



# NATIONAL CONSULTATION ON LEGAL PROTECTION FOR PEOPLE INFECTED AND AFFECTED BY **HIV/AIDS**

21st December, 2015  
New Delhi



राष्ट्रीय विधिक सेवा प्राधिकरण  
National Legal Services Authority  
एक न्यायिक को रक्षक  
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## List of Abbreviations

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<b>AEP</b>	Adolescence Education Programme
<b>AIDS</b>	Acquired Immunodeficiency Syndrome
<b>ART</b>	Antiretroviral Therapy
<b>CBOs</b>	Community Based Organisations
<b>DLSA</b>	District Legal Services Authority
<b>FSW</b>	Female Sex Worker
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICTC</b>	Integrated Counselling & Testing Centre
<b>IDU</b>	Injecting Drug User
<b>IEC</b>	Information, Education & Communication
<b>KHPT</b>	Karnataka Health Promotion Trust
<b>LSA</b>	Legal Service Authority
<b>LSG</b>	Local Self Government
<b>LSP</b>	Legal Service Providers
<b>MARPs</b>	Most At-Risk Populations
<b>MoHFW</b>	Ministry of Health & Family Welfare
<b>MoLJ</b>	Ministry of Law & Justice
<b>MSM</b>	Men have Sex with Men
<b>NACO</b>	National AIDS Control Organisation
<b>NACP</b>	National AIDS Control Programme
<b>NALSA</b>	National Legal Services Authority
<b>PLHIV</b>	People Living with HIV and AIDS
<b>SACS</b>	State AIDS Control Societies
<b>SLSA</b>	State Legal Services Authority
<b>STI</b>	Sexually Transmitted Infection
<b>TI</b>	Targeted Intervention
<b>TG</b>	Transgender
<b>TLSA</b>	Taluk Level Service Authority



# National Consultation on Legal Protection for People infected & Affected by HIV/AIDS

## Background

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Human rights and HIV/AIDS are inextricably linked. The denial of human rights fuels the spread and exacerbates the impact of the disease, while at the same time HIV undermines progress in the realisation of human rights. This link is apparent in the disproportionate incidence and spread of the disease among Most at Risk Populations which invariably includes women and children, and particularly those living in poverty. The vulnerability as well as impact of HIV highlights the inequities and vulnerabilities leading to increased rates of infection among women, children, the poor and marginalized groups, and thereby contributed to a renewed focus on economic, social and cultural rights.

In view of the same, a National Consultation on legal protection for

people infected and affected by HIV/AIDS was jointly organized by the National AIDS Control Organisation (NACO), National Legal Services Authority (NALSA) and United Nations Development Programme (UNDP) on 21st December 2015 at the India Habitat Centre, New Delhi. The concept note and the agenda of the consultation is at annexure 1 and 2 respectively. The objectives of the consultation was to deliberate on mechanisms for enhancing access to legal support by PLHIV and key populations and strengthen the mechanism of legal aid being provided by National Legal Service Authority, State Legal Service Authority & District Legal Service Authority and Taluk Level Service Authority. The Consultation was as per scientific programme below:

Session	Theme
1	Inaugural Session; Overview of Global and Indian mandate on the issue
2	Legal Issues : Experiences and challenges from the Key communities
3	Technical Presentation; Overview of NACP and enabling environment
4	Experience Sharing by State Legal Service Authorities
5	Experience Sharing State AIDS Control Societies
6	Panel Discussion on ways forward

This National Consultation was attended by more than 100 participants which included Member Secretaries of State legal Service Authorities and Project Directors/ APDs and Assistant Directors, (GIPA) from State AIDS Control Societies, technical experts, and representative of people infected & affected by HIV. (List of participants is at Annexure 3.

Representatives from community of Female Sex Workers, Injectable Drug Users, Men who have sex with Men, Transgender and children infected with HIV shared their experiences and highlighted the legal issues faced by them. The consultation was useful in building common understanding and planning for road ahead.

Technical experts from UNDP, UNAIDS, ICRW, UNODC, KHPT and community representatives provided the oversight and suggestions for building linkages with HIV interventions and Networks of People Living with HIV. ( Profile of Resource persons is placed at F/C)

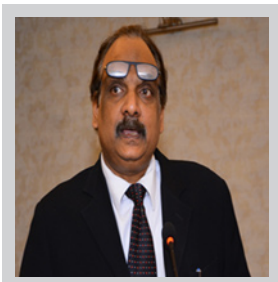


# Inauguration



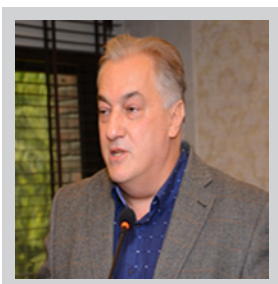
*Mr. N. S. Kang, Additional Secretary & DG, NACO, Mr. Alok Agarwal, Secretary NALSA, Dr. Naresh Goel, DDG, NACO; Mr. Oussama Tawil, Country Coordinator, UNAIDS, India; Ms. Alka Narang, Assistant Country Director, UNDP, India; Ms. Tripti Tandon, Executive Director, Lawyers Collective; and Lakshmi Narayan Tripathi, an activist and representative of the Hijra community,*

