Law conference.
- Kirby, M. (2011, February 16-17). UNDP Law Commission and HIV: Seven Lessons from Bangkok. *The Regional Dialogue of the Global Commission on HIV and the Law. Asia Pacific Regional Dialogue*. Bangkok.
- Latest CNS articles. (2012). Retrieved September 25, 2012, from *Citizen News Service: www.citizen-news.org/2012/05/rights-report-on-rights-transgenders.html*
- Law Commission of India. (2000). 172nd Law Review.
- Ministry of External Affairs, Government of India. (2012). *Second Universal Periodic Review of India 2012*.
- NACO. (2012). *HIV Sentinel Surveillance, India (preliminary results)*.
- National AIDS Control Organisation. (2007). *Annual HIV Sentinel Surveillance Country Report*. Delhi: NACO.
- National Alliance of Women. (2006). *India Second and Third NGO Alternative Report on CEDAW*. India.
- National Centre for AIDS and STD Control. (2012). *HIV Prevention in Nepal for MSM*. Kathmandu.
- National Centre for AIDS and STD Control, Ministry of Health and Population of Nepal. (2012). *Country Progress Report, Nepal. Global AIDS Progress Report*. Kathmandu.
- National Centre for AIDS Control. (2011). *Mapping and Size Estimation of Most- at -risk Population in Nepal*. Kathmandu.
- Naz Foundation and Others Versus Government of NCT Delhi, 160 Delhi Law Times 277 (Delhi High Court July 2009).
- Nepal NGO Coalition. (2010). *Submission to the Universal Periodic Review, Tenth Session of the UPR Working Group of the Human Rights Council*.

- People's Union for Civil Liberties, Karnataka. (2001). *Human Rights Violations Against Sexuality Minorities in India: A PUCL - A Fact Finding Report about Bangalore*.
- Planning Commission of India, Government of India. (2011, October). *Faster, sustainable and More Inclusive Growth, An Approach to the Twelfth Five Year Plan*.
- Program, Nepal AIDS Control. (2012). *Country Progress Report: Nepal, Global AIDS Progress Report*. Kathmandu: Ministry of Health and Population of Nepal.
- Risks and Responsibilities: Male Sexual Health and HIV in Asia and the Pacific. (2006 September).
- Sam Winter, UNDP. (2012). *Lost in Transition: Transgender People, Rights and HIV Vulnerability in the Asia - Pacific Region*. UNDP.
- Sexual Rights Initiative. (2009). *Submission to the Universal Periodic Review, 4th Round*.
- Social Welfare Board, Government of Tamil Nadu. (2006). Government order no. 199, *Rehabilitation of Aravani (Eunuchs) recommendation Sub - Committee Orders Issued*. Chennai, India.
- Stefan Baral, Chris Beyrer, Tonia Poteat, Global Commission on HIV and the Law. (2011). *Human Rights, the Law and HIV among Transgender People. Working paper for the third meeting of the technical group of the Global Commission on HIV and the Law*.
- Sunil Babu Pant and other Versus Nepal Government and other, 2 NJA LJ (Supreme Court of Nepal 2008).
- The Hindu. (2012, September 22). "Application invited from transgender". Chennai, India.
- The Hindu. (2012 October, 02). Court notice to Centre, States on Transgender issue.
- The Hindu. (2009, July 3). "Ministries took contradictory stand".
- Treat Asia. (2006). *What is fuelling the epidemic among MSM and how can it be stopped?* Special Report released at XVI International AIDS Conference .
- UN Human Rights Council. (2012, September). *UN Human Rights Council; Adoption of the Outcome of India's UPR*. Oral statement under item 6. Human Rights Watch.
- UNAIDS. (2011). *HIV in Asia and the Pacific: Getting to Zero*. Geneva: UNAIDS.
- UNAIDS. (2007, July). *Men Who Have Sex with Men, The Missing Piece in National Responses to AIDS in Asia and the Pacific*. Geneva: UNAIDS.
- UNAIDS. (2009). *UNAIDS Action Framework: Universal Access for Men Who Have Sex With Men and Transgender People*. Geneva: UNAIDS.
- UNDP Asia Pacific Regional Centre and UNFPA Asia Pacific Regional Office. (2012, October). *Sex Work and the Law in Asia and the Pacific*. Bangkok.
- UNDP. (2009, 29 June-1 July). *Developing a Comprehensive Package of Services to Reduce HIV Among Men Who Have Sex With Men (MSM) and Transgender Populations in Asia and the Pacific*. Thailand: Regional HIV and development programme for Asia and the Pacific.
- UNDP, APCOM. (2010, July). *Legal Environments, Human Rights and HIV Responses Among Men Who Have Sex With Men and Transgender People in Asia and the Pacific: An Agenda for Action*.
- UNDP, APCOM. (2009, August 11). Process of community groups, human rights lawyers and parliamentarians coming together to promote legislative change. Presentation by Anand Grover. *Symposium report. Overcoming legal barriers to comprehensive prevention among men who have sex with men (MSM) and transgender people in Asia and the Pacific. 9th International Congress on AIDS in Asia and the Pacific*. Bali, Indonesia.
- UNESCAP. (2012, February 6-8). Statement of delegates, Item 5 of agenda - consideration of measures to promote multi- sectoral cooperation and build national capacity in addressing policy and legal barriers to universal access to HIV prevention, treatment, care and support. *Asia Pacific high level intergovernmental meeting on the assessment of progress against commitments in the political declaration on HIV and AIDS and the Millenium development goals* . Bangkok.
- UPR. (2011). *Report of the working group on the Universal Periodic Review, Nepal, Agenda Item 6*.
- Wadia, R. (2010, June 23-25). *Reaching out to the World: APCOM External Communications*. Asia Pacific Coalition on Male Sexual Health Governing Board Meeting. Pattaya, Thailand.
- Working group on human rights in India and the UN (WGHR). (2011). *Human Rights in India, An Overview. Joint Stakeholders Report*. Delhi: WGHR.
- World Bank, UNAIDS . (2009). *20 years of HIV in Bangladesh: Experiences and Way Forward*.
- World Health Organisation, Regional Office for South -East Asia. (2010). *HIV and AIDS among Men Who Have Sex With Men and Transgender Populations in South -East Asia*.
- Yogyakarta Principles. (n.d.). *The Yogyakarta Principles*. Retrieved September 12, 2012, from <http://www.yogyakartaprinciples.org>

Additional documents reviewed

Reports and documents

1. *20 Years of HIV in Bangladesh: Experiences and Way Forward*, 2009.
2. NACO, 2007. *Annual HIV Sentinel Surveillance Country Report*. New Delhi, National AIDS Control Organisation (NACO).
3. Global AIDS Progress Report 2012, Nepal. *Country Progress Report: Nepal*. Kathmandu, Ministry of Health and Population of Nepal; National Center for AIDS and STD Control.
4. Country Snapshots, India, October 2012.
5. Naz Foundation International, September 2008. *Everybody Knows, But Nobody Knows*.
6. Godwin, J., E. Settle, et al. (2010). *Laws Affecting HIV Responses Among MSM and Transgender People in Asia and the Pacific: A Consultative Study*. XVIII International AIDS Conference. Vienna, International AIDS Society
7. Indian Council of Medical Research (ICMR) and Family Health International. (FHI). National Interim Summary Report – India (October 2007), *Integrated Behavioural and Biological Assessment (IBBA), Round 1 (2005–2007)*. New Delhi, 2007. Available at: <http://www.nari-icmr.res.in/IBBA/IBBA-NISR.pdf> (accessed 30 December 2009).
8. Indian Council of Medical Research and FHI 360 (2011). *National Summary Report – India, Integrated Behavioural and Biological Assessment (IBBA), Round 2 (2009-2010)*. New Delhi, Indian Council of Medical Research and FHI 360.
9. Indian Network for People Living with HIV and AIDS, Tamil Nadu, India University of Toronto, Faculty of Social Work, Centre for Applied Social Research, Toronto, Canada - March 2008.
10. APCOM No.2 2008. Mapping Transgender Groups, Organisations and Networks in South Asia.
11. NACO 2009. *Mid-Term Review of National AIDS Control Programme Phase-III (2007–2012)*, 16 November–3 December 2009. New Delhi, NACO, Department of AIDS Control, Ministry of Health & Family Welfare, Government of India, 2009.
12. *Missing Pieces-HIV Related Needs of Sexual Minorities in -India, National Stakeholder Consultation Report*, October 24-25, 2008 New Delhi, India.
13. *More than the Virus - HIV Prevention And Men Who Have Sex With Men Living With HIV*. APCOM Policy Brief. 10 July 2012
14. *MSM & Positive MSM Country Services: Asia and the Pacific* (Excel Spreadsheet). Bangkok, APN+, 2007
15. *National Behavioural Surveillance Survey (BSS), 2006. Men Who Have Sex With Men (MSM) and Injecting Drug Users (IDUs)*. New Delhi, NACO, Ministry of Health and Family Welfare, Government of India, 2006. Available from [http://www.nacoonline.org/upload/NACO%20PDFMen_who_have_Sex_with_Men_\(MSM\)_and_Injecting_Drug_Users_\(IDUs\).pdf](http://www.nacoonline.org/upload/NACO%20PDFMen_who_have_Sex_with_Men_(MSM)_and_Injecting_Drug_Users_(IDUs).pdf) (Accessed 30 December 2009)
16. National HIV and AIDS Strategic Plan, Sri Lanka, 2007-11.
17. *National HIV and AIDS Strategy, Nepal, 2006-11*.
18. National report submitted in accordance with paragraph 15 (a) of the annex to Human Rights Council resolution 5/1. Nepal
19. *National Strategic Plan on HIV and AIDS, Republic of Maldives, 2007 – 2011*.
20. *National Summary Report – India, Integrated Behavioural and Biological Assessment (IBBA), Round 2 (2009-2010). Mapping & Size Estimation of Most-at-Risk-Population in Nepal - 2011: MSWs, Transgender People and their Clients (MTC)*. National Centre for AIDS Control.
21. Newman PA et al. *Correlates of Paid Sex Among Men Who Have Sex With Men in Chennai, India*. Sexually Transmitted Infections, 2008, 84:434–438.
22. *Report on Mapping of MSM Groups, Organisations and Networks in South Asia*, APCOM No. 3 2008.
23. *Rights of Transgender People Still Ignored*; conference, 14 June 2012. <http://newagebd.com/detail.php?date=2012-06-14&nid=13690#.UKhQYodOTPE> (Retrieved on 17 November 2012)
24. Roy Wadia's PPT presentation titled *Reaching Out to the World: APCOM External Communications, Asia Pacific Coalition on Male Sexual Health Governing Board Meeting*, Pattaya, Thailand: June 23 – 25, 2010
25. *South Asia Legal Environments for Men Who Have Sex With Men and Transgender People*. APCOM Policy Brief.2012

26. *Structural Violence Against Kothi-Identified Men Who Have Sex With Men In Chennai, India: A Qualitative Investigation - 2007*
27. *Targeted Interventions in India. Concept Paper*, Bali Meeting, National AIDS Control Organisation (NACO). 2009.
28. *Technical Report: India HIV Estimates*. New Delhi, National AIDS Control Organisation & National Institute of Medical Statistics, 2009
29. *The Global HIV Prevention Working Group 2007, Bringing HIV Prevention to Scale: an Urgent Global Priority*.
30. Thomas, B., M. J. Mimiaga, et al. (2009). *Unseen and Unheard: Predictors of Sexual Risk Behaviour and HIV Infection Among Men Who Have Sex With Men in Chennai, India*. AIDS Education and Prevention: Official Publication of the International Society for AIDS Education 21(4): 372-383.
31. *Transgender People's Access to Sexual Health and Rights, A Study of Law and Policy in 12 Asian Countries*, Neha Sood, Asian- Pacific Resource and Research Centre for Women (ARROW) 2010
32. TREAT Asia (2006). *MSM and HIV and AIDS Risk in Asia: What is Fueling the Epidemic among MSM and How Can It Be Stopped?* amfAR Special Report. Bangkok, The Foundation for AIDS Research (amfAR)
33. *UNGASS Country Progress Report: India, 2010*. New Delhi, Ministry of Health and Family Welfare, Govt of India.
34. *UNGASS Country Progress Reports: Bangladesh-2011-12*.
35. *UNGASS Country Progress Reports: India-2009-10*.
36. *UNGASS Country Progress Reports: Maldives- 2010-11*.
37. *UNGASS Country Progress Reports: Nepal-2011-12*.
38. *UNGASS Country Progress Reports: Pakistan- 2011-12*.
39. *UNGASS Country Progress Reports: Sri Lanka-2010-11*.
40. *UNGASS Country Report- Sri Lanka: January 2006-December 2007*. Colombo, NSACP, 31 January 2008. National STD/AIDS Control Programme (NSACP).
41. *Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Economic, Social and Cultural Rights, Report of the Special Rapporteur*, Paul Hunt, 2004
42. *Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, Report of the Special Rapporteur*, Anand Grover, 2010.
43. *Legal Reference Brief, Sri Lanka*, International Development Law Organisation, UNDP, 2012
44. *Legal Reference Brief, Nepal*, International development law organisation, UNDP, 2012
45. *Legal Reference Brief, Bangladesh*, International development law organisation, UNDP, 2012
46. *Legal Reference Brief, India*, International development law organisation, UNDP, 2012
47. *Legal Reference Brief, Pakistan*, International development law organisation, UNDP, 2012

Journal articles and presentation papers

1. Brahmam GN et al. and the IBBA Study Team. Sexual practices, HIV and sexually transmitted infections among self-identified men who have sex with men in four high HIV prevalence states of India. AIDS, 2008, 22 (Suppl 5): S45-S57. oi:10. 1097/01. aids.0000343763.54831.15
2. *Culture, Health & Sexuality An International Journal for Research, Intervention and Care*, 2008, Venkatesan Chakrapani a; Peter A. Newman b; Murali Shunmugam.
3. Dandona L et al. & ASCI FPP Study. Sex behaviour of men who have sex with men and risk of HIV in Andhra Pradesh, India. AIDS, 2005, 19:611-619.
4. Setia, M. S., C. Lindan, et al. (2006). Men who have sex with men and transgenders in Mumbai, India: an emerging risk group for STIs and HIV. Indian J Dermatol Venereol Leprol 72(6): 425-431.
5. Setia, M. S., M. Sivasubramanian, et al. (2010). Married men who have sex with men: the bridge to HIV prevention in Mumbai, India. Int J Public Health 55(6): 687-691.
6. Gupta A et al. Same-sex behaviour and high rates of HIV among men attending sexually transmitted infection clinics in Pune, India (1993-2002). *Journal of Acquired Immune Deficiency Syndromes*, 2006, 43:483-490.
7. Gurung, A., P. Prabhakar, et al. (2010). Prevalence of asymptomatic gonorrhoea and Chlamydia among men having sex with men (MSM) in India and associated risk factors. 18th International AIDS conference. Vienna.

8. Hemmige, V., H. Snyder, et al. (2011). Sex position, marital status, and HIV risk among Indian men who have sex with men: clues to optimising prevention approaches. *AIDS Patient Care STDS* 25(12): 725-734.
9. Hernandez AL et al. Sexual behavior among men who have sex with women, men, and hijras in Mumbai, India—multiple sexual risks. *AIDS & Behavior*, 2006, 10(4 Suppl): S5–S16.
10. Ginnela NV et al. Sexual practices, HIV and sexually transmitted infections among self-identified men who have sex with men in four high HIV prevalence states of India. *AIDS*, 2008, 22:45–57.
11. Shinde, S., M. S. Setia, et al. (2009). Male sex workers: are we ignoring a risk group in Mumbai, India? *Indian J Dermatol Venereol Leprol* 75(1): 41-46.
12. Go VF et al. High HIV prevalence and risk behaviours in men who have sex with men in Chennai, India. *Journal of Acquired Immune Deficiency Syndromes*, 2004, 35:314–319.
13. Venkatesan Chakrapani, Peter A. Newman, Murali Shunmugam, Alan McLuckie, and Fredrick Melwin (*AIDS Education and Prevention*, 19(4), 346–364, 2007 The Guilford Press)
14. Verma, R. K. and M. Collumbien (2004). Homosexual activity among rural Indian men: implications for HIV interventions. *AIDS* 18(13): 1845-1847.

UN Resolutions

1. Resolution of Human Rights Council, Seventeenth Session, Follow-up and Implementation of the Vienna Declaration and Programme of Action, *Human Rights, Sexual Orientation and Gender Identity, Joint Statement on Ending Acts of Violence and related Human Rights Violations based on Sexual Orientation and Gender Identity*, June 2011
2. UN General Assembly Resolution 65/277, *Political Declaration on HIV and AIDS: Intensifying our Efforts to Eliminate HIV and AIDS*, adopted by the General Assembly, 10 June 2011

Websites

1. Global Gays www.globalgayz.com/
2. MSM Global Forum. www.msmgf.org/
3. Joint United Nations Programme on HIV and AIDS. www.unaids.org/
4. United Nations Development Program. www.undp.org/
5. Asia Pacific Coalition on Male Sexual Health. www.apcom.org
6. South Asian Association for Regional Co-operation in Law. www.saarclaw.org
7. <http://www.voicesagainst377.org>

