



Independent observer
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RECOGNITION OF INDIA'S THIRD GENDER COULD BOOST GLOBAL FUND-SUPPORTED PROGRAMS FOR SEXUAL MINORITIES

India's Supreme Court in April ruled that transgender people were a third sex and requiring of basic amenities including separate wards in public facilities such as hospitals. This recognition could help improve effectiveness of Global Fund-supported programming and help reduce the stigma that has prevented transgender Indians from seeking health services.

James Robertson, executive director of [India HIV/AIDS Alliance](#), told Aidspan that the decision was "certainly a boon for the HIV-related work that needs to be done for transgender communities".

India is home to an estimated 62,000 transgender people, according to a population estimate by the national Department of AIDS Control. Robertson, however, said that figure was "almost certainly a conservative estimate".

Working in 17 of India's 28 states, Pehchan is a project supported by the Global Fund that looks to help improve the lives of men who have sex with men and transgender people. With a five-year budget of some \$22.5 million people on a grant running through 2015, Pehchan, which means identity, holds workshops, trainings and sensitization campaigns with 200 grassroots groups.

Pehchan has also developed a Crisis Response Team curriculum that it has shared with a number of other countries including Uganda, which itself is grappling with draconian laws criminalizing homosexuality.

The CRT model, in addition to holding workshops and sensitizing communities, also teaches grassroots activists how to collect demographic data to develop better profiles and estimates about the size of the

MSM and transgender community, as well as how to document and report cases of violence and harassment.

“Pehchan is an unusual example of the grant working with these groups that has been developed through the national CCM process and in close collaboration with the government of India,” Robertson said.

Stigma and a lack of education are two contributing factors to the rising prevalence of HIV among the transgender population in India. National prevalence based on 2011 statistics collected under an HIV Sentinel Surveillance study was estimated at 0.3%; among the transgender population, prevalence is 8.8%, according to [UNAIDS](#).

While the Supreme Court ruling represents progress for India’s sexual minorities, some of its intended positive action may be hampered by an earlier ruling by the court. In December 2013, the Supreme Court reversed a High Court ruling from 2009 that decriminalized homosexual behavior. This law has had a chilling effect on India’s gay community and is wider-reaching than the transgender law, with deeper implications for outreach, awareness and work to reduce stigma against the population.

“From the moment of this ruling last December, we saw an increased level of harassment and violence against members of the LGBT community in India,” Robertson said. “Pehchan outreach workers have been harassed by police, and there are reports of illegal detention of community members and even sexual assault. It has become noticeably more difficult to register MSM in our program as a consequence of the judgment.”

Still, the ruling represents a watershed in the long-running effort to improve the recognition of India’s transgender population, which includes the Kothi community in southern Tamil Nadu state. Robertson pointed to a 2009 decision by the Election Commission that allowed transgender people to mark as ‘other’ their sex on ballot papers, and the national strategic plan (NSP) for HIV 2012-2017 includes an historic targeted intervention for the transgender community.

“Earlier HIV prevention efforts included transgenders as a sub-group of MSM and did not respond adequately to the distinct needs of transgenders and failed to understand the challenges and contexts that contribute to HIV risk for these populations,” Robertson said.

Although HIV prevention for MSM and transgender populations are envisioned under the NSP, activities like community mobilization and community systems strengthening need to be prioritized by the government. Part of the country dialogue for India as it prepares its concept note under the Fund’s new funding model should address these cross-cutting issues, Robertson said.

India has been allocated \$562.3 million for HIV for the period 2014-2016, according to an announcement made in March.

Robertson said that India’s HIV allocation is likely to be completely devoted to supporting activities under the NSP, although the fate of Pehchan beyond its envisioned end date of September 2015 is uncertain.

“We have proposed the extension of Pehchan reflecting the priorities of the new national strategic plan, and our proposal is currently being reviewed by various government bodies,” Robertson said.

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