## First technical session



**Dr. Naresh Goel, DDG**  
NACO

Dr. Naresh Goel, Deputy Director General, NACO extended a warm welcome to all the participants and emphasised the importance of the consultation. Although, National AIDS Control Programme is globally acclaimed for its success in halting and reversing the epidemic, the programme still needs to address certain legal issue faced by PLHIV and key populations which need to be addressed. He expressed hope that this consultation would be useful in providing road map for systematising the provision of legal services to people living with HIV/AIDS and key populations vulnerable to HIV.



**Mr. Oussama Tawil, Country Coordinator**  
UNAIDS, India

Mr. Oussama Tawil, provided an overview of the global mandate regarding the importance of legal services in addressing HIV/AIDS. In 2011, through its *Political Declaration on HIV*, the United Nations General Assembly affirmed that its members should “create enabling legal, social and policy frameworks in each national context in order to eliminate stigma, discrimination and violence related to HIV provide legal protections for people affected by HIV and promote and protect all human rights and fundamental freedoms.”

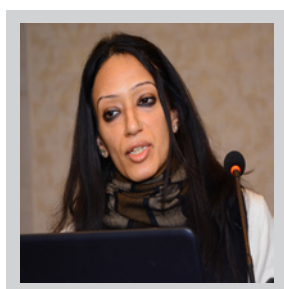
In line with same Joint United Nations Programme on HIV (UNAIDS) **Strategy 2016–2021** aims that “*Punitive laws, policies, practices, stigma and discrimination that*

*block effective responses to HIV are removed including overly broad criminalization of HIV transmission".* For this it is necessary that people living with, at risk of and affected by HIV know their rights and are able to access legal services and challenge violations of human rights. HIV related stigma and discrimination among service providers in health-care, workplace and educational settings needs to be addressed. Laws, policies and programmes to prevent and address violence against key populations issued and implemented. This consultation should be able to provide useful input for ensuring facilitative and enabling environment which has been the focus of the UN and the government in a wider context, for more than two decades now.

People living with HIV/AIDS face legal issues that prevent access to services. There is a socio-economic and legal dimension to the problem as well. Nevertheless, the problem has not taken on the magnitude it could have because in India, there is a strong commitment to the global goals by the government, especially in the areas of treatment and access to drugs. The other concern when it comes to HIV/AIDS is that India is such a vast nation and its issues can be addressed only if it is dealt with at the state, municipal and local levels. The involvement of key communities is essential and is presently ensured by the Government by involving community representatives in strategies for prevention and control of HIV/AIDS.

Ending AIDS does not only mean putting an end to the epidemic, but also bringing down the incidence of HIV/AIDS and improving quality of life of those affected. The focus is on prevention, which is not possible without two things. The first is the enactment of enabling legislative interventions, and the other is testing and its outreach to key populations. However, for these measures, the involvement of the community is critical in addition to social and legal protection. Although these are seen as qualitative aspects, they contribute to the effectiveness of the AIDS response in India.

In the context of socio-legal structures in the country it is a matter of concern that there is time gap between policy and implementation. Still, exceptional work has been done on this issue, with the focus on human rights in the law commission and the recognition of the transgender population and their rights. Let us hope, this consultation would consider the practical aspects and suggest long term measures and grievance redressal mechanisms.



**Ms. Tripti Tandon**  
Executive Director, Lawyers Collective

Setting the context of human rights with respect to AIDS Ms. Tripti observed that unlike other epidemics, the response that has been given to AIDS has always been very different. It has been found that the victims are isolated and kept away from the rest of the



community, but practically if only those affected and infected are respected, can their rights be protected and the disease be controlled. This is a lesson that has stayed with the National AIDS Control Programme. Consequently, wherever there is a strong community presence, a better health response is being seen, especially in the area of injecting drug users. Each time there is a problem with the violation of rights, at the hands of police or as a result of proposed laws and bills, the community knocks NACO's doors. This is even in cases where NACO has no role to play. This is because of the confidence reposed by the community in the officers heading the National AIDS Control Programme. As NALSA and SLSAs get involved in this arena, the response gets more informed and strengthened. She specifically discussed certain legal enactments effecting HIV/ AIDS Programme.

**Children infected and affected by HIV:** The Juvenile Justice Act includes the definition of child in need of care and protection. The children of persons suffering from incurable and terminal illness, not having anyone to support and look after them would also be included in this definition, so also are children suffering from dangerous diseases. The law aids these children by providing specialised institutions to take care of them. The Right to Education Act, being anti discriminatory also talks of a child as one belonging to a disadvantaged group of society. In light of this, it is interesting to see how the states of Manipur, Haryana and Karnataka are already fairing with respect to these provisions on education. The third law for children is the Prevention of Children from Sexual Offences (POCSO) Act. This Act includes 2 categories: penetrative sexual assault and sexual assault, where the definition includes a child that is affected with HIV as a result of penetrative sexual assault. This definition should be expanded to included cases where children are affected with HIV as a result of sexual assault in general as well.