Endnotes

- ¹ Hein Marais, *Redefining AIDS in ASIA: Crafting an Effective Response*, Report of the Commission on AIDS in Asia (New Delhi, Oxford University Press, 2008) Available from [http:// data.unaids.org/pub/ Report/2008/20080326 _report_ commission _aids_en.pdf](http://data.unaids.org/pub/Report/2008/20080326_report_commission_aids_en.pdf) (accessed 3 September 2012)
- ² Refer to the Country Case Studies section of this document for detailed overviews on the evolution and course of transgender people's, MSM and LGBT issues on public domains.
- ³ Refer to media content analysis in the Literature Review section of this document in conjunction with country case studies.
- ⁴ In Nepal, community-led mass media programmes like *Pahichan* (began on television in 2010, and started being aired on radio in August 2012) have consistently kept the HIV component in sharp focus. In Bangladesh, HIV has remained at the centre of the entire narrative on the hijra and sexual minorities issues. In India, media monitoring reveals that HIV prevention and care was rigorously sustained as a key component of the discourse. There is however a notable decline in public domain presence for community issues since 2011.
- ⁵ Refer to India Case Study section of this document, Reflections from India Case Study segment.
- ⁶ Sunil Babu Pant's observation that the HIV issues were addressed as part of the larger human rights issues of identity, discrimination. The approach, according to Pant, helped work with policy-makers. (Country visit to Nepal between March 10 and 15, 2013)
- ⁷ Response of Shale Ahmed, Director, Bandhu Social Welfare Society, Dhaka, Bangladesh. (Country visit to Bangladesh between April 3 and 8, 2013)
- ⁸ "By 2020, HIV will affect 8 mn in Asia," *Times of India*, 28 March 2008.
- ⁹ Response of Rafiqul Islam Royal, Country Case Study, Bangladesh: Royal is a gay [man] and works as a trainer with BSWS with which he has been associated for the past 16 years (Country visit to Bangladesh between April 3 and 8, 2013).
- ¹⁰ Pursued also as part of this assignment by CFAR. For details refer to the Literature Survey section of the document.
- ¹¹ Refer to the Literature Review section of this document.
- ¹² UNDP, APCOM, 2010, "...led to a comprehensive compilation of legal environments, human rights and HIV rights among MSM and transgender people in the Asia-Pacific region, which recommended the need to strengthen leadership, community empowerment and advocacy to improve the legal environment and address stigma."
- ¹³ Organised by CFAR with support from Blue Diamond Society (BDS) on March 11, 2013 during the country visit to Nepal between March 10 and 15, 2013.
- ¹⁴ Organised with representatives of Pink Triangle Nepal at its office in Kathmandu during the country visit to Nepal, March 14, 2013.
- ¹⁵ Umme Farhana Zakia Kanta coordinates the Advocacy and Research units at BSWS. Response as part of interactions during the country visit to Bangladesh between April 3 and 8, 2013.
- ¹⁶ FGD with transgender people at Sushtho Jeebon during the Country visit between April 3 and 8, 2013.
- ¹⁷ *Spandon* - A quarterly newsletter on sexual and reproductive health of sexual minority population, Jan-Jun 2012
- ¹⁸ July 2009 Delhi High Court judgement decriminalising homosexuality.
- ¹⁹ Refer to content analysis of media reports, India Case Study section, tables; Responses in *The Times of India*, July 19, 2009, Young gays relish freedom at home, in pubs.
- ²⁰ Observations emerging from media monitoring done by CFAR as part of it engagement on the Avahan Programme in India.
- ²¹ For details, refer to India Case Study section, Media engagement with enabling environment.
- ²² *Ibid.*
- ²³ Knight Kyle, "Bureaucracy in Nepal Leads to HIV Deaths", 9 October 11. <http://www.worldpolicy.org>
- ²⁴ Based on observations from respondents in Nepal and a clear articulation by Sunil Babu Pant. (Country visit to Nepal between March 10 and 15, 2013)
- ²⁵ "Sexual Minorities still denied rights", *Kathmandu Post*, 19 September 2010.
- ²⁶ "Activists push for 'third sex' ID cards for Nepalese transgenders", *Bay Windows*, Sept 30, 10. <http://www.baywindows.com>
- ²⁷ Refer to the content analysis tables in Bangladesh Case Study section of this document.
- ²⁸ Titles of some of the reports generated by BSWS media fellows.
- ²⁹ Ahmed Emrana, "Their life is a struggle", *Daily Amar Desh*, 8 October 2011 (Trans).
- ³⁰ Rehman Kawser, "70% of men who are like women suffer from sex related diseases", *Daily Janakantha*, 13 November 2011 (trans).
- ³¹ Locally used and accepted terminology to refer to transgender persons with feminine persona (as against 'ta' -who flaunt a male persona).
- ³² The Nepal Supreme Court directive (2007) and order (2008) to stop all forms of discrimination based on sexual and gender identities.
- ³³ For a detailed understanding, please refer to the Nepal Case Study section of this document.
- ³⁴ Content analysis of media reports compiled as part of monitoring done by CFAR.
- ³⁵ For further details refer to The India Case Study section of this document, "Coordinated community media partnership in Tamil Nadu".
- ³⁶ Thottam Jyoti, "Why Asia's Gays are Starting to Win Acceptance", *Time (Mag)*, Kathmandu, 24 August 2009.
- ³⁷ For details on these instruments of engagements, refer to the Bangladesh Case Study section of this document.
- ³⁸ For example, community efforts to persuade bigger media houses in Bangladesh to host the yearly Roundtables have not yet yielded success beyond 2010. In Nepal, engagement of the local media with community issues in the recent phases has been negligent.
- ³⁹ The remark was attributed to the Union Minister, Health and Family Welfare, Govt. of India in several media reports.
- ⁴⁰ Even in the relatively more challenging socio-legal environment in

- Bangladesh, the shift is acknowledged. Response of ASM Rahmat Ullah at BSWs, April 13, 2013.
- 41 The more prominently community voices portrayed on Nepalese media.
 - 42 Content analysis, India Case Study section of this document.
 - 43 The protest was against the freeze on fund flows meant for provisioning HIV prevention and care services for the community in districts of Nepal.
 - 44 BSWs has networked some 61 CBOs across districts in Bangladesh. For details refer to the Country Case Study section.
 - 45 As brought out by responses from CBO representatives and community leaders in India. Refer to the India Case Study section.
 - 46 Knight Kyle, "Bureaucracy in Nepal leads to HIV deaths", *World Policy Institute*, 5 October 2011, www.worldpolicy.org
 - 47 Refer to the media content analysis part in the Literature Review section of this document.
 - 48 Response of community and programme leaders and media professional in Nepal and Bangladesh during country visits to Nepal and Bangladesh in March and April respectively.
 - 49 Refer to the Literature Survey section of this document. Also refer to the India Case Study section and "Sexual minorities get a 'pehchan' of their own", *Times of India*, 31 December 2011.
 - 50 Lavanya M, "Help lines to the aid of those struggling with sexual identity", *The Hindu*, 11 November 2011.
 - 51 Part of keynote observations emerging from the consultation on sexual minorities' issues with the National Human Rights Commission organised in 2012.
 - 52 As part of district-level forums of media-people.
 - 53 Begun in 2008, three Roundtables have been organised so far by the daily *Yugantar* and *Jana kantho*.
 - 54 Floated by BSWs in partnership with UNESCO and SIDA in 2011 when 9 fellows were inducted from the print media. In 2012, 6 electronic media practitioners were inducted as fellows.
 - 55 Mass media initiatives, one each in Nepal and Bangladesh, led and managed by community nodes and aired on national networks.
 - 56 Respondents in FGD with transgender people in Kathmandu, Nepal, March 11, 2013 during the country visit between 10 and 15 March, 2013.
 - 57 As part of its focus on engaging a variety of stakeholder institutions, BSWs has sustained a regular process of exchange with these nodes in cities of Bangladesh.
 - 58 Shale Ahmed often cross-references this assertion with the leaps India, Pakistan and Nepal have taken with regard to article 377, and the "fairly open civil society climate for exchange and deliberation" especially in India and Nepal.
 - 59 Atul Mishra, Senior Sub-editor and Chief Health Correspondent at *The Kathmandu Post*, Nepal, referred to how participation in several regional consultations helped him understand and appreciate the many social and community dimensions of HIV and AIDS.
 - 60 As part of its partnering on the Avahan Programme.
 - 61 The arrest of four gay people on charges of running a "gay club" in January 2006 sparked a nation-wide debate and was reported widely by newspapers.
 - 62 Instituted through a partnership between UNAIDS and the Federation of Nepalese Journalists in 2010-11.
 - 63 Asia Pacific Coalition on Male Sexual Health. www.apcom.org
 - 64 Hein Marais, *Redefining AIDS in ASIA: Crafting an Effective Response*, Report of the Commission on AIDS in Asia, p. 1 (New Delhi, Oxford University Press, 2008); available at http://data.unaids.org/pub/Report/2008/20080326_report_commission_aids_en.pdf (accessed September 3, 2012)
 - 65 The Global Forum on MSM & HIV, *Scaling up HIV programming for men who have sex with men - the experience in Asia and the Pacific*; available at: http://www.apcom.org/tl_files/resources/Scaling_Up_Asia_report_FINAL.pdf (accessed September 7, 2012)
 - 66 Shivananda Khan, Aditya Bondyopadhyay, Paul Causey, "Risk and Responsibilities: Male Sexual Health and HIV in Asia and the Pacific International Consultation" Final Report, September 2006, New Delhi; available at: http://www.nfi.net/downloads/Risks_Responsibilities/Report/Final%20RR%20financial%20report.pdf
 - 67 *Ibid.*
 - 68 UNAIDS, *Men who have sex with men: The missing piece in national responses to AIDS in Asia and the Pacific, 2007*; available at: http://apcom.org/sites/default/files/MSM%20the%20missing%20piece%20%28Aug%202007%29_0.pdf (accessed October 1, 2012)
 - 69 India, National AIDS Control Organisation, Department of AIDS Control, *HIV Sentinel Surveillance 2012 (Preliminary Results)*; available at: <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
 - 70 Nepal, National Center for AIDS and STD Control (2012), Ministry of Health and Population of Nepal, *Country Progress Report: Nepal. Global AIDS Progress Report*; available at http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_NP_Narrative_Report.pdf
 - 71 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses* (Regional Office for South-East Asia, India 2010); available at: <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed September 3, 2012)
 - 72 Page 14 at the breakout sessions speakers and delegates at the 200 forums addressed recommendations to the UN systems and other global and regional stakeholders including APCOM.
 - 73 Executive summary.
 - 74 Hein Marais, *Redefining AIDS in ASIA: Crafting an Effective Response*, Report of the Commission on AIDS in Asia, p.29 (New Delhi, Oxford University Press, 2008); available at: http://data.unaids.org/pub/Report/2008/20080326_report_commission_aids_en.pdf (accessed September 3, 2012)
 - 75 *Ibid.*
 - 76 Shivananda Khan, Aditya Bondyopadhyay, Paul Causey, "Risk and Responsibilities: Male Sexual Health and HIV in Asia and the Pacific International Consultation" Final Report, September 2006, New Delhi; available at: http://www.nfi.net/downloads/Risks_Responsibilities/Report/Final%20RR%20financial%20report.pdf
 - 77 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, p. 11. (Regional Office for South-East Asia, India 2010); available at: <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed September 3, 2012)
 - 78 Shivananda Khan, Aditya Bondyopadhyay, Paul Causey, "Risk and Responsibilities: Male Sexual Health and HIV in Asia and the Pacific International Consultation" Final Report, September 2006, New Delhi; available at: http://www.nfi.net/downloads/Risks_Responsibilities/Report/Final%20RR%20financial%20report.pdf
 - 79 *Ibid.* p. 14,15.
 - 80 *Ibid.*

- ⁸¹ *Ibid.* p.15.
- ⁸² The Global Forum on MSM & HIV, *Scaling up HIV programming for men who have sex with men - the experience in Asia and the Pacific*, p. 21; available at: http://www.apcom.org/tl_files/resources/Scaling_Up_Asia_report_FINAL.pdf (accessed September 7, 2012)
- ⁸³ UNAIDS, *Men who have sex with men: The missing piece in national responses to AIDS in Asia and the Pacific*, 2007, p. 11; available at: http://apcom.org/sites/default/files/MSM%20the%20missing%20piece%20%28Aug%202007%29_0.pdf (accessed October 1, 2012)
- ⁸⁴ The Global Forum on MSM & HIV, *Scaling up HIV programming for men who have sex with men - the experience in Asia and the Pacific*, p. 13; available at: http://www.apcom.org/tl_files/resources/Scaling_Up_Asia_report_FINAL.pdf (accessed September 7, 2012)
- ⁸⁵ *Ibid.*, p. 21, 22.
- ⁸⁶ APCOM Engagement with 9th ICAAP, Bali, Indonesia –Final Report, Oct 2009, p. 9 and APCOM Engagement with 10th ICAAP, Busan, Korea, Aug, 2001; recommendations to donors, governments and civil society to allocate more resources to increase coverage and improve service delivery for MSM and transgender persons; social factors must also be addressed to change the environment in which risky behaviours are taking place; strongly recommended that local and national community-based organisations be provided with skills-building, capacity and leadership development in regard to the GFATM, its architecture methodology, processes and engagement with the CCMs to ensure that this occurs. In Busan e.g. Address the legal, judicial and policy impediments to effective and appropriate HIV and sexual health services for men who have sex with men and transgender persons in Asia and ... eradicate stigmatizing and discriminatory punitive laws and practices.
- ⁸⁷ UNAIDS, *UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People*, 2009, p. 2; available at: http://data.unaids.org/pub/report/2009/jc1720_action_framework_msm_en.pdf (accessed September 3, 2012)
- ⁸⁸ UNAIDS, 2011
- ⁸⁹ *Constella Futures*, USAID, 2006.
- ⁹⁰ Hein Marais, *Redefining AIDS in ASIA: Crafting an Effective Response*, Report of the Commission on AIDS in Asia, p. 38 (New Delhi, Oxford University Press, 2008); available at: http://data.unaids.org/pub/Report/2008/20080326_report_commission_aids_en.pdf (accessed September 3, 2012)
- ⁹¹ UNAIDS, *UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People*, 2009, p. 3; available at: http://data.unaids.org/pub/report/2009/jc1720_action_framework_msm_en.pdf (accessed 3 September 2012)
- ⁹² *Ibid.*
- ⁹³ *Ibid.*
- ⁹⁴ *Ibid.* p. 4.
- ⁹⁵ *Ibid.*
- ⁹⁶ *Ibid.*, p. 4.
- ⁹⁷ *Ibid.*, p. 8.
- ⁹⁸ UNDP, *Developing a Comprehensive Package of Services to Reduce HIV among Men who have Sex with Men (MSM) and Transgender (TG) Populations in Asia and the Pacific*, p. 4 (UNDP Regional Centre for Asia-Pacific, Colombo 2009) Available from <http://www.snapundp.org/elibrary/Publications/HIV-2009-ComprehensiveServicesMSM.pdf> (accessed 3 September 2012)
- ⁹⁹ *Ibid.*
- ¹⁰⁰ *Ibid.*, p 7.
- ¹⁰¹ *Ibid.*
- ¹⁰² UNAIDS, 2011
- ¹⁰³ *Economic and Social Commission for Asia and the Pacific*, 2012
- ¹⁰⁴ *Ibid.*
- ¹⁰⁵ John Godwin, UNDP, *Legal environments, human rights and HIV responses among men who have sex with men and transgender people in Asia and the Pacific: An agenda for action*, 2010, Page 22. Available from http://www.asiapacificforum.net/support/issues/acj/references/sexual-orientation/downloads/Legal_Analysis_of_Asia_Pacific.pdf (accessed 3 September 2012)
- ¹⁰⁶ *Ibid.*, p. 25.
- ¹⁰⁷ *Ibid.*, p. 33.
- ¹⁰⁸ *Ibid.*, p. 34.
- ¹⁰⁹ *Ibid.*, p. 115.
- ¹¹⁰ *Ibid.*, p.15.
- ¹¹¹ Chu Hency, "Nepal leads South Asia in gay rights", *Los Angeles Times*, May 2, 08, <http://articles.latimes.com/2008/may/02/world/fg-nepalgay2>.
- ¹¹² Press Release issued by UNDP on the Launch of the Report, July 9, 2012.
- ¹¹³ Swysgood Amanda, "U.N. Commission Calls for Legalization of Prostitution Worldwide", *Citizen News Service*, 23 July 2012, <http://cnsnews.com/news/article/un-commission-calls-legalizing-prostitution-worldwide>
- ¹¹⁴ Shukla Shobha, "Rights of Transgender people and HIV vulnerability", *Citizen News Service*, 17 May 2012. <http://www.citizen-news.org/2012/05/right-report-on-rights-of-transgenders.html>
- ¹¹⁵ Based on 680 written submissions from 140 countries, seven regional dialogues where over 700 people shared their inputs including PLHIV, Ministers of Justice, Health and home affairs, public health officials, religious leaders, prison officials; submissions from women's organisations pharmaceutical manufactures, legal and human rights scholars.
- ¹¹⁶ UNDP, *Regional Issues Brief: Laws and Practices Relating to Criminalization of People Living with HIV and Populations Vulnerable to HIV, For the Asia-Pacific Regional Dialogue of the Global Commission on HIV and the Law* (UNDP Asia-Pacific Regional Centre, Bangkok 2011); available at: http://asia-pacific.undp.org/practices/hivaids/documents/aprd/IssuesBrief_Criminalization.pdf
- ¹¹⁷ *Ibid.*
- ¹¹⁸ *Ibid.*
- ¹¹⁹ The following recommendations will be examined by Nepal, which will provide responses in due time, but no later than the seventeenth session of the Human Rights Council in June 2011, Para 106,5.
- ¹²⁰ *Ibid.*, p. 108,10.
- ¹²¹ *Ibid.*, p. 27, p. 19.
- ¹²² *Ibid.*, p. 56.
- ¹²³ Shrestha Manesh, "Nepal court allows lesbian live-in relationship", *The Times of India*, Kathmandu, 6 November 2012, http://articles.timesofindia.indiatimes.com/2012-11-06/south-asia/34947649_1_nepal-court-live-in-relationship-sexual-orientation.
- ¹²⁴ Shrestha Manesh, "Nepal census recognises third gender", *CNN*, 31 May 2011, <http://edition.cnn.com/2011/WORLD/asiapcf/05/31/nepal.census.gender/index.html>.

- ¹²⁵ Ara Ferdous, "Passport office recognises 'third gender'", *New Age*, 23 May 2011, http://newagebd.com/newspaper1/archive_details.php?date=2011-05-23&nid=19880. (retrieved on November 15, 2012)
- ¹²⁶ "JS committee for hijra rehabilitation", *Daily Star*, 12 May 2011. <http://www.thedailystar.net/newDesign/news-details.php?nid=185370>. (retrieved on November 15, 2012).
- ¹²⁷ "Rights of trans- gender people still ignored: conference", *New Age*, Chittagong, 14 June 2012. <http://newagebd.com/detail.php?date=2012-06-14&nid=13690#.UKhQYodOTPE>, (retrieved on November 17, 2012)
- ¹²⁸ India, Planning Commission of India, *Faster, Sustainable and More Inclusive Growth: An Approach to the Twelfth Five Year Plan*, Oct 2011, p. 89, para 9,14; available at: http://planningcommission.gov.in/plans/planrel/12appdrft/approach_12plan.pdf.
- ¹²⁹ *Ibid.*, p. 90, para 9,15.
- ¹³⁰ "Centre in dilemma over homosexuality law, fails to take a stand in HS", *Free Press Journal*, Mumbai, 19 September 2008 and "Double speak on gay sex", *Political and Business Daily*, 30 September 2008.
- ¹³¹ "Battle over gay rights", *Metro Now*, September 27, 2008.
- ¹³² "HC pulls up centre for homosexuality stance, faces tough questions on gay rights", *Free Press Journal*, Mumbai, 2 October 2008 and "Centre asked to justify its opposition to homosexuality", *The Hindu*, 16 October 2008.
- ¹³³ Sanghvi, Vir, "Keep the law outside the bedroom", (counter point), *The Hindustan Times*, 5 July 2009.
- ¹³⁴ Soli Sorabjee, Tarunabh Khaitan, Kalpana Kannbiran.
- ¹³⁵ Khaitan Tarunabh, 'Good for all minorities', *Telegraph*, Kolkata, 9 July 2009.
- ¹³⁶ Alam Shafiq, (AFP) 'Job training transforms lives of Bangladesh transgenders', *Straits Times*, 14 September 2012; available at: <http://www.straitstimes.com/breaking-news/asia/story/job-training-transforms-lives-bangladesh-transgenders-20120914>.
- ¹³⁷ A community-led organisation working for the health and rights of hijras in Bangladesh.
- ¹³⁸ Response at an FGD with hijra community members, Dhaka, Bangladesh, (Country visit to Bangladesh in April 2013).
- ¹³⁹ Commonly referred to as Bandhu, the organisation is widely recognised as the pioneer on male sexual healthcare and rights in Bangladesh.
- ¹⁴⁰ Azad, SM, "International seminar on raising awareness on sexual rights", the daily, *Bhorer Kagoj*, 10 November 2010, (trans).
- ¹⁴¹ Executive Director, Bandhu Social Welfare Society.
- ¹⁴² National AIDS and STI Program, Bangladesh.
- ¹⁴³ Prominent examples include Boys of Bangladesh, Shustho Jeebon, Shamporkor Noya Setu.
- ¹⁴⁴ Badhan Hijra Sangho, Samay Sangho.
- ¹⁴⁵ Shale Ahmed, Director, BSWS.
- ¹⁴⁶ For example, the TARSHI assisted training programme in 2011 and then in 2012.
- ¹⁴⁷ Shale Ahmed, Director, BSWS.
- ¹⁴⁸ Annual Reports for 2010, 2011, 2012 of BSWS.
- ¹⁴⁹ Shale Ahmed, Director, BSWS.
- ¹⁵⁰ Umme Farhana Z Kanta, BSWS.
- ¹⁵¹ *Saptahik Comilla*, 26 February 2010, *Aamod Saptahik*, 4 Mar 2010, *Commilar Kagoj*, 1 March 2010.
- ¹⁵² Review of media reports in national and local editions from these places accessed from BSWS archives.
- ¹⁵³ "DMP commissioner calls for a human approach to the issues of sexual minorities" and "First ever Hijra Conference held in Chittagong" *Spandon*, Dhaka, A quarterly newsletter on sexual and reproductive health of sexual minority population; First Issue, Jan-Jun 2012, http://www.bandhu-bd.org/report/Spandon_Jan-Jun%202012.pdf
- ¹⁵⁴ Mesbah ul Ahmed Beraj, Training Officer, Div A Project
- ¹⁵⁵ Examples of figures whose names have appeared in media stories repeatedly, and get referred in interactions on the issue with programme and media people.
- ¹⁵⁶ Response at an FGD organised with hijra community members at Shustho Jeeban, April 2013, Dhaka during country visit to Bangladesh in April 2013.
- ¹⁵⁷ As part of a content analysis exercise carried by this assignment.
- ¹⁵⁸ Mehdi Momin, "We have to do Something for them", *Destiny* 20 December 2009 (trans).
- ¹⁵⁹ "It's time to light up and spread light", *Rogbaar*, January 2010 (trans).
- ¹⁶⁰ E.g. Rubel Khan, 29 August 2010; *Dainik Shomoy Kaal*, trans. "They are nature's children" and Moni Mahmood 27 August 2008, *Dainik Azaadi*, "Sahaj kotha Jai na bola sahaje" delved into the social marginalization and stigmatization of communities, Others like Raju Ahmed, 16 February 2010, *Dainik Jana Kantho*, trans. "One crore lives at risk"; and lawyer S A Abraham Lincoln, 23 September 2010, *Dainik Kaler Kantho*, trans. "Human Rights of hijras" show great interest in exploring the epidemiological facets and legal-constitutional mandates respectively to argue for enhanced focus on these communities.
- ¹⁶¹ Examples of spokespersons appearing more regularly in media reports in this period.
- ¹⁶² The *Dainik Yugantar* convening this first roundtable in 2008.
- ¹⁶³ Part of the key observations emerging from a dedicated session on sexual minorities in the 2008 Roundtable.
- ¹⁶⁴ Part of the keynote observation at the 2010 Roundtable organised at the *Dainik Jana Kantho*.
- ¹⁶⁵ A detailed 4 Mar 2010 Aamod Saptahik critique exhorting the over 500 MSM in Comilla to seek VCT and medical services available for them, and affirming local stories of change. It also delineates how vocational training is helping MSM resume normal life. A 10 Feb 2010 report in Saptahik Comilla on the participation of local religious leaders in the seminar on HIV/AIDS and Human Rights.
- ¹⁶⁶ Moni Mahmood is currently with the *Dainik Bhorer Kagoj* and has been a Bandhu-UNESCO-SIDA Media Fellow.
- ¹⁶⁷ Lead publications accounting for more and more reports on the issue in the period.
- ¹⁶⁸ A significant number of reports in the period are around these events, happenings and developments.
- ¹⁶⁹ Most reports filed by Media Fellows appeared between September and December 2011.
- ¹⁷⁰ Premangshu Sarkar of BSWS who coordinates the fellowship programme.
- ¹⁷¹ Content analysis exercise as part of this assignment.
- ¹⁷² Bandhu Media Fellowship Award 2012.
- ¹⁷³ Observed Umme Farhana Z Kanta of BSWS who has anchored some episodes of the TV show.
- ¹⁷⁴ Criteria used in the content analysis exercise.
- ¹⁷⁵ World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The*

- Current Situation and National Responses*, (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 176 28 September 2008, *Bangladesh Shomoy* on the seminar “Hijra, HIV/AIDS and Human Rights: Role of civil society and stakeholders”.
- 177 Mehdi Momin, “We ought to do something for them”, *Destiny*, Magazine 20 December 2009(trans).
- 178 Response of Premangshu Sarkar of BSWs on the numbers reported during country visit to Bangladesh in April 2013.
- 179 Observations from the 2008 Roundtable convened by the Dainik Yugantar.
- 180 Bangladesh, National AIDS/STD Programme (NASP), Directorate General of Health Services, Ministry of Health and Family Welfare, *National Strategic Plan for HIV/AIDS 2004-2010*. Available from http://www.aidstar-one.com/sites/default/files/prevention/resources/national_strategic_plans/Bangladesh_04-10.pdf
- 181 Hein Marais, *Redefining AIDS in ASIA: Crafting an Effective Response*, Report of the Commission on AIDS in Asia, p. 7 (New Delhi, Oxford University Press, 2008) Available from http://data.unaids.org/pub/Report/2008/20080326_report_commission_aids_en.pdf (accessed 3 September 2012)
- 182 “National Human Rights Commission (NHRC) Extend their support to the Sexual Minority Populations” Spandon (Dhaka), A quarterly newsletter on sexual and reproductive health of sexual minority population; First Issue, Jan-Jun 2012, http://www.bandhu-bd.org/report/Spondon_Jan-Jun%202012.pdf
- 183 Bangladesh, National AIDS/STD Programme, Ministry of Health and Family Welfare, *Country Progress Report: Bangladesh. Global AIDS Response Progress Report 2012*, p. 6; Available from http://www.aidsdatahub.org/dmdocuments/UNGASS_2012_Bangladesh_Narrative_Report.pdf (accessed 3 September 2012)
- 184 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, p. 41 (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 185 Quoted in a Media Fellowship report.
- 186 Ahmed Raju, “One crore lives at risk”, *Dainik Jana Kantho*, 6 February 2010 (trans).
- 187 Khan Rubel., “They are nature’s children”, *Samakaal*, Chittagong, 27 August 2010 (trans).
- 188 Bangladesh, National AIDS/STD Programme, Ministry of Health and Family Welfare, *Country Progress Report: Bangladesh. Global AIDS Response Progress Report 2012*, p. 48. Available from http://www.aidsdatahub.org/dmdocuments/UNGASS_2012_Bangladesh_Narrative_Report.pdf (accessed 3 September 2012)
- 189 Bangladesh, National AIDS/STD Programme (NASP), Directorate General of Health Services, Ministry of Health and Family Welfare, *National Strategic Plan for HIV/AIDS 2004-2010*, p. 22. Available from http://www.aidstar-one.com/sites/default/files/prevention/resources/national_strategic_plans/Bangladesh_04-10.pdf (accessed 3 September 2012)
- 190 Goldbert Mrk Leon, “It is hard for a gay Bangladeshi” *UN Dispatch*, 27 March 2011, <http://www.undispatch.com/it-is-hard-for-a-gay-bangladeshi>
- 191 Hasib Nurul Islam, “Free ART drugs from Dec”, *BD News 24*, 19 November 2012, <http://bdnews24.com/health/2012/11/19/free-hivaids-drugs-from-dec>
- 192 Farhana Tithe, “Fighting for equality: Hijras in Bangladesh and Beyond”, *GSD Magazine*, 10 April 2012 <http://gsdmagazine.org>
- 193 Please refer to the analysis tables presented earlier.
- 194 UNAIDS, *Country Snapshots, 2012, Bangladesh, HIV and Men who have Sex with Men*, p. 3. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 195 Kawser Rehman , “70% of men who are like women suffer from sex related diseases”, *Dainik Jana Kantho*, 13 November 2011.
- 196 Alam Shafiq (AFP), “Job training transforms lives of Bangladesh transgenders” *SG News*, 14 September 2012 <http://sg.news.yahoo.com/>
- 197 Bangladesh, National AIDS/STD Programme (NASP), Directorate General of Health Services, Ministry of Health and Family Welfare, *National Strategic Plan for HIV/AIDS 2004-2010*. p. 11. Available from http://www.aidstar-one.com/sites/default/files/prevention/resources/national_strategic_plans/Bangladesh_04-10.pdf (accessed 3 September 2012)
- 198 Bandhu Media Fellowship Award 2011.
- 199 Observation of a Media Fellow.
- 200 A late 2012 story aired by Independent TV is an example that gets cited by one and all in the community with outright anguish.
- 201 In her observations, for example, Sara Hossain emphasised how an instrument like the media fellowship can be made to establish connects of the minorities’ issues and concerns with a wide range of rights and entitlements, beyond just health.
- 202 BSWs organised “Media Relations Training: Finding Common Ground with the Journalists” on June 25-28, 2012.
- 203 “Media Relation Training: Finding Common Grounds with the Journalists”, *Spandon*, Jan-June 2012, Jan-Jun 2012, First Issue. http://www.bandhu-bd.org/report/Spondon_Jan-Jun%202012.pdf
- 204 Response of senior programme people at BSWs on plans to engage media during country visit in April 2013.
- 205 Further details, please refer to India case study, segment “National HIV programme for men having sex with men and transgender people”.
- 206 The two judge bench went on to hold that: If there is one constitutional tenet that can be said to be underlying theme of the Indian Constitution, it is that of ‘inclusiveness’. This court believes that the Indian Constitution reflects this value deeply ingrained in Indian society, nurtured over several generations. The inclusiveness that Indian society traditionally displayed, literally in every aspect of life, is manifest in recognising a role in society for everyone. Those perceived by the majority as “deviants” or ‘different’ are not on that score excluded or ostracised. Where society can display inclusiveness and understanding, such persons can be assured of a life of dignity and non-discrimination. This was the ‘spirit behind the Resolution’ of which Nehru spoke so passionately. In our view, Indian Constitutional law does not permit the statutory criminal law to be held captive by the popular misconceptions of who the LGBTs are. It cannot be forgotten that discrimination is antithesis of equality and that it is the recognition of equality which will foster the dignity of every individual. [Naz Foundation vs. Union of India]
- 207 *Ibid*.
- 208 India, NACO 2009. *Mid-term review of National AIDS Control Programme Phase-III (2007–2012)*, 16 November–3 December 2009. New Delhi, NACO, Department of AIDS Control, Ministry of Health & Family Welfare, Government of India. Available from http://www.nacoonline.org/upload/AR%202009-10/NACO_AR_English%20corrected.pdf
- 209 Ashok Row Kavi recalls the early challenge, “At the 5th Conference of AIDS in Montreal (1999) Indian Ministers were actually saying

that there was no homosexuality in India. So we realised that to advocate for the cause the first requisite is visibility.”

- ²¹⁰ “Before 2000, we named ourselves as a documentation centre to protect the community since there was no social support and we didn’t have HIV programmes. The working class community was more difficult to reach out as they were hidden and the fear of the police was high. Hence we did not want too much visibility on our program. For the first two years the police did not indulge in violence but were stationed in front of our office. This scared away the community. In 2000 when a community member was arrested, the entire community got scattered. Outreach was difficult at that time. We appointed four people to reach out to the community. Despite the police presence the community began to gather for weekly meetings”. [Manohar, Sangama]
- ²¹¹ “The diversity of issues and its magnitude faced by the LGBT across the country was a growing challenge for all community organisations. We were working in isolation, spread over the country and that made any concerted outreach for advocacy and change difficult. On some issues the need for a platform that gave a more united voice was essential”. [Ashok Row Kavi]
- ²¹² “The MSM community is quite talented in song and dance. The cultural troupe began to perform on the streets of Chennai and other cities to generate awareness. We also started an annual beauty pageant in 1999 as a public show which was a new thing at the time when stigma faced by the community was high”. [Jaya, Sahodaran]
- ²¹³ “We always chose to highlight the violations since people would at least listen to that. We frequently highlighted the fact that MSM were like any other human beings except they are marginalised. Marginalisation comes in the form of denial of property, physical abuse, detention, getting raped. We took out numerous rallies and protests to highlight this exclusion and violence.” [Manohar, Sangama]
- ²¹⁴ “Before 2005, we never found anything positive about transgender people. We were projected either as a sensational item or then stigmatised as a criminal community. But from 2006 to 2010 there was a drastic change in this attitude.” [Sudha, transgender, Tamil Nadu]. “About 15 years back, we never found any news about our community in Pune. LGBT issues were completely ignored. The few that appeared had a more colourful undertone and resulted in creating a negative impression about the community. The catchy headlines would be accompanied by misinformation and in very insensitive language. This was particularly true of the Marathi newspapers.” [Respondent, FGD Sampathik Trust, Pune].
- ²¹⁵ “Their confidence in the media, law enforcement was very low and they feared that their identity would be revealed which would lead to further discrimination”. [Rex, MSM activist, Karnataka].
- ²¹⁶ “From the time that Sangama started in 1999, we engaged with the media because we realised that social support was lacking and this was the only space where we could start building support. The first article on Sangama’s work emerged in Deccan Herald on Human rights day in 1999. In the initial phase, we worked with selected journalists who were progressive and empathised with the MSM community. These include CK Meena, tapping expert spaces in the media; Vasanthi, Geetha, Subramaniam, Balan Chaouhan. We focused on exclusive stories. In the initial phase we did not approach the beat reporters too often, most of the times when we had evidence of human rights violations – when someone was beaten up and we had photographs or people who were willing to speak to the media. Initially the media was conservative, but after 4-5 press conferences they began to appreciate the level of brutality that the MSM and transgender community faced and they began to change.” [Manohar, Sangama]
- ²¹⁷ “We have been inconsistent in interacting with the media. Initially, we used to stay away from and did not want to face the media. After a few years, we realised that it was important for the media to understand our work. We started interacting with the journalists whom we know well or through the known references and started sharing about our activities and they have written reports. But they were sporadic and carry less information.” [Krishna, President Suraksha Society]
- ²¹⁸ “In addition to being transgender people, we were educated professionals, and that attracted media interest. These stories spoke of not just the struggles of community members but also spoke of their success and achievements. These stories then expanded to broader initiatives of the community members, such as setting up food stalls, small scale business, engaged as beauticians.” [Kalki Subramaniam, transgender, Coimbatore]
- ²¹⁹ “Working with a specialised organisation like CFAR we used all our events, special programmes to convey through the media our efforts, concerns, skills and talents, special requests to the government to include us in entitlements. We were also working to reduce HIV amongst the Aravanis (transgender people in Tamil Nadu), and the peer outreach efforts were also shared. We created a simple window for the media to access information on the community through these interactions. We became the news makers and source of information. It helped to reduce a lot of myths and misinformation in news reports.” [Sudha, transgender, TAI Vizhudugal]
- ²²⁰ “There are numerous myths about hijras and sexual minorities. The word MSM has a different connotation among many organisations and hospital staff involved in HIV prevention programmes. As reporters we hardly get to understand this. Though I have written on HIV, the workshop helped me realise that the hijras are human and society treats them in a very inhuman manner. It helped create awareness by first making us understand the issue in a simple manner”. [John Peter, Udayvani, Kollegal, Karnataka]
- ²²¹ “We used to have informal conversations at the Press Club or coffee shops where we got updates from the CFAR team²²¹ on the HIV scenario. After one such interaction, I wanted to write on Section 377 as the new Sub inspector was harassing the community who was distributing condoms to peers in Cubbon Park (a popular cruising spot for gays). I met with the MSM community leaders and realised I knew very little about this issue and people from the community were scared to share with a media person.” [L. Subramani, Senior sub – editor and senior correspondent, Deccan Herald]
- ²²² “Stigma and discrimination has been high for the MSM and transgender people. It deprives them of access to health care, something most take for granted. Initiatives such as the voluntary counselling and testing centre help them the MSM and transgender people to feel at home, reduce their stigma and fear by the service provider.” [Lakshmikanth, Indian Express, Bellary]
- ²²³ I started writing on hijras and sexual minorities in 2005 for the New Indian Express, which has always devoted a decent amount of space to these issues of sexuality, gender and queer issues. At the time the media discourse was not positive and there were few in-depth stories. Apart from the awareness and knowledge of these issues there was also a lack of information and news sources. The community was hidden and official agencies and NGOs working with these communities were tight-lipped. So getting quotes, statistics or any kind of information was very difficult. I started with an early story on how the hijra community has been creating nuisance at important junctions like MG Road and Bellary road. I interacted with community members of Sangama and slowly I started to realise that apart from begging and sex work, the community is so marginalised that they do not get any other work opportunities. Sangama started to work on human rights issues but later with HIV programmes coming up, the flow of information slowly started. The media outreach helped since, we were able to have a source which can provide authentic contacts and links with both the community and government officials. That early