The Narcotic Drugs and Psychotropic Substance (NDPS) Act consists of the harshest laws, which criminalise the use of drugs as well as its possession. However, these offences are made bailable as per the act. Even in such cases, neither the police nor drug users are aware that there are treatment measures as an alternative, by virtue of which the victims can avoid jail time and criminal prosecution. Despite their existence, these provisions have not been given their full use and are being given a narrow interpretation. It is also not clear whether only treatment under NACO would be permitted or some independent treatment measure would also be allowed by the Act. It is an important step for management of drug use with harm reduction recognised as a legal measure.

### Difference between addressing and redressing

A female homosexual client, whose partner had been forcefully married away was detained at her matrimonial home. The Delhi High Court passed an order under habeas corpus, but the question arose as to whether the sexual orientation of the client in the case should be revealed. It was decided that this information should be withheld. Subsequently, the High Court passed a wonderful judgment, but it has no mention of the very basis of the case i.e. the lady's sexual orientation. So this was a case where there was redressal, but the problem in the case was not addressed. Thus, any future work in this area should ensure not just redressal of the problem, but also addressing of the issues associated with HIV/AIDS.

The Immoral Traffic Prevention Act (ITPA) both helps and hurts the HIV programme in India. It needs to be ensured that the protective measures supersede those that harm. Adult consensual sex work should not be seen as prostitution. Just as the report of NALSA submitted to the Hon'ble Supreme Court in the case of Prajwala vs. Union of India makes a distinction between consensual and non-consensual sex work. However, an authoritative decision from the judiciary in this regard is still awaited. The police applies Section 3, 4,5,6,7 and 8 under the Act as blanket measures. This results in voluntary sex workers being detained in homes. As a result those infected with HIV can't get the necessary ARV medication.

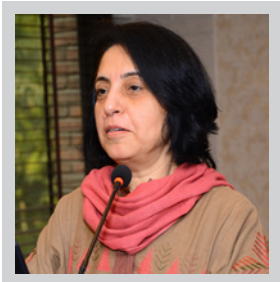
Under Criminal Law (Amendment) Act, 2013 trafficking has been finally separated from sex work with a separate definition provided for trafficking, but the language of provision still has scope for improvement as it is still not inclusive of clients in sex work i.e. men who buy sex. They are still kept out of the purview of the definition, which prevents intervention in their regard and this is a big concern for the AIDS programme.

As far as the MSM issue is concerned, unfortunately the Hon'ble Supreme Court has reinstated Section 377 of the IPC after the Kaushal verdict. However, the silver lining in the judgment is that the court emphasized the fact that all cases that come to court under 377 should be those of non-consensual sex and of such incidents with children and it should not involve consensual sex between adults. This reiterates the purpose of the Section to protect children from sexual assault and abuse.

For transgenders there is no law at present, but the NALSA judgment gives necessary directions to central and state governments and directs to take appropriate measures for persons infected by HIV/AIDS in the community. Thus it practically means that currently in India, it is legal for one to change their sex as per will, but not to have sex as they wish to.

#### **Sharing her observations, she gave her concluding remarks:**

- Nevertheless, in the absence of laws for HIV, courts have been quite proactive in addressing discrimination in workplaces and health care.
- Unlike situations at earlier times, people now approach courts against such practices. Also, earlier lawyers used to shy away from representing HIV positive individuals, but now the situation is not the same.
- PLHIV networks have become very proactive and affordable medicines are made available through their efforts.
- Since NALSA and SLSAs might be representing such cases in the future, the difference between addressing and redressing the problem may get obliterated.



## Ms. Alka Narang

Assistant Country Director, UNDP, India

Ms. Alka Narang, pointed that a similar consultation had taken place in 2011 with NACO and NALSA for the rights of transgenders. This consultation propelled a lot of progress with regard to attaining rights of for transgenders culminating into the landmark judgment by the Supreme Court on 15th April 2014. In this judgement the Supreme Court had pronounced the “third gender” status for hijras or transgenders and allowed them the benefits under “Other Backward Classes”.

This would enable them admission in educational institutions and facilitate employment under third gender category. The SC said absence of law recognizing hijras as third gender could not be continued as a ground to discriminate them in availing equal opportunities in education and employment. That was the first time that the third gender got a formal recognition. This can only be seen with pride and happiness by UNDP, which as an organization is glad to have contributed, even if only in a small way. The UNDP is privileged to work with NACO in India and is also working with the Ministry of Law and Justice in the area of legal reforms and upliftment of the marginalized communities.