- evidence on the data, prevalence figures helped us to write accurately and reflect the epidemic. [Y Maheshwar Reddy, Indian Express]
- 224 "From newsroom discussions we realised that reporters themselves were not convinced about the community. We decided to focus on what people thought of the gay community, their discomfort on the "culture". This thinking needed to be challenged. We did a TV show on changing relationships. In the case of IBN Lokmat, with an open culture of hiring staff from different backgrounds, beliefs, caste and orientation, the environment to take on this sort of programming was always there" [Prajakta Dhulap, IBN Lokmat]. "I was encouraged by the editors to do stories on the community as good space was given to these issues. In the early years, there was not much discussion in the news room but with a lot of younger journalists coming up, many more are aware of the issue now. Our news editors and editorial heads also see it as a health issue that needs to be reported on." [Y Maheshwar Reddy, Indian Express]
- 225 "...on gay parties, there are spaces, but a more sensitive issue such as a gay couple in a long term relationship wanting to adopt a child needs to be negotiated far more carefully to be picked up. In doing a story on surrogacy, I would choose a powerful case study, appealing to the emotions of the reader." [Yogesh Pawar, DNA]
- 226 By the end of 2008, coverage on MSM and transgender persons jumped to around 1763 news reports. In the four HIV high prevalence states (Karnataka, Andhra Pradesh, Tamil Nadu and Maharashtra), the media coverage indicates a steep increase from 2005 and a similar decline after 2009 in the years following the Delhi High Court Judgement. – Table 1.
- 227 It is believed that both the families have taken this step because of social pressure and agitation of various organisations. People of almost all sections of society have condemned this act of the girls and held their parents responsible for not providing health atmosphere to the girls. [Sarma Alok, "Families grope in dark after lesbians exchange vows", *Pioneer*, 13 January 2006]
- 228 According to Betu Singh... "We strongly feel that people should be allowed to live the way they want. Many gays and lesbians are now coming out of the closet... But attitudes take a long time to change". [Chaudhary Rati, "Lesbian marriage gets tribe's blessings", *Times of India*, 24 December 2006]
- 229 "They said that police had no right in the personal lives of people... Even the strategic framework of NAP III of the Union Health and Family Welfare Ministry talked about prevention of AIDS among MSM. "if the government of India voices concern for such people then how can it be a crime?" ["Sahyog, AALI come out in support of homosexuality", *Pioneer*, 13 January 2006]
- 230 "UNAIDS and Human Rights Watch have issued a statement cautioning the Indian government that recent treatment of homosexuals could well obstruct its fight against HIV and AIDS and hence the ban on homosexuality should be lifted... It (police action) also harasses non - government organisations which work for the welfare of the sexual minority communities' ["UN, rights group call for lifting ban on homosexuality", *DNA*, 14 January 2006]
- 231 "This is a rare instance of an international organisation defending gays in India and comes only weeks after the furor over moral policing of couples in Meerut that eventually led to disciplining the local police. UNAIDS is the most powerful and extensive global coalition against the spread of HIV and combines the resources of 10 international bodies." [Nayar KP, "UN Glare on gay raid, *Telegraph*, 11 January 2006]
- 232 "The suspension of an AMU reader, after a video of his having consensual sex with a man , has triggered strong protest. Most feel trespassing on anyone's private life should be punishable" ["Invasion of privacy sparks public anger", *Asian Age*, 21 February 2010]
- 233 "He gained acceptance not only in the country but globally the world over seek his presence. He is surely one of the most prominent faces of the gay movement in the world today. He had become an ambassador of the gay community in the country, continuously championing for their rights even abroad. ["Gay prince of the globe", *Times of India*, 4 July 2009]
- 234 "Sexual minorities get a 'pehchan' of their own", *Times of India*, 31 December 2011.
- 235 "That's why when a sizeable gay society wants to come out of the closet and demand its fundamental right to equality and freedom, and personal liberty it has to find a more "respectable reason: AIDS Prevention and Control. A petition filed in HC pleads that if homosexuality is legalised by scrapping Section 377, high risk gays will be encouraged to seek medical intervention, instead of hiding for fear of prosecution. But surely AIDS control is the corollary not the postulate." ["Gay like Us, Why are Indians homophobic?", *Indian Express*, 26 August 2005]
- 236 "Out of 2.5 million MSM nearly 100000 were at risk of contracting HIV due to multi – partner and commercial sexual practices. Already 15% of this community have got infected with the disease" ["Be more sensitive to gays: Ramadoss to Shivraj", *Times of India*, 1 October 2008]. "They need to be targeted for condom supply lest they infect their male and female partners. The potential of infection from MSM is huge" [Tandon Aditi, "Final hearing begins today", *Tribune*, 18 September 2008]" Enforcement of section 377 can adversely contribute to pushing persons suffering from HIV underground which would make such risky practices go unnoticed, " ["Gay rights: Government buys time", *Free Press Journal*, 19 September 2008;" Centre fails to take stand in HC on homosexuality law", *Times of India*, 19 September 2008]
- 237 "Following the judgment interventions will become accessible for the MSM community including behaviour change education, STI services, providing condoms and lubricants, linking with ICTC centres and providing life saving ART drugs. At present there are 184 interventions covering 70% of the population and since the interventions are based on self identification, the judgment will help more MSM come out into the open." ["HC order will help in the HIV battle", *Times of India*, 3 July 2009]
- 238 "The social stigma attached to the homosexual community has impeded the development work initiated by various organisations. Often they had to face opposition from not just hardliner groups but also the police who held them on the grounds of promoting illegal activities." ["HC order to boost AIDS awareness efforts", *Times of India*, 3 July 2009]
- 239 "HC order to boost AIDS awareness efforts", *Times of India*, 3 July 2009.
- 240 "We also find it difficult to get NGOs that are eligible, under NRHM Rs. 2 crores has been year after year for these interventions." Another official stated that another problem Punjab faces in getting correct number of MSM is that no mapping study has been done in the state. The ripple effect of the Delhi High Court decision will help MSM to come forward ["Section 377: court ruling may help fight prejudice, say officials", *Indian Express*, 4 July 2009]
- 241 "Supportive articles emerged on the community –"They braved all sneers and insults", *New Indian Express*, 29 November 2007; "I could not behave like a man", *Deccan Herald*, 29 November 2007; "Fighting for a positive look" *Times of India*, 29 November 2007: "Of dashed dreams and livelihood challenges", *Hindu*, 30 November 2007; " A quest for dignity and self reliance", *Deccan Herald*, 1 December 2007.
- 242 Many respondents including media practitioners like Gopal Khanal at The Kathmandu Post referred often to the Nepalese society as being relatively more liberal and open on issues of, for example, alternate sexuality.
- 243 The year represents a marked surge in the number of media reports on violations against transgender populations, many of which were

- compiled under a research initiative later facilitated by Blue Diamond Society.
- ²⁴⁴ Nepal has continued to witness a widespread national movement for democracy since the beginning of the first decade of this century.
- ²⁴⁵ The country specific interactions formed a part of the assignment, and were undertaken past a detailed literature survey.
- ²⁴⁶ Pant Sunil, 'Vulnerable populations face hostile environment in Nepal', *HIV/AIDS Policy and Law Review*, Vol 11, Number 2 and 3, 2006, p.87.
- ²⁴⁷ Content analysis of media reports undertaken as part of the exercise.
- ²⁴⁸ Sunil Babu Pant, Director, Blue Diamond Society (BDS), Kathmandu, Nepal.
- ²⁴⁹ First hand responses of journalists in Kathmandu.
- ²⁵⁰ Media reports in the period depicted the community as victims of discrimination and human and civil rights violations inflicted by law enforcing agencies.
- ²⁵¹ Michael Bochenek and Kyle Knight; *Establishing a Third Gender Category in Nepal*, 2012.
- ²⁵² Bhandari Raju Rami, *Human Rights Violations and Media Reports- A Review*; Global Fund /FPAN Project.
- ²⁵³ *Ibid.*
- ²⁵⁴ "Untold Stories Show Growing HIV/AIDS Risks", 10 January 2003. (published as a film review produced by the United Nations Children's Fund)
- ²⁵⁵ "Increasing police abuse brings gay rights issue to the fore", *Kathmandu Post*, 28 April 2003.
- ²⁵⁶ "Catwalk with gay abandon", *Himalayan News Service*, 8 May 2003.
- ²⁵⁷ The reports and the names of these journalists were cited far too often in our interactions with community members.
- ²⁵⁸ Pant Sunil, 'Vulnerable populations face hostile environment in Nepal', *HIV/AIDS Policy and Law Review*, Vol 11, November 2/3, 2006, p. 88.
- ²⁵⁹ Sunil Babu Pant.
- ²⁶⁰ Michael Bochenek and Kyle Knight.
- ²⁶¹ Sunil Babu Pant.
- ²⁶² Sunil Babu Pant.
- ²⁶³ Sunil Pant, 'Vulnerable populations face hostile environment in Nepal', *HIV/AIDS Policy and Law Review*, Vol 11, Number 2/3, 2006, p. 88.
- ²⁶⁴ Public Correspondences with authorities and media, and alerts shared between April and July 2003 and between November and December 2003 by BDS.
- ²⁶⁵ Bhumika Shrestha, a transgender and political leader actively associated with BDS, endorses Sunil Pant's claim.
- ²⁶⁶ Of the several media practitioners we interacted with, only one, Madhav Dulal, who produces the Pahichan Radio programme at Ujyalo FM recognised this community publication.
- ²⁶⁷ For example, the story of Divya's travails as a trafficked and rescued transgender; BDW, 15 April 2005- based on the press conference reported in media earlier.
- ²⁶⁸ The weekly television programme on LGBT issues aired between 2010 and 2012 on Nepal Television and a radio programme by the same name aired on Ujyalo FM and relay-broadcast through 10 to 12 local radio stations across the country between August and December 2012. The radio programme is learnt to have resumed broadcast in late March 2013.
- ²⁶⁹ To cite an example, Press release by BDS on the Court Directive, Nov 2007; "Nepal's highest court confirms full rights for LGBT people" *Pink News*, 17 November 2008, <http://www.pinknews.co.uk/2008/11/17/nepals-highest-court-confirms-full-rights-for-lgbt-people>
- ²⁷⁰ In a sampled basket of media reports published between 2009 and 2012 dealing with the subject in detail, we find 11 international and as many as 7 national level reports.
- ²⁷¹ One of the more introspective national media reports on the subject: Pant Laxman Datt, "Ensuring rights of sexual minorities", *Rising Nepal*, September 2009.
- ²⁷² Allegedly, a targeted campaign was started by a small group of media in the country against the community leadership in mid 2012. In response to it, the lack of any strategised crisis management by the community and its leadership with these and other media institutions led to media getting further disengaged on the issue. The campaign turned into a targeted systematic backlash against BDS, its projects and affiliate entities with allegations of corruption and lack of governance.
- ²⁷³ Raju Ram Bhandari. Nov 21, 2007 -Beating of a *meti*, Garima Sapkota by four police personnel of Durbar Marg station; Dec 29, 2007- Harassment and detainment of *meti* Sweta by two civilians and the police in Kathmandu; Jan 24, 2008; Four *metis* brutally beaten and arrested by Tinkunae police; and several such incidences have been documented along with the institutional and legal supports that BDS provided to the victims in each of these cases. There also are clear signs on the public domain of the persisting discrimination against the community across the coming years. ("Sexual Minorities still struggling in Nepal" *My Republica*, 25 January 2010.
- ²⁷⁴ "Nepali Third Genders not Equal citizens of Nepal", *AP Rainbow*; 23 June 2008 is a typical story highlighting the demand for inclusion of third gender as equal citizens, lauds the communities' contribution in the democratic struggles in the preceding years, and, in a passing manner, also refers to the continuing abuses and harassment by police and society.
- ²⁷⁵ "Transgender category introduced in Nepal census", *Deccan Herald*, 9 January 2009; "Nepal sexual minorities on the move", *My Republica*, 19 March 2009, www.myrepublica.com ; "Kathmandu luring gays as tourism destination", *Gays without Borders* , 06 March 2009; "Sexual minorities, 3rd gender to form own party", *My Republica*, 13 June 2009.
- ²⁷⁶ "Why Asia's gays are starting to win acceptance", *Time* (Magazine) 24 August 09; "Ensuring Rights of Sexual Minorities" *Rising Nepal*, September 2009;" Progress in New Republic of Nepal", *Sydney Star Observer*, 16 June 09; 22 April 09, *Pink News*, "Gay Nepalese MP looks towards greater acceptance of gays and lesbians", *Pink News*, 22 April 2009 are only some of the examples typical of how the media in general tended to look at the issue, even as incidences of abuse by authorities and discrimination at the social levels, as shown earlier, continued unabated.
- ²⁷⁷ Kyle Knight is a 2011-12 fullbright scholar in Nepal, a researcher and journalist.
- ²⁷⁸ The weekly programme *Pahichan* on national television.
- ²⁷⁹ Sunil Babu Pant's observation.
- ²⁸⁰ "Nepal: Eight transgenders join UML party", *Kathmandu Post*, 28 February 2010.
- ²⁸¹ Media reports depict a stream of such events organised in the country, and also a noticeable international support and attention to these, including from the international media.
- ²⁸² As the nodal agency to regulate citizenship and identity issues, the Ministry of Home Affairs (MHA) had to be persistently convinced and engaged with at all levels by Sunil Pant and other community leads.
- ²⁸³ At the district and local levels, officials like the Chief District Officer (CDO), who are representatives of the same ministry, continued to

resist community's demands for citizenship recognition, etc. A series of updates sent by community members as also media reports in this period have portrayed this resistance.

- ²⁸⁴ These are recounted as some of the key gains accomplished by the community leadership at the highest levels of policy and planning in the country.
- ²⁸⁵ The three sampled reports were published in the international media – “Sunil Pant and dozens of LGBT activists arrested in Nepal *Fridae*, 15 September 2010; “Activists push for ‘third sex’ ID cards for Nepalese transgenders” *Bay Windows*, 30 September 10, <http://www.baywindows.com>; “Nepal’s Third Gender and the Recognition of Gender Identity. From late 2012”, <http://ilga.org/25> April 12 (ever since progress on rolling out of the mandated entitlements for the community has been jeopardised and programme delivery has come to a virtual standstill), however, we find several reports, mostly in international media, highlighting the HIV risk and harm reduction needs to argue for affirmative actions.
- ²⁸⁶ Atul Mishra is the Chief Sub Editor and a senior health correspondent in this leading publication.
- ²⁸⁷ Most senior media practitioners including Ajay Bhadra Khanal, Editor of *The Himalayan Times*, Keshav Poudel, Chief Editor of *The Spotlight* magazine and Kyle Knight acknowledged the donor fatigue on HIV.
- ²⁸⁸ Senior media professionals agree that lead initiatives by institutions like the UN such as ensuring technical training and sensitisation for reporters can bring currency in HIV/AIDS as a subject on media. They also refer to the NAMA awards as a successful example in this regard.
- ²⁸⁹ Owing to a tirade of negative campaigns by a handful of media, BDS and all its projects and affiliate entities have been forced to a virtual shut down since mid 2012. High level appeals and interjections by international agencies notwithstanding, the official dom has remained passive to the need to assure basic authorization and resources necessary to carry out even its basic HIV prevention services for the community.
- ²⁹⁰ Jayashi Damkant, “Sexual minorities still struggling in Nepal”, *My Republica*, 25 January 2010, http://www.myrepublica.com/portal/index.php?action=news_details&news_id=14435
- ²⁹¹ “Nepal to court gay tourism”, *Pink News*, 20 January 2010; “Capital to see first LGBT centre in region”, *Kathmandu Post*, 2 February 2010; “Nepal to offer Everest wedding to attract more gay tourists” *NY Times*, 15 March 2010; “Nepal to host fist gay pride march”, *Pink News*, 28 July 2010; “Hundred join Nepal’s first gay pride march”, *Deccan Herald*, 28 July 2010; “After string of gay-friendly measures, Nepal aims to tap valuable tourist market”, *Washington Post*, 9 January 2011.
- ²⁹² “Third gender issued citizenship certificate”, *Himalayan Times*, 15 April 2011; “Nepalese census includes category for ‘third gender’”, *Kathmandu Post*, 31 May 2011; “Third gender recognised in voter list”, *Kathmandu Post*, 11 November 2011; 7 December 11, *The Himalayan Times*, “Hillary Clinton lauds Nepal’s SC verdict on LGBT”, *Himalayan Times*, 7 December 2011.
- ²⁹³ “New Law threatens Nepal as gay rights heaven”, *Deccan Herald*, 10 June 2011; “LGBTs in Nepal may face 16 years jail as new laws are being considered”, *Fridae*, 16 Jun 2011
- ²⁹⁴ Senior media professionals agree that the wider discourse had generated a highly receptive atmosphere in this period for role models, survivors and change makers from the community to emerge.
- ²⁹⁵ Project update notes from BDS. The June 2012 issue of BDW also mentions about this workshop.
- ²⁹⁶ Sunil Babu Pant.

- ²⁹⁷ Sierra Tamang, “Patriarchy and the production of homo-erotic behavior in Nepal”, *Studies in Nepali History and Society* 8(2): 225-258 December 2003, illustrates the assiduous manner in which BDS resisted continued criticism by the dominant and better connected section of gays to dissociate their entire community from the LGBT fold.
- ²⁹⁸ India, National AIDS Control Organisation, Department of AIDS Control, *Annual Report 2010-11*, New Delhi 2011. Available from http://aidsdatahub.org/dmddocuments/NACO_Annual_Report_2010_11.pdf
- ²⁹⁹ World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, p. 51 (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012).
- ³⁰⁰ India, National AIDS Control Organisation, Department of AIDS Control, *HIV Sentinel Surveillance 2012 (Preliminary Results)*. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
- ³⁰¹ India, National AIDS Control Organisation, Department of AIDS Control, *UNGASS Country Progress Report India 2010*. (New Delhi 2010). Available from http://data.unaids.org/pub/Report/2010/india_2010_country_progress_report_en.pdf (accessed 3 September 2012)
- ³⁰² India, National AIDS Control Organisation, Department of AIDS Control, *HIV Sentinel Surveillance 2008, National Action Plan September 2008 – June 2009*. (New Delhi 2008). Available from <http://images.aarogya.com/aids/pdf/national-action-plan-hiv-008.pdf> (accessed 3 September 2012)
- ³⁰³ India, National AIDS Control Organisation, Department of AIDS Control & National Institute of Medical Statistics, *Technical Report: India HIV Estimates 2010*, (New Delhi 2010). Available from <http://naco.gov.in/upload/Surveillance/Reports%20%20Publication/Technical%20Report%20India%20HIV%20Estimates%202010.pdf> (accessed 7 September 2012).
- ³⁰⁴ UNAIDS, APCOM, *HIV and associated risk behaviours among men who have sex with men in the Asia and Pacific region: Implications for policy and programming*, Working Draft, (Bangkok 2008). Available from http://www.inthehealth.ku.dk/reach/resources/hivandassociatedriskbehavioursinasiapacific_august2008.pdf (accessed 7 September 2012).
- ³⁰⁵ India, National AIDS Control Organisation, Department of AIDS Control, *Annual HIV sentinel surveillance, country report 2007*. (New Delhi 2008) Available from http://aidsdatahub.org/dmddocuments/India_HSS_2007.pdf (accessed 7 September 2012).
- ³⁰⁶ India, National AIDS Control Organisation, Department of AIDS Control, *UNGASS Country Progress Report India 2008*. (New Delhi 2008). Available from http://data.unaids.org/pub/Report/2008/india_2008_country_progress_report_en.pdf
- ³⁰⁷ India, Indian Council of Medical Research & Family Health International, *Integrated Behavioural and Biological Assessment Round 1 (2005–2007), National Interim Summary Report – India*. (New Delhi, 2007). Available from <http://www.nari-cmr.res.in/IBBA/IBBA-NISR.pdf> (accessed 7 September 2012)
- ³⁰⁸ Hemmige, V., H. Snyder, et al. (2011). “Sex position, marital status, and HIV risk among Indian men who have sex with men: clues to optimizing prevention approaches.” *AIDS Patient Care STDS* 25(12): 725-734. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
- ³⁰⁹ Setia, M. S., C. Lindan, et al. (2006). “Men who have sex with men and transgenders in Mumbai, India: an emerging risk group for STIs and HIV.” *Indian J Dermatol Venereol Leprol* 72(6): 425-

431. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
- ³¹⁰ Shinde, S., M. S. Setia, et al. (2009). "Male sex workers: are we ignoring a risk group in Mumbai, India?" *Indian J Dermatol Venereol Leprol* 75(1): 41-46. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
- ³¹¹ Setia, M. S., M. Sivasubramanian, et al. (2010). "Married men who have sex with men: the bridge to HIV prevention in Mumbai, India." *Int J Public Health* 55(6): 687-691. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
- ³¹² Setia MS et al. "Men who have sex with men and transgenders in Mumbai, India: an emerging risk group for STIs and HIV." *Indian Journal of Dermatology, Venereology & Leprology*, 2006, 72: 425–431. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³¹³ India, Indian Council of Medical Research & Family Health International, *Integrated Behavioural and Biological Assessment Round 1 (2005–2007), National Interim Summary Report – India*. (New Delhi, 2007). Available from <http://www.nari-icmr.res.in/IBBA/IBBA-NISR.pdf> (accessed 7 September 2012).
- ³¹⁴ India, National AIDS Control Organisation, Department of AIDS Control, *UNGASS Country Progress Report India 2010*. (New Delhi 2010). Available from http://data.unaids.org/pub/Report/2010/india_2010_country_progress_report_en.pdf (accessed 3 September 2012).
- ³¹⁵ India, Indian Council of Medical Research & Family Health International, *Integrated Behavioural and Biological Assessment Round 2 (2009–2010), National Interim Summary Report – India*. (New Delhi, 2010). Available from http://www.nari-icmr.res.in/IBBA/121IBBA_Round_2_NSR.pdf
- ³¹⁶ Verma, R. K. and M. Collumbien (2004). "Homosexual activity among rural Indian men: implications for HIV interventions." *AIDS* 18(13): 1845-1847. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
- ³¹⁷ Gurung, A., P. Prabhakar, et al. (2010). "Prevalence of asymptomatic gonorrhoea and chlamydia among men having sex with men (MSM) in India and associated risk factors." 18th International AIDS conference. Vienna. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
- ³¹⁸ Newman PA et al. "Correlates of paid sex among men who have sex with men in Chennai, India." *Sexually Transmitted Infections*, 2008, 84:434–438. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³¹⁹ Brahmam GN et al. and the IBBA Study Team. "Sexual practices, HIV and sexually transmitted infections among self-identified men who have sex with men in four high HIV prevalence states of India." *AIDS*, 2008, 22 (Suppl 5):S45–S57. oi:10. 1097/01.aids.0000343763.54831.15 Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³²⁰ Hernandez AL et al. "Sexual behavior among men who have sex with women, men, and hijras in Mumbai, India—multiple sexual risks." *AIDS & Behavior*, 2006, 10(4 Suppl): S5–S16. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³²¹ Setia MS et al. "Men who have sex with men and transgenders in Mumbai, India: an emerging risk group for STIs and HIV." *Indian Journal of Dermatology, Venereology & Leprology*, 2006, 72: 425–431. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³²² Gupta A et al. "Same-sex behavior and high rates of HIV among men attending sexually transmitted infection clinics in Pune, India" (1993–2002). *Journal of Acquired Immune Deficiency Syndromes*, 2006, 43:483–490. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- 2006, 43:483–490. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³²³ Brahmam GN et al. and the IBBA Study Team. "Sexual practices, HIV and sexually transmitted infections among self-identified men who have sex with men in four high HIV prevalence states of India." *AIDS*, 2008, 22 (Suppl 5): S45–S57. oi:10. 1097/01.aids.0000343763.54831.15 Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³²⁴ Setia MS et al. "Men who have sex with men and transgenders in Mumbai, India: an emerging risk group for STIs and HIV." *Indian Journal of Dermatology, Venereology & Leprology*, 2006, 72: 425–431. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³²⁵ a. Go VF et al. "High HIV prevalence and risk behaviours in men who have sex with men in Chennai, India." *Journal of Acquired Immune Deficiency Syndromes*, 2004, 35:314–319. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- b. Gupta A et al. "Same-sex behavior and high rates of HIV among men attending sexually transmitted infection clinics in Pune, India" (1993–2002). *Journal of Acquired Immune Deficiency Syndromes*, 2006, 43:483–490. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- c. Hernandez AL et al. "Sexual behavior among men who have sex with women, men, and hijras in Mumbai, India—multiple sexual risks." *AIDS & Behavior*, 2006, 10(4 Suppl): S5–S16. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³²⁶ Verma RK, Collumbien M. "Homosexual activity among rural Indian men: implications for HIV interventions." *AIDS*, 2004; 18:1845–1847. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³²⁷ *Ibid*.
- ³²⁸ Go VF et al. "High HIV prevalence and risk behaviours in men who have sex with men in Chennai, India." *Journal of Acquired Immune Deficiency Syndromes*, 2004, 35:314–319. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³²⁹ Hernandez AL et al. "Sexual behavior among men who have sex with women, men, and hijras in Mumbai, India—multiple sexual risks." *AIDS & Behavior*, 2006, 10(4 Suppl): S5–S16. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³³⁰ Setia, M. S., C. Lindan, et al. (2006). "Men who have sex with men and transgenders in Mumbai, India: an emerging risk group for STIs and HIV." *Indian J Dermatol Venereol Leprol* 72(6): 425–431 Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³³¹ Gupta A et al. "Same-sex behavior and high rates of HIV among men attending sexually transmitted infection clinics in Pune, India" (1993–2002). *Journal of Acquired Immune Deficiency Syndromes*, 2006, 43:483–490. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³³² Dandona L et al. & ASCI FPP Study. "Sex behaviour of men who have sex with men and risk of HIV in Andhra Pradesh, India." *AIDS*, 2005, 19:611–619. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³³³ Thomas, B., M. J. Mimiaga, et al. (2009). "Unseen and unheard: predictors of sexual risk behavior and HIV infection among men who have sex with men in Chennai, India." *AIDS education and prevention : official publication of the International Society for AIDS*

- Education 21(4): 372-383. Available from <http://www.snapundp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
- 334 India, National AIDS Control Organisation, Department of AIDS Control, *National behavioural surveillance survey (BSS), 2006. Men who have sex with men (MSM) and injecting drug users (IDUs)*. (New Delhi 2006) Available from [http://www.nacoonline.org/upload/NACO%20PDFMen_who_have_Sex_with_Men_\(MSM\)_and_Injecting_Drug_Users_\(IDUs\).pdf](http://www.nacoonline.org/upload/NACO%20PDFMen_who_have_Sex_with_Men_(MSM)_and_Injecting_Drug_Users_(IDUs).pdf)
- 335 *Ibid.*
- 336 *Ibid.*
- 337 *Ibid.*
- 338 Gupta A et al. Same-sex behavior and high rates of HIV among men attending sexually transmitted infection clinics in Pune, India (1993–2002). *Journal of Acquired Immune Deficiency Syndromes*, 2006, 43:483–490. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- 339 India, Indian Council of Medical Research & Family Health International, *Integrated Behavioural and Biological Assessment Round 2 (2009–2010), National Interim Summary Report – India*. (New Delhi, 2010). Available from http://www.nari-icmr.res.in/IBBA/121IBBA_Round_2_NSR.pdf
- 340 India, National AIDS Control Organisation, Department of AIDS Control, *HIV Sentinel Surveillance 2008, National Action Plan September 2008 – June 2009*. (New Delhi 2008); Available from <http://images.aarogya.com/aids/pdf/national-action-plan-hiv-008.pdf> (accessed 3 September 2012)
- 341 India, National AIDS Control Organisation, Department of AIDS Control, *National behavioural surveillance survey (BSS), 2006. Men who have sex with men (MSM) and injecting drug users (IDUs)*. (New Delhi 2006) Available from [http://www.nacoonline.org/upload/NACO%20PDFMen_who_have_Sex_with_Men_\(MSM\)_and_Injecting_Drug_Users_\(IDUs\).pdf](http://www.nacoonline.org/upload/NACO%20PDFMen_who_have_Sex_with_Men_(MSM)_and_Injecting_Drug_Users_(IDUs).pdf)
- 342 *Ibid.*
- 343 Ginnela NV et al. Sexual practices, HIV and sexually transmitted infections among self-identified men who have sex with men in four high HIV prevalence states of India. *AIDS*, 2008, 22:45–57. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- 344 India, Indian Council of Medical Research & Family Health International, *Integrated Behavioural and Biological Assessment Round 1 (2005–2007), National Interim Summary Report – India*. (New Delhi, 2007). Available from <http://www.nari-icmr.res.in/IBBA/IBBA-NISR.pdf> (accessed 7 September 2012)
- 345 India, National AIDS Control Organisation, Department of AIDS Control, *UNGASS Country Progress Report India 2010*. (New Delhi 2008); Available from http://data.unaids.org/pub/Report/2010/india_2010_country_progress_report_en.pdf (accessed 3 September 2012)
- 346 *Ibid.*
- 347 UNAIDS, *Country Snapshots, 2012, India, HIV and Men who have Sex with Men*. Available from <http://www.snapundp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf> (accessed on 26 October 2012)
- 348 India, Indian Council of Medical Research & Family Health International, *Integrated Behavioural and Biological Assessment Round 1 (2005–2007), National Interim Summary Report – India*. (New Delhi, 2007). Available from <http://www.nari-icmr.res.in/IBBA/IBBA-NISR.pdf> (accessed 7 September 2012)
- 349 Ginnela NV et al. Sexual practices, HIV and sexually transmitted infections among self-identified men who have sex with men in four high HIV prevalence states of India. *AIDS*, 2008, 22:45–57. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- 350 India, Indian Council of Medical Research & Family Health International, *Integrated Behavioural and Biological Assessment Round 1 (2005–2007), National Interim Summary Report – India*. (New Delhi, 2007). Available from <http://www.nari-icmr.res.in/IBBA/IBBA-NISR.pdf> (accessed 7 September 2012)
- 351 Ginnela NV et al. Sexual practices, HIV and sexually transmitted infections among self-identified men who have sex with men in four high HIV prevalence states of India. *AIDS*, 2008, 22:45–57. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- 352 India, National AIDS Control Organisation, Department of AIDS Control, *HIV Sentinel Surveillance 2008, National Action Plan September 2008 – June 2009*. (New Delhi 2008). Available from <http://images.aarogya.com/aids/pdf/national-action-plan-hiv-008.pdf> (accessed 3 September 2012)
- 353 India, National AIDS Control Organisation, Department of AIDS Control, *National behavioural surveillance survey (BSS), 2006. Men who have sex with men (MSM) and injecting drug users (IDUs)*. (New Delhi 2006) Available from [http://www.nacoonline.org/upload/NACO%20PDFMen_who_have_Sex_with_Men_\(MSM\)_and_Injecting_Drug_Users_\(IDUs\).pdf](http://www.nacoonline.org/upload/NACO%20PDFMen_who_have_Sex_with_Men_(MSM)_and_Injecting_Drug_Users_(IDUs).pdf)
- 354 Ginnela NV et al. Sexual practices, HIV and sexually transmitted infections among self-identified men who have sex with men in four high HIV prevalence states of India. *AIDS*, 2008, 22:45–57. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- 355 India, National AIDS Control Organisation, Department of AIDS Control, *National behavioural surveillance survey (BSS), 2006. Men who have sex with men (MSM) and injecting drug users (IDUs)*. (New Delhi 2006) Available from [http://www.nacoonline.org/upload/NACO%20PDFMen_who_have_Sex_with_Men_\(MSM\)_and_Injecting_Drug_Users_\(IDUs\).pdf](http://www.nacoonline.org/upload/NACO%20PDFMen_who_have_Sex_with_Men_(MSM)_and_Injecting_Drug_Users_(IDUs).pdf)
- 356 India, National AIDS Control Organisation, Department of AIDS Control, *UNGASS Country Progress Report India 2010*. (New Delhi 2010). Available from http://data.unaids.org/pub/Report/2010/india_2010_country_progress_report_en.pdf (accessed 3 September 2012)
- 357 India, National AIDS Control Organisation, Department of AIDS Control, *HIV Sentinel Surveillance 2008, National Action Plan September 2008 – June 2009*. (New Delhi 2008). Available from <http://images.aarogya.com/aids/pdf/national-action-plan-hiv-008.pdf> (accessed 3 September 2012)
- 358 Thomas, B., M. J. Mimiaga, et al. (2009). “Unseen and unheard: predictors of sexual risk behaviour and HIV infection among men who have sex with men in Chennai, India.” *AIDS education and prevention: official publication of the International Society for AIDS Education* 21(4): 372-383. Available from: <http://www.snapundp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf> (accessed on October 26, 2012)
- 359 India, National AIDS Control Organisation, Department of AIDS Control, *UNGASS Country Progress Report India 2010*. (New Delhi 2010). Available from http://data.unaids.org/pub/Report/2010/india_2010_country_progress_report_en.pdf (accessed 3 September 2012).
- 360 India, National AIDS Control Organisation, Department of AIDS Control, *HIV Sentinel Surveillance 2008, National Action Plan September 2008 – June 2009*. (New Delhi 2008). Available from: <http://images.aarogya.com/aids/pdf/national-action-plan-hiv-008.pdf> (accessed September 3, 2012).

- ³⁶¹ India, National AIDS Control Organisation, Department of AIDS Control, *Targeted interventions in India, Concept paper, Bali Meeting, 2009*. (New Delhi 2009) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>.
- ³⁶² World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, Page 58. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ³⁶³ India, National AIDS Control Organisation, Department of AIDS Control, *UNGASS Country Progress Report India 2010*. (New Delhi 2010). Available from http://data.unaids.org/pub/Report/2010/india_2010_country_progress_report_en.pdf (accessed 3 September 2012)
- ³⁶⁴ India, National AIDS Control Organisation, Department of AIDS Control, *Annual Report 2010-11*, New Delhi 2011. Available from http://aidsdatahub.org/dmdocuments/NACO_Annual_Report_2010_11.pdf
- ³⁶⁵ Nepal, National Center for AIDS and STD Control (2012). Country Progress Report: Nepal. Global AIDS Progress Report. Kathmandu, Ministry of Health and Population of Nepal.
- ³⁶⁶ India, National AIDS Control Organisation, Department of AIDS Control, *UNGASS Country Progress Report India 2008*. (New Delhi 2008). Available from http://data.unaids.org/pub/Report/2008/india_2008_country_progress_report_en.pdf
- ³⁶⁷ India, National AIDS Control Organisation, Department of AIDS Control, *UNGASS Country Progress Report India 2010*. (New Delhi 2010). Available from http://data.unaids.org/pub/Report/2010/india_2010_country_progress_report_en.pdf (accessed 3 September 2012)
- ³⁶⁸ National AIDS Control Organisation (NACO). Mid-term review of National AIDS Control Programme Phase-III (2007–2012), 16 November–3 December 2009. New Delhi, NACO, Department of AIDS Control, Ministry of Health & Family Welfare, Government of India, 2009.
- ³⁶⁹ India, National AIDS Control Organisation, Department of AIDS Control, *NACO ART centre monthly report data*. (New Delhi November 2009). Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ³⁷⁰ UNAIDS, *Country Snapshots, 2012, India, HIV and Men who have Sex with Men*. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf> (accessed on 26 October 2012)
- ³⁷¹ Asia Pacific Coalition on Male Sexual Health, Report on mapping of MSM groups, organisations, and networks in South Asia, 2008. Available from <http://www.asylumlaw.org/docs/sexualminorities/APCOM%20Report%203%20MSM%20Mapping%20South%20Asia.pdf> (accessed 3 September 2012)
- ³⁷² *Ibid.*
- ³⁷³ World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, Page 58. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ³⁷⁴ a. India Delegation to Risks & Responsibilities (2006). Risks & Responsibilities India Country Report. Risks & Responsibilities Consultation New Delhi.
- b. amfAR, MSM and HIV/AIDS Risk in Asia: What is Fueling the Epidemic among MSM and How Can It Be Stopped? 2006. Available from http://www.amfar.org/uploaded_Files/In_the_Community/Publications/MSM%20and%20HIV%20AIDS%20Risk%20in%20Asia.pdf (accessed on 5 September 2012)
- c. APN+, MSM & Positive MSM Country Services: Asia and the Pacific. 2007. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf> (accessed on 26 October 2012)
- ³⁷⁵ World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, Page 58. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ³⁷⁶ Godwin, J., E. Settle, et al. (2010). "Laws affecting HIV responses among MSM and transgender people in Asia and the Pacific: a consultative study." XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf> (accessed on 26 October 2012)
- ³⁷⁷ *Ibid.*
- ³⁷⁸ Settle, E., S. Khan, et al. (2010). "Developing a successful GFATM regional proposal to strengthen community responses to HIV among MSM and transgender persons in South Asia." XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf> (accessed on 26 October 2012)
- ³⁷⁹ Khan, S. and A. Sreenivasan (2012). Personal Communication. Recipient: D. Solares. Lucknow, Naz Foundation International. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf> (accessed on 26 October 2012)
- ³⁸⁰ Noronha, E. (2012). Personal Communication. Recipient: D. Solares. New Delhi, UNDP India. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf> (accessed on 26 October 2012)
- ³⁸¹ Thomas, A. (2012, 09 March). "Legal body to champion transgender cause." Retrieved 22 June, 2012, from <http://www.dailypioneer.com/nation/48570-legal-body-to-champion-transgender-cause.html>.
- ³⁸² World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, Page 58. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ³⁸³ India, National AIDS Control Organisation, Department of AIDS Control, *HIV Sentinel Surveillance 2012 (Preliminary Results)*. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
- ³⁸⁴ *Ibid.*
- ³⁸⁵ India, Indian Council of Medical Research & Family Health International, *Integrated Behavioural and Biological Assessment Round 2 (2009–2010), National Interim Summary Report – India*. (New Delhi, 2010). Available from http://www.nari-icmr.res.in/IBBA/121IBBA_Round_2_NSR.pdf
- ³⁸⁶ India, National AIDS Control Organisation, Department of AIDS Control, *National behavioural surveillance survey (BSS), 2006. Men who have sex with men (MSM) and injecting drug users (IDUs)*. (New Delhi 2006) Available from [http://www.nacoonline.org/upload/NACO%20PDF%20Men_who_have_Sex_with_Men_\(MSM\)_and_Injecting_Drug_Users_\(IDUs\).pdf](http://www.nacoonline.org/upload/NACO%20PDF%20Men_who_have_Sex_with_Men_(MSM)_and_Injecting_Drug_Users_(IDUs).pdf)
- ³⁸⁷ Asia Pacific Coalition on Male Sexual Health, Report on mapping of MSM groups, organisations, and networks in South Asia, 2008. Available from <http://www.asylumlaw.org/docs/sexualminorities/>

APCOM%20Report%203%20MSM%20Mapping%20South%20Asia.pdf (accessed 3 September 2012)