UNDP is committed to achieve Sustainable Development Goals (SDGs) which emphasise ending poverty and hunger, ensuring quality health care and education, achieving gender equality and reducing inequality. These goals address some of the underlying factors that leave people vulnerable to HIV infection. The eradication of poverty can be addressed only by ensuring human rights to people. Further, SDG 3, the overarching goal on health issues, seeks to ensure healthy lives and promote wellbeing for all at all ages. It states under Target 3.3. “By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”. There are several other goals and targets in the proposed SDGs that are relevant to ending AIDS by 2030; these include goals 1-5, 8, 10, 11, 16 and 17. UNDP in India is working with National AIDS Control programme for mainstreaming HIV, enhancing access social protection for people living with HIV and creating enabling environment.

Experiences have shown that success can be achieved. When the laws are punitive or there is absence of an enabling environment it impedes HIV interventions. This has shown to be the case in the situation of injective drug users and other communities as well. Thus, the strategy of the UNDP is to invest in the maximization and effectiveness by ensuring the application of enabling provisions

“ Experience all over the world, shows that when the laws are punitive or there is absence of an enabling environment it impedes HIV interventions. On the other hand enabling environment supports AIDS prevention and control ”

in the law and by checking the punitive provisions. In the 2012 report of the law commission, the most challenging legal issues were related to the criminalisation of key populations and communities affected.



## Ms. Lakshmi Narayan Tripathi

Transgender Activist

Ms. Lakshmi Narayan Tripathi appreciated the role of NALSA in the Supreme Court judgement but expressed her disappointment on the implementation front. The Supreme Court judgment directed the State Governments to conduct workshops every year to sensitize others on the issues of the transgender community. Even after the judgment, no substantial work has been done for the transgender community. She also expressed disappointment over the slow progress with the Transgender Bill, which is pending in the Parliament. Further, she suggested the need for more participation from the community.

Highlighting ignorance or lack of sensitivity in implementing the rights of minority communities, she emphasised the need for advocacy and visioning which helps in enhancing access to services. Eg. wherever sensitisation workshops have happened in those districts if a hijra meets with an accident or faces other medical emergency, giving treatment is the utmost priority. This is done without undue hassles of paper work etc. Thus ultimately, it is all just about sensitization of officials.

Life is important. Even if transgenders do not fit in the box of conventional morality, they are still human beings and as human being and as citizens of India, the need for their dignity is constitutionally same as that of the President of India.

For transgenders, HIV is one of the issues. There are other compelling issues such as getting identity card, ration card, passport, education, skill and livelihood etc. Transgenders are being denied their basic rights of existence, HIV becomes a subsidiary issue.

Having been sexually abused in her childhood, at an age when she did not even know what sex was, she highlighted the importance of making children “aware” so that they are not sexually abused and exploited. This becomes more relevant in the current scenario, when there is “Protection of Children from Sexual Offences Act (POCSO Act) 2012” which aims to effectively address sexual abuse and sexual exploitation of children

She highlighted the denial of health services by doctors even for common cold, let alone HIV. Transgenders have a right to public justice she stressed. She concluded

by requesting SLSAs and DLSAs to generate awareness about basic rights amongst TGs, only then can their rights be ensured.



### **Mr. Alok Agarwal**

Member Secretary, NALSA

Commending the purpose of the National Consultation to facilitate better understanding on the issues of people living with HIV and key populations, he assured the community that their rights will be upheld. Briefing about the mandate of National Legal Service Authority, he assured on behalf of the Member Secretaries of all the States that the issues of marginalised communities including those raised by Ms. Lakshmi would be worked upon and addressed at the earliest.

Social stigma is attached to HIV/AIDS and there is a lot of misinformation prevailing amongst people about it. This affects the human rights and even the fundamental rights of the PLHIV because of the discrimination against them in society. People belonging to marginalized groups are affected in general, because of such misconceptions and perceptions.

Wherever there is a violation of rights, Legal Service Authorities certainly have a role to play. Only 0.26% of India's population is estimated to be infected with HIV, but this still leaves about 1.7 million people to be living with HIV. Therefore, preventive and strategic programmes have to be put in place. Discrimination faced by such people includes those at educational institutions, at their place of employment, and in their right of privacy being compromised. Misinformation and myths prevail about the physical capacity of HIV positive people and the spread of the infection. Confidentiality clauses as per their right to dignity under Article 21 are often violated. LSAs have a mandate to provide legal aid and advice and create awareness. In both these areas, legal services institutions can play a major role. Although PLHIV are not directly included under section 12 of the Legal Services Authorities Act as being entitled for free legal services, but they still belong to the other marginalized groups included in the list. Thus, they can have access to services as those eligible u/s 12. One way to initiate the legal process is through social justice litigation, by availing legal aid and advice. In this manner, many cases have come up before courts and been decided.

Awareness is one of the other core activities. Formal workshops have been mandated for state authorities, which many States are already conducting. Several states have also included the transgender community as beneficiaries under section 12. Ways are being devised on how to work better with state government health units and NACO, for better coordination. Legal literacy programmes at



schools and colleges are established as part of the access to justice agenda of LSAs. It will be ensured that HIV/AIDS and associated issues are included as part of these programmes. The sessions, he concluded would serve as a road map for better coordination in this field.



### **Mr. N.S. Kang**

Additional Secretary & DG NACO, MOHFW

Mr. N.S. Kang Additional Secretary & DG NACO, started by expressing gratitude to NALSA and UNDP for joining hands to organize this National Consultation. He appreciated the commendable work NALSA and SLSAs for the marginalized communities. Over the last decade, legal services have seen a sea of change. Earlier categories such as women, SC/ST etc. were the only ones provided with legal services, but now it has progressed to a broader definition and even transgender community has been included. This categorisation is complex and presents a major challenge of a different kind. Issues that confront it have been put forth quite passionately. For a person belonging to the MSM category, sex worker, and an injecting drug user etc. everyday living is a struggle.

Substantial success has been achieved by National AIDS Control Programme in giving a voice to individuals from amongst the sexual minorities. NACO has managed to involve and work with these communities based on a human rights perspective and hence has been globally recognized as a success. However, still a lot has to be done. This workshop is a step towards successful operationalization of legal support for persons infected and affected by HIV. Mr. Kang acknowledged that NACO recognised the unfinished work, and assured that NACO will continue to work on these aspects to ensure better quality of life of infected and affected communities.

Stigma and discrimination against PLHIVs is a problem and it is of utmost importance to address the same. It is our duty to remove these hindrances. People belonging to the marginalized sections of society get into a vicious cycle, being marginalized to start with and then being denied access to legal aid as a result leading to further marginalization. They also have to deal with other issues like societal norms and people's views of what is right and wrong, apart from the issues of being a member of such a group. He emphasized that it is everybody's duty to ease the burden of these individuals, an area in which SLSAs have an important role to play.

NACO is taking great strides towards reaching maximum number of people with HIV/AIDS services, but if human rights perspectives are not followed and if

problems faced by the marginalized are not redressed, it would mean taking two steps forward and two steps back. Over the years, those involved in the field of law enforcement have significantly changed their outlook. People living in red light areas no longer live in fear of raids being conducted on them, but still a lot has to be done especially with the human rights perspective in mind.

Further, out of the 21 lakh people estimated to be living with HIV, National AIDS Control Programme has been able to identify only 14 lakh people, 7 lakh people are yet to know their status. This is mostly because these individuals are reluctant to come forward. Therefore, it is necessary to create a friendly and positive environment for these individuals throughout the country, to try to prevent this epidemic from spreading. Thus, the human rights perspective or approach is vital to the progress toward sending the epidemic of HIV/AIDS by 2030.



### **Vote of thanks by Ms. Elizabeth Michale**

Team Leader, Mainstreaming , NACO

Stating that it was a proud moment to stand before this august gathering, Ms. Elizabeth Michale proposed the vote of thanks. She expressed her gratitude to Mr. N S Kang (AS&DG NACO) and Mr. Alok Agarwal Member Secretary for their commitment and the efforts in coordination towards helping the affected communities. Their facilitative approach with human rights perspective and dedication is very assuring. It encourages us to take a step towards planning together. She thanked Ms. Lakshmi Tripathi for giving this meeting a different hue, by drawing the attention of those present towards reinforcing dignity to the communities affected. Ms. Alka Narang was applauded for her commitment and technical assistance to NACO. She also showed her appreciation for Mr. Oussama Tawil and his efforts in reminding those present that public health issues cannot function without an enabling environment and without removing the barriers that impede it. She thanked Ms. Tripti Tandon for succinctly putting forth a description of the laws and the problems faced by the community, adding a measure of understanding on what steps to take in the future. Last but not the least, she expressed her gratitude to Dr. Naresh Goel for his leadership and guidance.

## Legal Issues: Experiences and challenges from the key communities



Chair Mr. Teeka Raman, Co Chair Ms. Alka Narang , Technical Expert; Dr. Naresh Goel, Community Representatives Ms. Abhina Aher, Mr. Gautam Yadav, Mr. Firoz, Ms. Santosh Yadav, Ms. Kusum, Mr. Tushar,

Setting the context for the conference, Dr. Naresh Goel shared overview of the National response on HIV/AIDS. NACO is the nodal agency implementing National AIDS Control Programme in India in phased manner since 1992. Currently, the National AIDS Control programme is in its fourth phase and has come a long way in addressing the challenge of HIV/AIDS in the country.

As per the recently released India HIV Estimation 2015 report, national adult (15–49 years) HIV prevalence in India is estimated at 0.26% in 2015. Children below 15 years account for 6.54%, while two fifth (40.5%) of total HIV infections are among females. The national adult prevalence rate has shown an overall decline from 0.37% in 2000 through 0.34% in 2007 to 0.26% in 2015. New infections in the same period have decreased by 66% to 86 thousand in 2015 showing 66% decline in new infections from 2000 and 32% decline from 2007. Rapid scale up of Antiretroviral Therapy (ART) has a very significant impact producing a drop in AIDS-related deaths by 54% from 2007 to 2015.