- ³⁸⁸ India, National AIDS Control Organisation, Department of AIDS Control, *Targeted interventions in India, Concept paper, Bali Meeting, 2009*. (New Delhi 2009) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³⁸⁹ India, National AIDS Control Organisation, Department of AIDS Control, *HIV Sentinel Surveillance 2008, National Action Plan September 2008 – June 2009*. (New Delhi 2008). Available from <http://images.aarogya.com/aids/pdf/national-action-plan-hiv-008.pdf> (accessed 3 September 2012)
- ³⁹⁰ India, National AIDS Control Organisation, Department of AIDS Control, *Targeted interventions in India, Concept paper, Bali Meeting, 2009*. (New Delhi 2009) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html>
- ³⁹¹ Nepal, National Center for AIDS and STD Control (2012), Ministry of Health and Population of Nepal. *Country Progress Report: Nepal. Global AIDS Progress Report*. Kathmandu. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
- ³⁹² Asia Pacific Coalition on Male Sexual Health, Report on mapping of MSM groups, organisations, and networks in South Asia, 2008. Available from <http://www.asylumlaw.org/docs/sexualminorities/APCOM%20Report%203%20MSM%20Mapping%20South%20Asia.pdf> (accessed 3 September 2012)
- ³⁹³ India, Indian Council of Medical Research & Family Health International, *Integrated Behavioural and Biological Assessment Round 2 (2009–2010), National Interim Summary Report – India*. (New Delhi, 2010). Available from http://www.nari-icmr.res.in/IBBA/121IBBA_Round_2_NSR.pdf
- ³⁹⁴ Thomas, A. (2012, 09 March). “Legal body to champion transgender cause.” Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-India.pdf>
- ³⁹⁵ *Ibid.*
- ³⁹⁶ Caceres, C. F., K. Konda, et al. (2008). “Epidemiology of male same-sex behaviour and associated sexual health indicators in low- and middle-income countries: 2003-2007 estimates.” *Sex Transm Infect* 84 Suppl 1: i49-i56. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ³⁹⁷ United Nations Department of Economic and Social Affairs: Population Division (2011). *World Population Prospects: The 2010 Revision, CD-ROM Edition*. New York. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ³⁹⁸ Khanani, M. R., M. Somani, et al. (2010). “Prevalence of single, double, and triple infections of HIV, HCV and HBV. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ³⁹⁹ Beyrer, C., A. L. Wirtz, et al. (2011). *The Global HIV Epidemics among Men Who Have Sex with Men*. Washington, The World Bank. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴⁰⁰ Khanani, M. R., M. Somani, et al. (2010). “Prevalence of single, double, and triple infections of HIV, HCV and HBV among the MSM community in Pakistan.” *J Infect* 61(6): 507-509. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴⁰¹ Pakistan National AIDS Control Programme (2012). *Integrated Biological and Behavioural Surveillance (IBBS) Round 4 Report, June - September 2011*. Islamabad, Ministry of Health, Pakistan. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴⁰² Khanani, M. R., M. Somani, et al. (2010). “Prevalence of single, double, and triple infections of HIV, HCV and HBV among the MSM community in Pakistan.” *J Infect* 61(6): 507-509. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴⁰³ World Health Organisation, UNAIDS, et al. (2009). *Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender populations: Report of a technical consultation, 15-17 September 2008, Geneva, Switzerland*. Geneva, World Health Organisation. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴⁰⁴ Khan, A. A., N. Rehan, et al. (2008). “Correlates and prevalence of HIV and sexually transmitted infections among hijras (trans men) in Pakistan.” *Int J STD AIDS* 19(12): 817-820. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴⁰⁵ Rehan, N., I. Chaudhary, et al. (2009). “Socio-sexual behaviour of Hijras of Lahore.” *J Pak Med Assoc* 59(6): 380-384. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴⁰⁶ Khanani, M. R., M. Somani, et al. (2010). “Prevalence of single, double, and triple infections of HIV, HCV and HBV among the MSM community in Pakistan.” *J Infect* 61(6): 507-509. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴⁰⁷ Pakistan National AIDS Control Programme (2012). *PAS-III: Pakistan AIDS Strategy*. Islamabad, Pakistan National AIDS Control Programme. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴⁰⁸ *Ibid.*
- ⁴⁰⁹ Asia Pacific Coalition on Male Sexual Health, Report on mapping of MSM groups, organisations, and networks in South Asia, 2008. Available from <http://www.asylumlaw.org/docs/sexualminorities/APCOM%20Report%203%20MSM%20Mapping%20South%20Asia.pdf> (accessed 3 September 2012)
- ⁴¹⁰ Pakistan Delegation to Risks & Responsibilities (2006). *Risks & Responsibilities Pakistan Country Report*. Risks & Responsibilities Consultation New Delhi. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴¹¹ Rajabali, A., S. Khan, et al. (2008). “HIV and homosexuality in Pakistan.” *Lancet Infect Dis* 8(8): 511-515. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴¹² Settle, E., S. Khan, et al. (2010). *Developing a successful GFATM regional proposal to strengthen community responses to HIV among MSM and transgender persons in South Asia*. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴¹³ Pakistan National AIDS Control Programme (2002). *Pakistan: enhanced HIV/AIDS control program, programme implementation plan*. Islamabad, Pakistan National AIDS Control Programme. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- ⁴¹⁴ Godwin, J., E. Settle, et al. (2010). *Laws affecting HIV responses among MSM and transgender people in Asia and the Pacific: a consultative study*. XVIII International AIDS Conference. Vienna,

- International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- 415 Pakistan Delegation to Risks & Responsibilities (2006). Risks & Responsibilities Pakistan Country Report. Risks & Responsibilities Consultation New Delhi. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- 416 Cáceres, C. F., C. Heredia, et al. (2008). Review of legal frameworks and the situation of human rights related to sexual diversity in low and middle income countries. Geneva, UNAIDS. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- 417 Godwin, J., E. Settle, et al. (2010). Laws affecting HIV responses among MSM and transgender people in Asia and the Pacific: a consultative study. XVIII International AIDS Conference. Vienna, International AIDS Society. UNAIDS. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- 418 Cáceres, C. F., K. Konda, et al. (2008). "Epidemiology of male same-sex behaviour and associated sexual health indicators in low and middle-income countries: 2003-2007 estimates." *Sex Transm Infect* 84 Suppl 1: i49-i56. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012).
- 419 United Nations Department of Economic and Social Affairs: Population Division (2011). World Population Prospects: The 2010 Revision, CD-ROM Edition. New York. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- 420 Khanani, M. R., M. Somani, et al. (2010). "Prevalence of single, double, and triple infections of HIV, HCV and HBV." Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- 421 Cáceres, C. F., K. Konda, et al. (2008). "Epidemiology of male same-sex behaviour and associated sexual health indicators in low and middle-income countries: 2003-2007 estimates." *Sex Transm Infect* 84 Suppl 1: i49-i56. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- 422 Pakistan National AIDS Control Programme (2012). PAS-III: Pakistan AIDS Strategy. Islamabad, Pakistan National AIDS Control Programme. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- 423 Godwin, J., E. Settle, et al. (2010). Laws affecting HIV responses among MSM and transgender people in Asia and the Pacific: a consultative study. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Pakistan.pdf> (accessed on 26 October 2012)
- 424 United Nations Department of Economic and Social Affairs: Population Division (2011). World Population Prospects: The 2010 Revision, CD-ROM Edition. New York. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 425 National STI and HIV/AIDS Control Programme (2012). Country Progress Report: Bhutan. Global AIDS Progress Report. Thimphu, Ministry of Health of Bhutan. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 426 UNAIDS, *Country Snapshots, 2012, Bhutan, HIV and Men who have Sex with Men*, Page 3. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 427 Centre for Global Public Health (2010). Sexual Behaviours and Networks in Thimphu, Bhutan: A Rapid Assessment. Manitoba, Centre for Global Public Health (CGPH). Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 428 National STI and HIV/AIDS Control Programme (2012). Country Progress Report: Bhutan. Global AIDS Progress Report. Thimphu, Ministry of Health of Bhutan. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 429 Centre for Global Public Health (2010). Sexual Behaviours and Networks in Thimphu, Bhutan: A Rapid Assessment. Manitoba, Centre for Global Public Health (CGPH). Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 430 WHO Regional Office for South East Asia (2010). HIV/AIDS in the South-East Asia Region Progress Report 2010. New Delhi, World Health Organisation. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 431 *Ibid.*
- 432 *Ibid.*
- 433 Asia Pacific Coalition on Male Sexual Health, Report on mapping of MSM groups, organisations, and networks in South Asia, 2008. Available from <http://www.asylumlaw.org/docs/sexualminorities/APCOM%20Report%203%20MSM%20Mapping%20South%20Asia.pdf> (accessed 3 September 2012)
- 434 *Ibid.*
- 435 Settle, E., S. Khan, et al. (2010). Developing a successful GFATM regional proposal to strengthen community responses to HIV among MSM and transgender persons in South Asia. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 436 Wangmo, P. (2008). "How gay are Bhutanese gays?" Retrieved 9 May, 2012, from <http://www.bhutanobserver.bt/how-gay-arebhutanese-gays>
- 437 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses* (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 438 UNAIDS, *Country Snapshots, 2012, Bhutan, HIV and Men who have Sex with Men*, Page 3. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 439 Wangdi, N. (2012). Meeting Notes: Introductory Remarks, Ministry of Health, Bhutan. National Stakeholders Meeting on Advocacy and HIV Prevention among MSM and Transgender People, Paro, Bhutan. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 440 UNAIDS, *Country Snapshots, 2012, Bhutan, HIV and Men who have Sex with Men*, Page 3. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 441 Godwin, J. (2010). Legal environments, human rights and HIV responses among men who have sex with men and transgender people. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012).

- 442 *Ibid.*
- 443 United Nations Department of Economic and Social Affairs: Population Division (2011). *World Population Prospects: The 2010 Revision, CD-ROM Edition*. New York. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 444 UNAIDS, *Country Snapshots, 2012, Bhutan, HIV and Men who have Sex with Men*, Page 3. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 445 Centre for Global Public Health (2010). *Sexual Behaviours and Networks in Thimphu, Bhutan: A Rapid Assessment*. Manitoba, Centre for Global Public Health (CGPH). Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 446 Centre for Global Public Health (2010). *Sexual Behaviours and Networks in Thimphu, Bhutan: A Rapid Assessment*. Manitoba, Centre for Global Public Health (CGPH). Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 447 *Ibid.*
- 448 *Ibid.*
- 449 Settle, E., S. Khan, et al. (2010). *Developing a successful GFATM regional proposal to strengthen community responses to HIV among MSM and transgender persons in South Asia*. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bhutan.pdf> (accessed on 26 October 2012)
- 450 Wangmo, P. (2008). "How gay are Bhutanese gays?" Available from <http://www.bhutanobserver.bt/how-gay-arebhutanese-gays>
- 451 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses* (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 452 Bangladesh, National AIDS/STD Programme and International Centre for Diarrhoeal Disease Research (ICDDR) (2012). *Counting the Numbers of Males Who Have Sex with Males, Male Sex Workers and hijra in Bangladesh to Provide HIV Prevention Services*. Dhaka, National AIDS/STD Programme, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh and icddr,b. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 453 Bangladesh, National AIDS/STD Programme (2011). *National HIV Serological Surveillance: 9th Round Technical Report*. Dhaka, Government of the People's Republic of Bangladesh. Available from http://aidsdatahub.org/dmdocuments/HSS_9th_round_2011.pdf
- 454 Bangladesh, National AIDS/STD Programme (2010), Ministry of Health and Family Welfare, Reporting period January 2008 to December 2009, *UNGASS Country Progress Report*, Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/bangladesh_2010_country_progress_report_en.pdf (accessed on 3 September 2012)
- 455 Mondal, N. I., H. Takaku, et al. (2009). "HIV/AIDS acquisition and transmission in Bangladesh: Turning to the concentrated epidemic." *Jpn J Infect Dis* 62(2): 111-119. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 456 a. Government of Bangladesh, National AIDS/STD Programme (NASP). *National HIV serological surveillance, 2007: Round 8 technical report*. Dhaka, (NASP), 2008 (unpublished) Available from http://www.aidsdatahub.org/dmdocuments/8th_round_GoB_rep_latest_TA_21_Aug.pdf (accessed on 10 October 2012)
- b. Bangladesh, National AIDS/STD Programme (NASP). *National HIV serological surveillance 2002: Bangladesh, 4th Round technical report*. Dhaka, NASP, 2002. Available from: <http://www.bdnasp.net/images/stories/4th%20Round%20Report.pdf> (accessed 16 December 2009)
- c. Bangladesh, National AIDS/STD Programme (NASP). *National HIV serological and behavioural surveillance 2004– 2005: Bangladesh 6th Round technical report*. Dhaka, NASP, 2006. Available from http://aidsdatahub.org/dmdocuments/Bangladesh_National_HIV_Surveillance_Report_6th_Round_2004_2005.pdf.pdf (accessed on 10 October 2012)
- d. Bangladesh, National AIDS/STD Programme (NASP). *National HIV serological surveillance 2000–2001: Bangladesh, 3rd Round technical report*. Dhaka, NASP, 2001. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 457 Bangladesh, National AIDS/STD Programme (2011). *National HIV Serological Surveillance: 9th Round Technical Report*. Dhaka, Government of the People's Republic of Bangladesh. Available from http://aidsdatahub.org/dmdocuments/HSS_9th_round_2011.pdf
- 458 *Ibid.*
- 459 Chan, P. A. and O. A. Khan (2007). "Risk factors for HIV infection in males who have sex with males (MSM) in Bangladesh." *BMC Public Health* 7: 153; and Khan, S. I., N. Hudson-Rodd, et al. (2005). "Men who have sex with men's sexual relations with women in Bangladesh." *Cult Health Sex* 7(2): 159-169. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 460 *Ibid.*
- 461 National AIDS/STD Programme and I. C. F. D. D. R. (ICDDR) (2000). *Second National Expanded HIV Surveillance, 1999-2000, Bangladesh*. Dhaka, National AIDS/STD Programme, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh and icddr,b. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 462 *Ibid.*
- 463 Bangladesh, National AIDS/STD Programme (NASP). *Behavioural surveillance survey 2006–2007: Bangladesh*. Dhaka, NASP, 2009 and National AIDS/STD Programme (NASP). *National HIV serological surveillance 2000-2004: Bangladesh, 5th Round technical report*. Dhaka, NASP, 2004. Available from http://aidsdatahub.org/dmdocuments/BSS-6_edited_for_NASp_draft_2006-07.pdf
- 464 a. Bangladesh, National AIDS/STD Programme (NASP). *National HIV serological surveillance 2002: Bangladesh, 4th Round technical report*. Dhaka, NASP, 2002. Available from: <http://www.bdnasp.net/images/stories/4th%20Round%20Report.pdf>
- b. Bangladesh, National AIDS/STD Programme (NASP). *Behavioural surveillance survey 2006–2007: Bangladesh*. Dhaka, NASP, 2009. Available from http://aidsdatahub.org/dmdocuments/BSS-6_edited_for_NASp_draft_2006-07.pdf
- c. Bangladesh, National AIDS/STD Programme (NASP). *National HIV serological surveillance 2000-2004: Bangladesh, 5th Round technical report*. Dhaka, NASP, 2004. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 465 a. *Ibid.*
- b. Khan S. *Male-to-male sex and HIV/AIDS in Bangladesh*. Naz Foundation International, December 2005. Available from http://www.nfi.net/downloads/knowledge_centre/NFI%20publications/

- articles%20and%20essays2005_Summary%20MSM%20and%20HIV%20in%20Bangladesh.pdf
- ⁴⁶⁶ Azim T et al. World Bank/UNAIDS. Twenty years of HIV in Bangladesh: experiences and way forward. Dhaka, Bangladesh, World Bank/UNAIDS, 2009. Available from http://www.hnpinfobangladesh.com/docs/di_220_Consolidated%20Report%20Nov%2030%20final.pdf
- ⁴⁶⁷ Bangladesh, National AIDS/STD Programme (NASP). *Behavioural surveillance survey 2006–2007: Bangladesh*. Dhaka, NASP, 2009. and National AIDS/STD Programme (NASP). *National HIV serological surveillance 2000–2004: Bangladesh, 5th Round technical report*. Dhaka, NASP, 2004. Available from http://aidsdatahub.org/dmdocuments/BSS-6_edited_for_NASp_draft_2006-07.pdf
- ⁴⁶⁸ Bangladesh, National AIDS/STD Programme (2012). Dhaka, Ministry of Health and Family Welfare *Country Progress Report: Bangladesh, Global AIDS Progress Report*. Available from http://www.aidsdatahub.org/dmdocuments/UNGASS_2012_Bangladesh_Narrative_Report.pdf (accessed on 3 September 2012)
- ⁴⁶⁹ National AIDS/STD Programme (2008). Behavioral Surveillance Survey 2006-07: Technical Report. Dhaka, Government of the People's Republic of Bangladesh. Available from http://aidsdatahub.org/dmdocuments/BSS-6_edited_for_NASp_draft_2006-07.pdf
- ⁴⁷⁰ Bangladesh, National AIDS/STD Programme (NASP). *National HIV serological surveillance 2002: Bangladesh, 4th Round technical report*. Dhaka, NASP, 2002. Available from: <http://www.bdnasp.net/images/stories/4th%20Round%20Report.pdf>, National AIDS/STD Programme (NASP). *Behavioural surveillance survey 2006–2007: Bangladesh*. Dhaka, NASP, 2009; and National AIDS/STD Programme (NASP). *National HIV serological surveillance 2000–2004: Bangladesh, 5th Round technical report*. Dhaka, NASP, 2004. Available from http://aidsdatahub.org/dmdocuments/BSS-6_edited_for_NASp_draft_2006-07.pdf
- ⁴⁷¹ Bangladesh, National AIDS/STD Programme. *National HIV serological surveillance 2002: Bangladesh, 4th Round technical report*. Dhaka, NASP, 2002. Available from: <http://www.bdnasp.net/images/stories/4th%20Round%20Report.pdf>, National AIDS/STD Programme (NASP). *Behavioural surveillance survey 2006–2007: Bangladesh*. Dhaka, NASP, 2009; and National AIDS/STD Programme (NASP). *National HIV serological surveillance 2000–2004: Bangladesh, 5th Round technical report*. Dhaka, NASP, 2004. Available from http://aidsdatahub.org/dmdocuments/BSS-6_edited_for_NASp_draft_2006-07.pdf
- ⁴⁷² *Ibid.*
- ⁴⁷³ *Ibid.*
- ⁴⁷⁴ a. Bangladesh, National AIDS/STD Programme. *Behavioural surveillance survey 2006–2007: Bangladesh*. Dhaka, NASP, 2009. National AIDS/STD Programme (NASP). Available from http://aidsdatahub.org/dmdocuments/BSS-6_edited_for_NASp_draft_2006-07.pdf
- b. Bangladesh, National AIDS/STD Programme, *National HIV serological surveillance 2000–2004: Bangladesh, 5th Round technical report*. Dhaka, NASP, 2004. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- ⁴⁷⁵ Azim T et al. World Bank/UNAIDS. Twenty years of HIV in Bangladesh: experiences and way forward. Dhaka, Bangladesh, World Bank/UNAIDS, 2009. Available from http://www.hnpinfobangladesh.com/docs/di_220_Consolidated%20Report%20Nov%2030%20final.pdf and Reddy A, Brown T. The Asian epidemic model for Dhaka city 2006: technical report. Dhaka, Family Health International (FHI), 2007. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- ⁴⁷⁶ Bangladesh, National AIDS/STD Programme. *Behavioural surveillance survey 2006–2007: Bangladesh*. Dhaka, NASP, 2009. Available from http://aidsdatahub.org/dmdocuments/BSS-6_edited_for_NASp_draft_2006-07.pdf
- ⁴⁷⁷ Khan, S. (2005). Male-to-male sex and HIV/AIDS in Bangladesh. London, Naz Foundation International. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- ⁴⁷⁸ Bangladesh, National AIDS/STD Programme (2010), Ministry of Health and Family Welfare, Reporting period January 2008 to December 2009, *UNGASS Country Progress Report*, Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/bangladesh_2010_country_progress_report_en.pdf (accessed on 3 September 2012)
- ⁴⁷⁹ Rashid, S. F., H. Standing, et al. (2011). "Creating a public space and dialogue on sexuality and rights: A case study from Bangladesh." *Health Res Policy Syst* 9 Suppl 1: S12. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- ⁴⁸⁰ Settle, E., S. Khan, et al. (2010). Developing a successful GFATM regional proposal to strengthen community responses to HIV among MSM and transgender persons in South Asia. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- ⁴⁸¹ World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses* (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁴⁸² Ahmed, S. (2004). Social justice and the human rights of MSM in Bangladesh. Human rights in Bangladesh. D. M. Siddiqi and A. O. S. Kendra. Dhaka, University Press. xiii: 268. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- ⁴⁸³ U.S. Department of State Bureau of Democracy, H. R., and Labor, (2008). 2008 Human Rights Report: Bangladesh. Washington. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- ⁴⁸⁴ a. HIV & AIDS Data Hub for Asia-Pacific (2009). Law, Policy & HIV in Asia and the Pacific: Implications on the vulnerability of men who have sex with men, female sex workers and injecting drug users. Bangkok, HIV & AIDS Data Hub for Asia-Pacific. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- b. Bangladesh Delegation to Risks & Responsibilities (2006). Risks & Responsibilities Bangladesh Country Report. Risks & Responsibilities Consultation Dhaka. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- c. World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses* (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁴⁸⁵ Azim T et al. World Bank/UNAIDS. Twenty years of HIV in Bangladesh: experiences and way forward. Dhaka, Bangladesh, World Bank/UNAIDS, 2009. Available from http://www.hnpinfobangladesh.com/docs/di_220_Consolidated%20Report%20Nov%2030%20final.pdf