Encouraged by the results, the country is now aiming to end AIDS by 2030 by strengthening the epidemic response in India through a well defined strategy of 90:90:90 which means that

- 90% of people know their status
- 90% of them are on treatment and
- 90% of them have suppressed viral load

The challenge before the country is that in terms of numbers as India has the third largest number of people estimated to be living with HIV and nearly 40% of them do not know their status. This has serious implications for the National Programme, 1) that they are not on treatment and 2) they may be transmitting HIV to others. Prevailing stigma and discrimination in the society and lack of awareness and fear of disclosure inhibits people to come forward and get tested. This has the potential to derail the ongoing efforts. The country cannot afford the same. On the other hand, if people are assured of their rights without any discrimination, irrespective of HIV status, they are more likely to come forward and get tested and get treated. Thus legal protection plays a very important role for National AIDS Control Programme. It becomes an important determinant of the AIDS response of India.

All of us together have a responsibility to deliberate on feasible ways and means of reaching the marginalized groups at risk of HIV and those infected with it so that legal protection measures can be strengthened to tackle stigma and discrimination



### **Ms. Abhina Aher**

National Programme Manager, India HIV Alliance

Ms. Abhina Aher highlighted the major legal issues faced by the third gender. Highlighting the lack of awareness and ability to talk about their own issues, establishing “Identity” as human beings becomes a major bottleneck. Thus the initiative titled “Pehchan” which literally means identity Pehchan was conceptualised by India HIV Alliance. It is spread across 18 states, reaching 4 lakh MSMs and transgender population acknowledging and recognizing their identity. It is the largest programme for the community and works through 200 community based organisations. Though the programme is coming to an end, it's findings have been an eye opener. It showed that individuals from these communities are fearful of approaching the legal system, even for their basic rights. Fear here is not about whether their issues will get addressed, but it is for fear that they will not get respect from the legal department. Many a times, the legal community has failed to identify if such persons were of the male or female gender and it is from this starting point that the confusion takes on mammoth proportions.



One of the problems faced by the transgender population is the applicability of Section 377 and how it relates to them. The first person ever to be detained under this section was a transgender person and those affected the most are individuals who belong to the MSM and transgender communities. Whenever one speaks about transgender, the main aspects looked at are sexuality and gender identity. However, what is actually important is also to look into what the sexual behaviour of an individual constitutes. What is done inside the four walls of a home should be entirely up to the freedom and choice of the individual. Nobody can understand these aspects of an individual better than that individual itself, not even a person's father or mother would understand these aspects. Thus, a problem arises when the law wants to enter a household and dictate what can be done and what cannot be done. From here the entire issue stems. Section 377 is redundant, but unfortunately it is still being followed. Further disheartening is the fact that this is not the only law that affects the transgender community.

The third gender population has been acknowledged and recognized by the apex court in the NALSA judgement, which was a sign of relief for them. Although the entire judgement is on paper, it has been one and half years after that judgement and individuals from the transgender community are still waiting and struggling for jobs. All they hope for is equal opportunity. These individuals are getting murdered and slaughtered on streets or are forced to sell their bodies for 50 to 100 rupees. This is despite the fact that 38% of this community is literate. At least those who are literate deserve to get jobs that allow them to live their lives with dignity. There are individuals who are qualified as civil engineers and software engineers, but are begging on the streets for 2-4 rupees. They do not have the courage to go and ask for jobs. Whenever these people are sent for jobs or approach the legal services authorities for assistance, they are always shunned, an issue which must be addressed. There are also no plans in place for the rehabilitation of beggars, another major issue that the community faces.

Transgender community also face challenges during sex alignment surgery. These surgeries are quite costly and expensive and not easily available from Indian doctors. Further, they may not often be technically competent or updated since it is not covered in the medical curriculum. Thus, there is a need for guidelines in this regard.

Implementation of Trafficking and Public Nuisance laws is also a big challenge, many a times. TGs are quite loud because of which they are put behind bars. Under Public Nuisance laws, transgender people are arrested even if they are dressed inappropriately in the opinion of others. There are no separate cells in prisons for transgender and they are kept in the same cells as male inmates. There is a need for appropriate guidelines for their arrest and detention. The other aspect that is problematic is that all documentation at police stations refers to them as belonging to the male gender that becomes an issue for transgender people, as they do not want themselves to be recognized as male.

Ms. Aher pointed out that her passport states that she is a transgender, a move of the Indian legal system that she applauds. This is not something that happens anywhere else in the world and all other countries only follow a binary system. Even in advanced countries like Thailand, they give male passports to transgender individuals.

Narrating an incident of a Pakistani transgender who was arrested in Bangkok over a trumped up shoplifting charge, she pointed that this individual was placed in a male cell. At the male jail, the said transgender faced constant physical, mental and sexual abuse at the hands of the male inmates. Even in India, there is no separate cell for transgenders. This is another area where some sort of solution needs to be found.

The problem faced in India though is that there is no synchronization between the departments. If one takes a transgender passport to the customs department, there is confusion because they do not have a transgender category. Every time such individuals have to go through injustice and humiliation in explaining who they are. So the law that has been formulated and the law that is in practice in reality shows two completely different scenarios.

The prevalence of HIV amongst transgenders is as high as 9%. However, with homophobia and transphobia on one side and HIV on other individuals from the transgender community still do not have easy access to legal rights. These persons do not even feel confident enough to come forward and talk about their problems, so accessing their rights becomes absolutely impossible. There are 200 organisations currently working in this area, with some even providing legal support. The priority should be to treat each and every human with utmost dignity and it must be recognised and acknowledged that a transgender individual is also a human being. In this regard Ms. Aher sought the support and attention of NALSA and other legal services institutions.



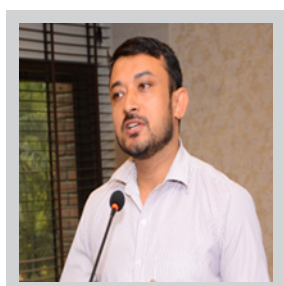
### **Mr. Gautam Yadav**

Human Rights Activist

Mr. Gautam Yadav has been living with HIV for the last 18 years and living with verve. He discussed major issue of homosexuals beginning from education system in India. The adolescent education programme particularly is not able to provide updated and appropriate sex education to children. Although this programme is functioning in states, it is not reaching the children either due to lack of knowledge amongst teachers in this regard or due to conflicting political agendas. There is no knowledge about condoms and definitely no understanding of HIV/AIDS. There is also no knowledge provided on safe sex practices.

Apart from this there are many barriers for people affected by HIV/AIDS. The foremost barrier in the fight against HIV/AIDS is age of consent. A child below the age of 18 years many a times has no knowledge of where to go and ask for help. Sometimes even when they know where to go, they cannot go because of them being underage. People who are below 18 cannot discuss all the issues related to HIV although they want to discuss it. Thus, it is necessary to work closely with schools and colleges to make school and college goers aware of these aspects.

Section 377 of the Indian Penal Code treats a person as criminal only because of their sexual orientation, even if it sex is consensual. This is in complete violation of the right to life of these individuals, guaranteed under Article 21. There are also problems at the grassroots level, such as that of harassment. Just like transgender people, MSM also goes through harassment but very few people raise their voice in support of these persons. Most people do not understand or acknowledge the issues of sexual minorities, especially those in the older generation. Thus, the decision makers in any issue with respect to them must consist of the youth of the country as well and not just those who are 50 years of age and above. The decisions being made concern them and so they must be included in the process of decision-making as well.



### **Mr. Feroz Khan**

Coordinator, National Coalition of People living with HIV/AIDS in India

Introducing himself as an HIV positive person, living with AIDS for the last 12 years, Mr. Feroz Khan said stigma and discrimination becomes a part of the lives of PLHIV. They face stigma from their own family members, at their workplaces and from society at large. They more often become second class citizens and are not recognized as equals. Thanking NACO for initiating ART and bringing a big improvement in the lives of HIV positive persons he said lot of effort is needed to empower them and reduce stigma.

He also expressed his gratitude to the judiciary for upholding their rights in the same way as has been guaranteed to them under the Indian Constitution. The judiciary has played a major role in safeguarding the basic rights of those affected or infected by HIV/AIDS. Nevertheless, there is a lot that still needs to be done for them. Giving an example of discrimination and stigma in educational institutions he cited examples of Surat, Gujarat in 2013, where a school being run for HIV positive children, could not sustain because children who were not HIV positive refused to go there. This defeated the main purpose of building the school, which was to bring HIV positive children into the mainstream by encouraging other children to accept them.

Another area where stigma and discrimination persists is “health care setting”. Doctors may not directly deny treatment, but they do so indirectly. Either they say that such treatments are not available or they create situations that delay treatment. If there is a requirement for surgery, they often suggest treatments and then deny any need for surgery, which ultimately harms these individuals. The attitude of doctors as well as common persons is that ART is enough for an HIV positive person and no other treatment or medical support is required. They do not believe in any further medication and this leads to the death of so many HIV positive persons. So if stigmatization starts from the health care system itself, the persons affected don’t stand a chance and in their fear they often go underground. The next time they suffer an illness, they would not disclose their status in front of the doctor for fear of being stigmatized and more importantly not receiving treatment. Thus, they often end up devoid of their basic rights to get treated. In other situations, treatment cannot be availed by them fully or satisfactorily. This attitude must be changed at the earliest.

Stigmatization also occurs at “work places” explicitly and implicitly. If it is known that an employee is HIV positive, people discriminate against him/her and no incentives are provided to help them deal with such situations. At present, they are not discriminated against in a traditional way with discrimination being done in a more covert manner. Instead of being fired directly from an office on discovery of their HIV status, employers find fault with their productivity and accuse them of taking more holidays than others. So while new methods of discrimination have evolved, the end result is the same with HIV positive persons being stigmatized. This in turn stops them from availing the required treatments.