- www.hnpinfobangladesh.com/docs/di_220_Consolidated%20Report%20Nov%2030%20final.pdf (accessed 20 February 2010).
- 486 National AIDS/STD Programme and International Centre for Diarrhoeal Disease Research (ICDDR) (2012). Counting the Numbers of Males Who Have Sex with Males, Male Sex Workers and hijra in Bangladesh to Provide HIV Prevention Services. Dhaka, National AIDS/STD Programme, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh and icddr,b. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 487 Bangladesh, National AIDS/STD Programme (2011). *National HIV Serological Surveillance: 9th Round Technical Report*. Dhaka, Government of the People's Republic of Bangladesh. Available from http://aidsdatahub.org/dmdocuments/HSS_9th_round_2011.pdf
- 488 Bangladesh, National AIDS/STD Programme (2011). *National HIV Serological Surveillance: 9th Round Technical Report*. Dhaka, Government of the People's Republic of Bangladesh. Available from http://aidsdatahub.org/dmdocuments/HSS_9th_round_2011.pdf
- 489 Chan, P. A. and O. A. Khan (2007). "Risk factors for HIV infection in males who have sex with males (MSM) in Bangladesh." *BMC Public Health* 7: 153; and Khan, S. I., N. Hudson-Rodd, et al. (2005). "Men who have sex with men's sexual relations with women in Bangladesh." *Cult Health Sex* 7(2): 159-169 Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 490 Bangladesh, National AIDS/STD Programme (NASP), *Behavioural surveillance survey 2006-2007: Bangladesh*. Dhaka, NASP, 2009. and National AIDS/STD Programme (NASP). *National HIV serological surveillance 2000-2004: Bangladesh, 5th Round technical report*. Dhaka, NASP, 2004. Available from http://aidsdatahub.org/dmdocuments/BSS-6_edited_for_NASp_draft_2006-07.pdf
- 491 National AIDS/STD Programme (NASP). *Behavioural surveillance survey 2006-2007: Bangladesh*. Dhaka, NASP, 2009. Available from http://aidsdatahub.org/dmdocuments/BSS-6_edited_for_NASp_draft_2006-07.pdf
- 492 Azim T et al. World Bank/UNAIDS. Twenty years of HIV in Bangladesh: experiences and way forward. Dhaka, Bangladesh, World Bank/UNAIDS, 2009. Available from http://www.hnpinfobangladesh.com/docs/di_220_Consolidated%20Report%20Nov%2030%20final.pdf; and Reddy A, Brown T. The Asian epidemic model for Dhaka city 2006: technical report. Dhaka, Family Health International (FHI), 2007. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 493 Bangladesh, National AIDS/STD Programme (2010), Ministry of Health and Family Welfare, Reporting period January 2008 to December 2009, *UNGASS Country Progress Report*, Available from http://www.unaids.org/en/dataanalysis/knownyourresponse/countryprogressreports/2010countries/bangladesh_2010_country_progress_report_en.pdf (accessed on 3 September 2012)
- 494 Settle, E., S. Khan, et al. (2010). Developing a successful GFATM regional proposal to strengthen community responses to HIV among MSM and transgender persons in South Asia. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 495 U.S. Department of State Bureau of Democracy, H. R., and Labor, (2008). 2008 Human Rights Report: Bangladesh. Washington. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Bangladesh.pdf> (accessed on 26 October 2012)
- 496 Azim T et al. World Bank/UNAIDS. Twenty years of HIV in Bangladesh: experiences and way forward. Dhaka, Bangladesh, World Bank/UNAIDS, 2009. Available from http://www.hnpinfobangladesh.com/docs/di_220_Consolidated%20Report%20Nov%2030%20final.pdf
- 497 WHO and Ministry of Health, Maldives. *Estimated size of high-risk populations, South-East Asia Region*. In: *HIV/AIDS in the South-East Asia Region*. New Delhi, WHO SEARO, 2009:134. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 498 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, Page 79. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 499 Maldives, Ministry of Health and Family. *First biological and behavioural survey (BSS) on HIV/AIDS in Maldives – 2008*. Fact Sheet. Malé, Ministry of Health, UNDP, WHO, UNICEF, UNAIDS, 2008. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012).
- 500 *Ibid.*
- 501 *Ibid.*
- 502 *Ibid.*
- 503 *Ibid.*
- 504 *Ibid.*
- 505 *Ibid.*
- 506 *Ibid.*
- 507 *Ibid.*
- 508 *Ibid.*
- 509 *Ibid.*
- 510 Franklin BAK. "Konme Kamevves Vedhaane" Anything is possible: a comprehensive audience analysis for HIV risk in the Maldives with recommendations for communication. Malé, The Global Fund Supported Programme in the Maldives, August 2009. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 511 United Nations Development Programme. *Biological and behavioral survey on HIV/AIDS – 2008*. Republic of Maldives, The Global Fund Supported Programme, November 2008. Available from http://www.aidsdatahub.org/dmdocuments/BBS_Maldives_2008_final.pdf
- 512 *Ibid.*
- 513 *Ibid.*
- 514 *Ibid.*
- 515 Maldives, Ministry of Health – Malé. *National Strategic Plan on HIV/AIDS, Republic of Maldives, 2007-2011*. Malé, Ministry of Health, 2007. Available from http://www.ilo.org/wcmsp5/groups/public/—ed_protect/—protrav/—ilo_aids/documents/legaldocument/wcms_174948.pdf
- 516 Jenkins C; for the UN Theme Group on HIV/AIDS. *A situational assessment of HIV/AIDS in the Maldives for the year 2000*. Malé, UNDP, 2000. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 517 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, Page 85. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)

- 518 WHO and Ministry of Health, Maldives. *Estimated size of high-risk populations, South-East Asia Region*. In: *HIV/AIDS in the South-East Asia Region*. New Delhi, WHO SEARO, 2009:134. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 519 Ministry of Health and Family. *First biological and behavioural survey (BSS) on HIV/AIDS in Maldives – 2008*. Fact Sheet. Malé, Ministry of Health, UNDP, WHO, UNICEF, UNAIDS, 2008. Available from http://www.aidsdatahub.org/dmdocuments/BBS_Maldives_2008_final.pdf.
- 520 *Ibid.*
- 521 *Ibid.*
- 522 *Ibid.*
- 523 *Ibid.*
- 524 Ministry of Health – Malé. *National Strategic Plan on HIV/AIDS, Republic of Maldives, 2007–2011*. Malé, Ministry of Health, 2007. Available from http://www.ilo.org/wcmsp5/groups/public/—ed_protect/—protrav/—ilo_aids/documents/legaldocument/wcms_174948.pdf
- 525 Jenkins C; for the UN Theme Group on HIV/AIDS. *A situational assessment of HIV/AIDS in the Maldives for the year 2000*. Malé, UNDP, 2000. Available from <http://www.hivpolicy.org/Library/HPP000182.pdf>
- 526 Nepal, National Centre for AIDS and STD Control (2011). *Mapping & Size Estimation of Most-at-risk-population in Nepal - 2011: MSWs, transgender persons and their clients (MTC)*. Kathmandu, National Centre for AIDS and STD Control. Available from http://www.unodc.org/documents/southasia//reports/MTC_final_report.pdf
- 527 Nepal, National Centre for AIDS and STD Control (2010). *National Estimates of HIV infections Nepal 2009*. Kathmandu, NCASC. http://www.ncasc.gov.np/uploaded/publication/Reports/HIV_Estimation_17_Dec_2010.pdf
- 528 Blue Diamond Society (BDS). Annual report, 2008. Kathmandu, Nepal, Blue Diamond Society, 2008. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012).
- 529 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, Page 103. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 530 Nepal, National Center for AIDS and STD Control (2012), Ministry of Health and Population of Nepal, *Country Progress Report: Nepal. Global AIDS Progress Report*. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_NP_Narrative_Report.pdf
- 531 *Ibid.*
- 532 *Ibid.*
- 533 Family Health International. *Integrated bio-behavioural survey among men who have sex with men in Kathmandu Valley: Round 2*. Kathmandu, FHI, 2007 Available from http://ncasc.gov.np/ncasc/Reports/Integrated%20Bio-Behavioral%20Surveys-%20Nepal/MSM/2007/Full%20Report_IBBS%20MSM%202007%20Final.pdf
- 534 Family Health International. *Integrated bio-behavioural survey among men who have sex with men in Kathmandu Valley: Round 1*. Kathmandu, FHI, 2004. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 535 Family Health International. *Integrated bio-behavioural survey among men who have sex with men in Kathmandu Valley: Round 3*. Kathmandu, FHI, 2009. Available from http://www.aidsdatahub.org/dmdocuments/Summary_Report_MS_M_Kathmandu_2009.pdf
- 536 Nepal, National Center for AIDS and STD Control (2012), Ministry of Health and Population of Nepal, *Country Progress Report: Nepal. Global AIDS Progress Report*. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_NP_Narrative_Report.pdf
- 537 Nepal, National Center for AIDS and STD Control (2008), Reporting period: January 2006–December 2007, *UNGASS Country Progress Report: Nepal*, Kathmandu. Available from http://data.unaids.org/pub/Report/2008/nepal_2008_country_progress_report_en.pdf
- 538 Nepal, National Centre for AIDS and STD Control (2010). *National Estimates of HIV infections Nepal 2009*. Kathmandu, NCASC. http://www.ncasc.gov.np/uploaded/publication/Reports/HIV_Estimation_17_Dec_2010.pdf
- 539 Nepal, National Center for AIDS and STD Control (2009). *Integrated Biological and Behavioral Survey (IBBS) Among Men who have Sex with Men Population in Kathmandu Valley: Round 3*. Kathmandu, National Center for AIDS and STD Control. Available from http://www.aidsdatahub.org/dmdocuments/Summary_Report_MS_M_Kathmandu_2009.pdf
- 540 Family Health International. *Integrated bio-behavioural survey among men who have sex with men in Kathmandu Valley: Round 2*. Kathmandu, FHI, 2007. Available from http://aidsdatahub.org/dmdocuments/Ful_Report_IBBS_MS_M_2007_Final.pdf
- 541 *Ibid.*
- 542 *Ibid.*
- 543 Family Health International. *Integrated bio-behavioural survey among men who have sex with men in Kathmandu Valley: Round 1*. Kathmandu, FHI, 2004. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 544 Family Health International. *Integrated bio-behavioural survey among men who have sex with men in Kathmandu Valley: Round 3*. Kathmandu, FHI, 2009. Available from http://www.aidsdatahub.org/dmdocuments/Summary_Report_MS_M_Kathmandu_2009.pdf
- 545 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, Page 103. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 546 *Ibid.*
- 547 Deuba, K., D. K. Karki, et al. (2012). "Risk of HIV Infection Among Men Having Sex With Men in Kathmandu Valley, Nepal." *Asia Pac J Public Health*. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 548 Nepal, National Center for AIDS and STD Control (2009). *Integrated Biological and Behavioral Survey (IBBS) Among Men who have Sex with Men Population in Kathmandu Valley: Round 3*. Kathmandu, National Center for AIDS and STD Control. Available from http://www.aidsdatahub.org/dmdocuments/Summary_Report_MS_M_Kathmandu_2009.pdf
- 549 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, Page 106. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)

- 550 Nepal, National Center for AIDS and STD Control (2009). *Integrated Biological and Behavioral Survey (IBBS) Among Men who have Sex with Men Population in Kathmandu Valley: Round 3*. Kathmandu, National Center for AIDS and STD Control. Available from http://www.aidsdatahub.org/dmdocuments/Summary_Report_MSM_Kathmandu_2009.pdf
- 551 Furber AS et al. A systematic review of current knowledge of HIV epidemiology and of sexual behaviour in Nepal. *Tropical Medicine and International Health*, 2002, 7:140–148. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 552 Nepal B. Population mobility and spread of HIV across the Indo-Nepal border. *Journal of Health, Population and Nutrition*, 2007, 25:267–277. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 553 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*, Page 107. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 554 Nepal, National Center for AIDS and STD Control (2009). *Integrated Biological and Behavioral Survey (IBBS) Among Men who have Sex with Men Population in Kathmandu Valley: Round 3*. Kathmandu, National Center for AIDS and STD Control Available from http://www.aidsdatahub.org/dmdocuments/Summary_Report_MSM_Kathmandu_2009.pdf
- 555 Nepal, National Center for AIDS and STD Control (2007). *Integrated Biological and Behavioral Survey (IBBS) Among Men who have Sex with Men Population in Kathmandu Valley: Round 2*. Kathmandu, National Center for AIDS and STD Control. Available from http://aidsdatahub.org/dmdocuments/Full_Report_IBBS_MSM_2007_Final.pdf
- 556 Nepal, National Center for AIDS and STD Control, *UNGASS Country Progress Report: Nepal, 2010*, Kathmandu. Available from http://data.unaids.org/pub/Report/2010/nepal_2010_country_progress_report_en.pdf
- 557 Nepal, National Center for AIDS and STD Control (2008), Reporting period: January 2006–December 2007, *UNGASS Country Progress Report: Nepal*, Kathmandu. Available from http://data.unaids.org/pub/Report/2008/nepal_2008_country_progress_report_en.pdf
- 558 National Center for AIDS and STD Control (2005). *UNGASS Country Progress Report: Nepal*. Kathmandu, National Center for AIDS and STD Control. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 559 Nepal, National Centre for AIDS and STD Control (NCASC), Ministry of Health and Population, *National HIV/AIDS Strategy (2006–2011)*, Nepal. Kathmandu, Ministry of Health and Population, 2007. Available from http://www.aidstar-one.com/sites/default/files/prevention/resources/national_strategic_plans/Nepal_06-11.pdf
- 560 *Ibid.*
- 561 Godwin, J., E. Settle, et al. (2010). Laws affecting HIV responses among MSM and transgender people in Asia and the Pacific: a consultative study. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 562 Nepal Delegation to Risks & Responsibilities (2006). *Risks & Responsibilities Nepal Country Report*. Risks & Responsibilities Consultation. New Delhi. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 563 Godwin, J., E. Settle, et al. (2010). Laws affecting HIV responses among MSM and transgender people in Asia and the Pacific: a consultative study. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 564 Cáceres, C. F., C. Heredia, et al. (2008). Review of legal frameworks and the situation of human rights related to sexual diversity in low and middle income countries. Geneva, UNAIDS. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 565 Nepal, National Center for AIDS and STD Control (2008), Reporting period: January 2006–December 2007, *UNGASS Country Progress Report: Nepal*, Kathmandu. Available from http://data.unaids.org/pub/Report/2008/nepal_2008_country_progress_report_en.pdf
- 566 *Ibid.*
- 567 *Ibid.*
- 568 *Ibid.*
- 569 TREAT Asia (2009). Ensuring Universal Access to comprehensive HIV services for MSM in Asia and the Pacific. Bangkok, The Foundation for AIDS Research (amfAR). Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 570 Nepal, National Center for AIDS and STD Control (2012), Ministry of Health and Population of Nepal, *Country Progress Report: Nepal. Global AIDS Progress Report*. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_NP_Narrative_Report.pdf
- 571 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 572 APN+ (2007). *MSM & Positive MSM Country Services: Asia and the Pacific (Excel Spreadsheet)*. Bangkok, APN+. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 573 Nepal, National Center for AIDS and STD Control (2012), Ministry of Health and Population of Nepal, *Country Progress Report: Nepal. Global AIDS Progress Report*. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_NP_Narrative_Report.pdf
- 574 APN+ (2007). *MSM & Positive MSM Country Services: Asia and the Pacific (Excel Spreadsheet)*. Bangkok, APN+. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 575 Blue Diamond Society (BDS). (2012). “HIV/MSM.” Accessed from <http://www.bds.org.np/hiv.html>
- 576 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012).
- 577 Asia Pacific Coalition on Male Sexual Health, *Report on mapping of MSM groups, organisations, and networks in South Asia, 2008*. Available from <http://www.asylumlaw.org/docs/sexualminorities/APCOM%20Report%203%20MSM%20Mapping%20South%20Asia.pdf> (accessed 3 September 2012).
- 578 Blue Diamond Society (BDS). (2012). “HIV/MSM.” Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)

- 579 Regmi, P. (2012). Personal Communication. Recipient: D. Soares. Kathmandu, USAID Nepal. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 580 Asia Pacific Coalition on Male Sexual Health, Report on mapping of MSM groups, organisations, and networks in South Asia, 2008. Available from <http://www.asylumlaw.org/docs/sexualminorities/APCOM%20Report%203%20MSM%20Mapping%20South%20Asia.pdf> (accessed 3 September 2012)
- 581 Acharya, S. L. (2008). Capacity building and life enhancement programme among sexual minorities: fast and effective method to de stigmatize and social re integration in Nepal. AIDS 2008 - XVII International AIDS Conference. Mexico City, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 582 Settle, E., S. Khan, et al. (2010). Developing a successful GFATM regional proposal to strengthen community responses to HIV among MSM and transgender persons in South Asia. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 583 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 584 Ionita, G. (2012). Personal Communication. Recipient: D. Soares. Kathmandu, UNDP Nepal. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 585 Badal, K. (2012). Unpublished Draft Financial Data. Kathmandu, UNAIDS Nepal. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 586 Nepal, National Center for AIDS and STD Control (2008), Reporting period: January 2006–December 2007, *UNGASS Country Progress Report: Nepal*, Kathmandu. Available from http://data.unaids.org/pub/Report/2008/nepal_2008_country_progress_report_en.pdf
- 587 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*. Page 110. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 588 Nepal, National Centre for AIDS and STD Control (2011). *Mapping & Size Estimation of Most-at-risk-population in Nepal - 2011: MSWs, transgender persons and their clients (MTC)*. Kathmandu, National Centre for AIDS and STD Control. Available from http://www.unodc.org/documents/southasia/reports/MTC_final_report.pdf
- 589 Nepal, National Center for AIDS and STD Control (2012), Ministry of Health and Population of Nepal, *Country Progress Report: Nepal. Global AIDS Progress Report*. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_NP_Narrative_Report.pdf
- 590 Family Health International. Integrated bio-behavioural survey among men who have sex with men in Kathmandu Valley: Round 2. Kathmandu, FHI, 2007; and Family Health International. Integrated bio-behavioural survey among men who have sex with men in Kathmandu Valley: Round 1. Kathmandu, FHI, 2004; and Family Health International. Integrated bio-behavioural survey among men who have sex with men in Kathmandu Valley: Round 3. Kathmandu, FHI, 2009. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 591 Nepal, National Center for AIDS and STD Control (2012). Country Progress Report: Nepal. Global AIDS Progress; and National Center for AIDS and STD Control (2008). UNGASS Country Progress Report: Nepal. Kathmandu, National Center for AIDS and STD Control; and National Centre for AIDS and STD Control (2011). National Estimates of HIV infections Nepal 2009. Kathmandu, NCASC. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 592 Nepal, National Center for AIDS and STD Control (2009). *Integrated Biological and Behavioral Survey (IBBS) Among Men who have Sex with Men Population in Kathmandu Valley: Round 3*. Kathmandu, National Center for AIDS and STD Control. Available from http://www.aidsdatahub.org/dmdocuments/Summary_Report_MSM_Kathmandu_2009.pdf
- 593 World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*. Page 103. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- 594 Deuba, K., D. K. Karki, et al. (2012). "Risk of HIV Infection Among Men Having Sex With Men in Kathmandu Valley, Nepal." *Asia Pac J Public Health*. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 595 Nepal, National Center for AIDS and STD Control (2009). *Integrated Biological and Behavioral Survey (IBBS) Among Men who have Sex with Men Population in Kathmandu Valley: Round 3*. Kathmandu, National Center for AIDS and STD Control. Available from http://www.aidsdatahub.org/dmdocuments/Summary_Report_MSM_Kathmandu_2009.pdf
- 596 National Center for AIDS and STD Control (2009). Integrated Biological and Behavioral Survey (IBBS) Among Men who have Sex with Men Population in Kathmandu Valley: Round 3. Kathmandu, National Center for AIDS and STD Control and National Center for AIDS and STD Control (2007). Integrated Biological and Behavioral Survey (IBBS) Among Men who have Sex with Men Population in Kathmandu Valley: Round 2. Kathmandu, National Center for AIDS and STD Control. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 597 National Center for AIDS and STD Control (2010). UNGASS Country Progress Report: Nepal. Kathmandu, National Center for AIDS and STD Control; and National Center for AIDS and STD Control (2008). UNGASS Country Progress Report: Nepal. Kathmandu, National Center for AIDS and STD Control; and National Center for AIDS and STD Control (2005). UNGASS Country Progress Report: Nepal. Kathmandu, National Center for AIDS and STD Control. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- 598 Ministry of Health and Population, National Centre for AIDS and STD Control (NCASC). National HIV/AIDS Strategy (2006–2011), Nepal. Kathmandu, Ministry of Health and Population, 2007. Nepal, National Centre for AIDS and STD Control (NCASC), Ministry of Health and Population, *National HIV/AIDS Strategy (2006–2011), Nepal*. Kathmandu, Ministry of Health and Population, 2007. Available from http://www.aidstar-one.com/sites/default/files/prevention/resources/national_strategic_plans/Nepal_06-11.pdf
- 599 Nepal, National Center for AIDS and STD Control (2012), Ministry of Health and Population of Nepal, *Country Progress Report: Nepal. Global AIDS Progress Report*. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_NP_Narrative_Report.pdf

www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2012countries/ce_NP_Narrative_Report.pdf.

- ⁶⁰⁰ Blue Diamond Society (BDS). (2012). "HIV/MSM." Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- ⁶⁰¹ Godwin, J., E. Settle, et al. (2010). Laws affecting HIV responses among MSM and transgender people in Asia and the Pacific: a consultative study. XVIII International AIDS Conference. Vienna, International AIDS Society; and Nepal Delegation to Risks & Responsibilities (2006). Risks & Responsibilities Nepal Country Report. Risks & Responsibilities Consultation. New Delhi. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Nepal.pdf> (accessed on 26 October 2012)
- ⁶⁰² Foot Note No- 604: Ministry of Health and Population. UNGASS country progress report: Nepal 2008. Kathmandu, Nepal, Ministry of Health and Population, 2008. Nepal, National Center for AIDS and STD Control (2008), Reporting period: January 2006–December 2007, *UNGASS Country Progress Report: Nepal*, Kathmandu. Available from http://data.unaids.org/pub/Report/2008/nepal_2008_country_progress_report_en.pdf
- ⁶⁰³ World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*. Page 110. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁶⁰⁴ UNDP Asia-Pacific Regional Center and UNAIDS Regional Support Team (RST) for Asia and the Pacific (2012). Estimation Workshop Figures. MSM Size Estimation Workshop, South Asia Multi-Country Global Fund Grant, Colombo, Sri Lanka. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁰⁵ Sri Lanka, National STD/AIDS Control Programme (NSACP) (2010), Ministry of Health and Nutrition, *Mapping K Sri Lanka, National STD/AIDS Control Programme (NSACP)* (2012). Reporting period: January 2010–December 2011, *Global AIDS Progress Report: Sri Lanka*. Colombo. Available from http://www.aidsdatahub.org/dmdocuments/UNGASS_2012_SriLanka_Narrative_Report.pdf
- ⁶⁰⁶ National STD/AIDS Control Programme (NSACP) (2012). Global AIDS Progress Report: Sri Lanka. Colombo, NSACP.
- ⁶⁰⁷ Sri Lanka, National STD/AIDS Control Programme (NSACP). (2012). *Summary of Cumulative Reported HIV/AIDS Data from National STD/AIDS Control Programme as of end 2011*. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁰⁸ Sri Lanka, National STD/AIDS Control Programme (NSACP) (2010). Reporting period: January 2008–December 2009, *UNGASS Country Report: Sri Lanka*. Available from http://www.unaids.org/en/dataanalysis/knowyourresponse/countryprogressreports/2010countries/srilanka_2010_country_progress_report_en.pdf
- ⁶⁰⁹ Sri Lanka, National STD/AIDS Control Programme (NSACP) (2012). Reporting period: January 2010–December 2011, *Global AIDS Progress Report: Sri Lanka*. Colombo. Available from http://www.aidsdatahub.org/dmdocuments/UNGASS_2012_SriLanka_Narrative_Report.pdf
- ⁶¹⁰ Sri Lanka, National STD/AIDS Control Programme (NSACP). *UNGASS country progress report – Sri Lanka: January 2008–December 2009*. Colombo, NSACP, March 2010. Available from: http://data.unaids.org/pub/Report/2010/srilanka_2010_country_progress_report_en.pdf
- ⁶¹¹ World Health Organisation, Joint UN Programme on HIV/AIDS, et al. (2011). *Global HIV/AIDS Response - Epidemic Update and Health Sector Progress Towards Universal Access – Progress Report 2011*. Geneva. Available from http://whqlibdoc.who.int/publications/2011/9789241502986_eng.pdf
- ⁶¹² Rawstorne P, Worth H. Sri Lanka behavioural surveillance survey: first round survey results 2006–2007. Colombo, Ministry of Healthcare and Nutrition, 2007. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁶¹³ Naz Foundation International. Risk and responsibilities: Sri Lanka country report. Presentation made at a conference on Male Sexual Health and HIV in Asia and the Pacific-International Consultation. New Delhi, India, 23–26 September 2006. Available from <http://www.nfi.net/downloads/RisksandResponsibilities/Country%20Reports/Sri%20Lanka.pdf> (accessed 30 December 2009).
- ⁶¹⁴ Rawstorne P, Worth H. Sri Lanka behavioural surveillance survey: first round survey results 2006–2007. Colombo, Ministry of Healthcare and Nutrition, 2007. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁶¹⁵ Sri Lanka, National STD/AIDS Control Programme (NSACP) (2005). Reporting Period : January 2003– December 2005, *UNGASS Country Report: Sri Lanka*. Colombo. Available from http://data.unaids.org/pub/Report/2006/2006_country_progress_report_sri_lanka_en.pdf
- ⁶¹⁶ Ariyaratne, K. A. M. and M. Tyne (2007). Knowledge, Attitude and Practice in the gay community, gay identified men, and Men who have Sex with men in Sri Lanka: Companions on a Journey. Colombo, National STD/AIDS Control Programme & National Centre in HIV Social Research. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶¹⁷ *Ibid.*
- ⁶¹⁸ Rawstorne, P. and H. Worth (2007). *Sri Lanka Behavioural Surveillance Survey: First Round Survey Results 2006-07*. Colombo, Ministry of Health and Nutrition. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶¹⁹ Sri Lanka, National STD/AIDS Control Programme (NSACP). (2011). *Summary of Cumulative Reported HIV/AIDS Data from National STD/AIDS Control Programme as of end 2010*. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶²⁰ Sri Lanka, National STD/AIDS Control Programme (NSACP). (2012). *Summary of Cumulative Reported HIV/AIDS Data from National STD/AIDS Control Programme as of end 2011*. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶²¹ Rawstorne, P. and H. Worth (2007). Sri Lanka Behavioural Surveillance Survey: First Round Survey Results 2006-07. Colombo, Ministry of Health and Nutrition. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶²² Ariyaratne, K. A. M. and M. Tyne (2007). Knowledge, Attitude and Practice in the gay community, gay identified men, and Men who have Sex with men in Sri Lanka: Companions on a Journey. Colombo, National STD/AIDS Control Programme & National Centre in HIV Social Research. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶²³ Sri Lanka, National STD/AIDS Control Programme (NSACP) (2012). Reporting period: January 2010–December 2011, *Global AIDS Progress Report: Sri Lanka*. Colombo. Available from http://www.aidsdatahub.org/dmdocuments/UNGASS_2012_SriLanka_Narrative_Report.pdf

- ⁶²⁴ Sri Lanka, National STD/AIDS Control Programme (NSACP). *UNGASS country progress report – Sri Lanka: January 2008–December 2009*. Colombo, NSACP, March 2010. Available from: http://data.unaids.org/pub/Report/2010/srilanka_2010_country_progress_report_en.pdf
- ⁶²⁵ Naz Foundation International (NFI) (2009). First Sri Lanka National Consultation Meeting on MSM, HIV and Sexual Health. Lucknow, Companions on a Journey and NFI. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶²⁶ International Centre for Ethnic Studies (2009). A Survey of HIV/AIDS Awareness and Risky Sexual Behavior in a Vulnerable Population in Sri Lanka. Colombo. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶²⁷ Rawstone P, Worth H. Sri Lanka behavioural surveillance survey: first round survey results 2006–2007. Colombo, Ministry of Healthcare and Nutrition, 2007. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁶²⁸ Companions on a Journey. In: Ariyaratne KAM, Tyne M (eds). Knowledge, attitude and practice in the gay community, gay identified men, and men who have sex with men in Sri Lanka, Colombo. Colombo, Companions on a Journey, 2007. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁶²⁹ Rawstone P, Worth H. Sri Lanka behavioural surveillance survey: first round survey results 2006–2007. Colombo, Ministry of Healthcare and Nutrition, 2007. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁶³⁰ Sri Lanka, National STD/AIDS Control Programme (NSACP) (2008), Reporting Period: January 2006- December 2007, *UNGASS Country Report: Sri Lanka*. Colombo. Available from http://data.unaids.org/pub/Report/2008/sri_lanka_2008_country_progress_report_en.pdf
- ⁶³¹ *Ibid.*
- ⁶³² WHO/Ministry of Healthcare and Nutrition/UNAIDS. Review of the national response to STIs and HIV/AIDS in Sri Lanka. New Delhi, WHO SEARO, 2006. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶³³ Sri Lanka, National STD/AIDS Control Programme (NSACP) (2012). Reporting period: January 2010-December 2011, *Global AIDS Progress Report: Sri Lanka*. Colombo. Available from http://www.aidsdatahub.org/dmdocuments/UNGASS_2012_SriLanka_Narrative_Report.pdf
- ⁶³⁴ Rawstone, P. and H. Worth (2007). Sri Lanka Behavioural Surveillance Survey: First Round Survey Results 2006-07. Colombo, Ministry of Health and Nutrition. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁶³⁵ Sri Lanka, National STD/AIDS Control Programme (NSACP) (2012). Reporting period: January 2010-December 2011, *Global AIDS Progress Report: Sri Lanka*. Colombo. Available from http://www.aidsdatahub.org/dmdocuments/UNGASS_2012_SriLanka_Narrative_Report.pdf
- ⁶³⁶ Rawstone, P. and H. Worth (2007). Sri Lanka Behavioural Surveillance Survey: First Round Survey Results 2006-07. Colombo, Ministry of Health and Nutrition. Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁶³⁷ World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*. Page 122. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁶³⁸ Sri Lanka, National STD/AIDS Control Programme (NSACP) (2010). Mapping Key Populations for HIV Prevention in Sri Lanka. Colombo, Ministry of Health and Nutrition.
- ⁶³⁹ National STD/AIDS Control Programme (NSACP) (2011). Technical support to design, implement and monitor HIV prevention programmes among Female Sex Workers, Men who have Sex with Men and Transgenders in Sri Lanka. Colombo, NSACP.
- ⁶⁴⁰ Alliance Lanka (2011). Universal Access Country Report: Sri Lanka. Achieving Universal Access: Supporting Community Sector Involvement and Advocacy. Colombo, Alliance Lanka and Asia Pacific Council of AIDS Service Organisations.
- ⁶⁴¹ Bridger, D., D. Ranatunga, et al. (2012). Personal Communication. Recipient: D. Solares. Colombo, UNAIDS Sri Lanka and the Maldives and Australian Federation of AIDS Organisations. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁴² Alliance Lanka (2011). Universal Access Country Report: Sri Lanka. Achieving Universal Access: Supporting Community Sector Involvement and Advocacy. Colombo, Alliance Lanka and Asia Pacific Council of AIDS Service Organisations.
- ⁶⁴³ Naz Foundation International (NFI) (2009). First Sri Lanka National Consultation Meeting on MSM, HIV and Sexual Health. Lucknow, Companions on a Journey and NFI. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁴⁴ Sri Lanka Delegation to Risks & Responsibilities (2006). Risks & Responsibilities Sri Lanka Country Report. Risks & Responsibilities Consultation New Delhi. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁴⁵ Settle, E., S. Khan, et al. (2010). Developing a successful GFATM regional proposal to strengthen community responses to HIV among MSM and transgender persons in South Asia. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁴⁶ Asia Pacific Coalition on Male Sexual Health, Report on mapping of MSM groups, organisations, and networks in South Asia, 2008. Available from <http://www.asylumlaw.org/docs/sexualminorities/APCOM%20Report%203%20MSM%20Mapping%20South%20Asia.pdf> (accessed 3 September 2012)
- ⁶⁴⁷ The South Asian LGBT Network (SALGBT). (2011). “Companions on a Journey.” Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁴⁸ Godwin, J., E. Settle, et al. (2010). Laws affecting HIV responses among MSM and transgender people in Asia and the Pacific: a consultative study. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁴⁹ HIV & AIDS Data Hub for Asia-Pacific (2009). Law, Policy & HIV in Asia and the Pacific: Implications on the vulnerability of men who have sex with men, female sex workers and injecting drug users. Bangkok, HIV & AIDS Data Hub for Asia-Pacific.
- ⁶⁵⁰ Sri Lanka Delegation to Risks & Responsibilities (2006). Risks & Responsibilities Sri Lanka Country Report. Risks & Responsibilities Consultation New Delhi. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)

- ⁶⁵¹ Godwin, J., E. Settle, et al. (2010). Laws affecting HIV responses among MSM and transgender people in Asia and the Pacific: a consultative study. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁵² World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*. Page 122. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁶⁵³ UNDP Asia-Pacific Regional Center and UNAIDS Regional Support Team (RST) for Asia and the Pacific (2012). Estimation Workshop Figures. MSM Size Estimation Workshop, South Asia Multi-Country Global Fund Grant, Colombo, Sri Lanka.
- ⁶⁵⁴ World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*. Page 122. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012)
- ⁶⁵⁵ National STD/AIDS Control Programme (NSACP) (2010). UNGASS Country Report: Sri Lanka. Colombo, NSACP.
- ⁶⁵⁶ Sri Lanka, National STD/AIDS Control Programme (NSACP). *UNGASS country progress report – Sri Lanka: January 2008–December 2009*. Colombo, NSACP, March 2010. Available from: http://data.unaids.org/pub/Report/2010/srilanka_2010_country_progress_report_en.pdf
- ⁶⁵⁷ World Health Organisation, Joint UN Programme on HIV/AIDS, et al. (2011). *Global HIV/AIDS Response - Epidemic Update and Health Sector Progress Towards Universal Access – Progress Report 2011*. Geneva. Available from http://whqlibdoc.who.int/publications/2011/9789241502986_eng.pdf
- ⁶⁵⁸ Sri Lanka, National STD/AIDS Control Programme (NSACP). (2011). “Summary of Cumulative Reported HIV/AIDS Data from National STD/AIDS Control Programme as of end 2010.” and Sri Lanka, National STD/AIDS Control Programme (NSACP). (2012). “Summary of Cumulative Reported HIV/AIDS Data from National STD/AIDS Control Programme as of end 2011.” Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁵⁹ Sri Lanka, National STD/AIDS Control Programme (NSACP) (2012). Reporting period: January 2010-December 2011, *Global AIDS Progress Report: Sri Lanka*. Colombo. Available from http://www.aidsdatahub.org/dmdocuments/UNGASS_2012_SriLanka_Narrative_Report.pdf
- ⁶⁶⁰ Sri Lanka, National STD/AIDS Control Programme (NSACP) (2012). Reporting period: January 2010-December 2011, *Global AIDS Progress Report: Sri Lanka*. Colombo. Available from http://www.aidsdatahub.org/dmdocuments/UNGASS_2012_SriLanka_Narrative_Report.pdf
- ⁶⁶¹ Bridger, D., D. Ranatunga, et al. (2012). Personal Communication. Recipient: D. Solares. Colombo, UNAIDS Sri Lanka and the Maldives and Australian Federation of AIDS Organisations. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁶² Alliance Lanka (2011). *Universal Access Country Report: Sri Lanka. Achieving Universal Access: Supporting Community Sector Involvement and Advocacy*. Colombo, Alliance Lanka and Asia Pacific Council of AIDS Service Organisations.
- ⁶⁶³ Rawstorne, P. and H. Worth (2007). Sri Lanka Behavioural Surveillance Survey: First Round Survey Results 2006-07. Colombo, Ministry of Health and Nutrition; and National STD/AIDS Control Programme (NSACP) (2012). *Global AIDS Progress Report: Sri Lanka*. Colombo, NSACP.
- ⁶⁶⁴ *Ibid.*
- ⁶⁶⁵ Sri Lanka Delegation to Risks & Responsibilities (2006). *Risks & Responsibilities Sri Lanka Country Report. Risks & Responsibilities Consultation New Delhi*. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁶⁶ HIV & AIDS Data Hub for Asia-Pacific (2009). *Law, Policy & HIV in Asia and the Pacific: Implications on the vulnerability of men who have sex with men, female sex workers and injecting drug users*. Bangkok, HIV & AIDS Data Hub for Asia-Pacific. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁶⁷ Godwin, J., E. Settle, et al. (2010). Laws affecting HIV responses among MSM and transgender people in Asia and the Pacific: a consultative study. XVIII International AIDS Conference. Vienna, International AIDS Society. Available from <http://www.snap-undp.org/elibrary/Publications/HIV-2012-MSM-Snapshots-Srilanka.pdf> (accessed on 26 October 2012)
- ⁶⁶⁸ World Health Organisation, *HIV/AIDS among men who have sex with men and transgender populations in South-East Asia: The Current Situation and National Responses*. Page 122. (Regional Office for South-East Asia, India 2010) Available from <http://www.searo.who.int/entity/hiv/documents/9789290223818/en/index.html> (accessed 3 September 2012).

Centre for Advocacy and Research

H-2B, First Floor, Kalkaji,
New Delhi-110019, India
Tel.: +91-11-26418846-47
Email: cfardelhi@gmail.com
Website: www.cfar.net.in

United Nations Development Programme

UNDP Asia-Pacific Regional Centre
United Nations Service Building, 3rd Floor
Rajdamnern Nok Avenue, Bangkok 10200, Thailand
Email: aprc.th@undp.org
Tel: +66 (0)2 304-9100 • Fax: +66 (0)2 280-2700
Web: <http://asia-pacific.undp.org/>