Further, PLHIV also face problem with respect to property rights. HIV/AIDS is considered as a death warrant and thus property cases are filed and dragged on, hoping PLHIV will have natural demise. They prevent the individuals from availing their rights with respect to property especially in the case of HIV positive widows. Judiciary here can take swift action to solve such cases.

While problems are faced in different areas and settings, they primarily stem from the fact that there is no clear definition for the term ‘discrimination’ under any laws or guidelines. This definition must be made clear to fill the gaps it creates in the protection of the rights of those affected or infected by HIV/AIDS. This is already provided for under the HIV Bill, but until the bill becomes a law an attempt must be made to at least issue proper guidelines in this regard. While there is no confidentiality breach in any of the ART centres, in other health care settings HIV positive persons feel discriminated because of the display of their status in bold letters on their medical documents. This does not happen with a persons suffering from any other disease, so it should not happen to an HIV positive person either. Breach of confidentiality and the right to privacy is a grey area, which must be looked into at the earliest. In his concluding remarks, he requested judiciary to ensure their confidentiality, which becomes the beginning of denial and discrimination.

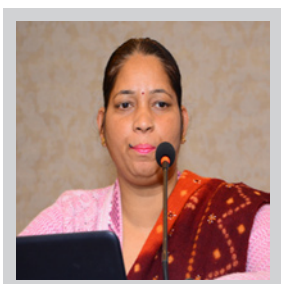




### **Ms. Santosh Yadav**

GIPA coordinator, Haryana

Living with HIV for the last 10 years, Ms. Santosh Yadav narrated her personal experience and also highlighted the problems faced by divorced women who are infected by their husbands post marriage. Lack of basic legal awareness and cumbersome legal procedures inhibit many PLHIV to even approach legal authorities. She approached a protection officer to whom she narrated her tale of woe, showing all proof indicating how her husband belonging to a well off family, had HIV before his marriage and was aware of same. The judge dismissed the case for alimony saying that she was earning well enough and could support herself. Even after getting divorced, she was not given any maintenance or and share in the property rights of her husband. While agreeing that she could meet her basic needs from her present contractual job, there is no security for her future especially when her disease progresses or becomes resistance to treatment. Who then, she questioned, would support her. There is no social security for such HIV positive women whose lives get totally “disrupted” by being cheated into the social institution of marriage.



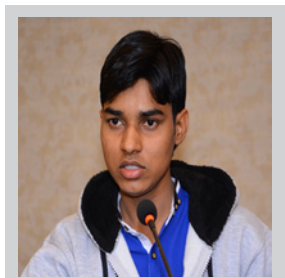
### **Ms. Kusum**

President of the All India Networks of Sex Workers

Ms. Kusum shared her views on the legal issues faced by sex workers. Implementation and use of certain sections of The Immoral Traffic (Prevention) Amendment Bill 2006 create problem for sex workers. As per Section 4 of the Act, children are separated from their mothers once they turn 18. They are also denied access to their mother's income and property and a mother cannot provide them any financial help for any purpose including education, as long as her wealth has been gained from sex work. This should be corrected at the earliest because in not doing so, the future of these children will be jeopardized.

Also, under that law, running of a brothel is criminalised and they are to be demolished. What is not realised is that the brothel is one place where one can find a large number of HIV positive women or those who face a danger of being infected and it is easier to raise awareness amongst them in such places. They also can be taught safe sex practices and necessary medication can be provided to them if they are already infected. If such brothels are demolished, sex work will go underground and nobody would know where to find them in order to assistance. This will be a barrier in implementation of prevention activities and providing services. The other aspect that is unsatisfactory, she stated is that when the government

makes policies for sex workers, they are not included in such decision making. The decisions are just imposed upon these sex workers, so she requested their inclusion in such decision-making efforts.



### **Mr. Tushar**

Representing Children Infected and affected by HIV from Kolhapur

Mr. Tushar narrated his experience as a child affected by HIV/AIDS. He lost his father and mother at a very young age and has two unmarried sisters. His father owned a joint property after financial support was given to uncle for construction of house. However, after his father's death, his uncle claimed the sole right to property which was the only source of sustenance for him and his sisters. He requested the financial and legal support of NACO and NALSA to resolve this dispute with his uncle.



### **Chairperson's Remarks: Mr. Teeka Raman**

Member Secretary, Tamil Nadu, SLSA

Drawing from the experiences from Tamil Nadu, he highlighted the issues related to insurance claims of truck drivers. There are several civil suits challenging the orders passed by the LIC. LIC claims are mostly rejected on the ground that the claimant has suppressed material facts related to health and thus suits are filed. Insurance is a special type of contract based on a bonafide and utmost trust. A person who is HIV positive often wants to take out insurance for the social security of his family. An LIC agent takes advantage of such a situation and provides insurance to these persons. However when they go to make a claim, they are denied the same by insurance companies on the ground that they were HIV positive and this was not disclosed at the time of taking out the insurance. The denial they base on the suppression of this material fact. To protect such persons there are no laws and nothing can be done on the legal side.

As a judge, when Mr. Teeka Raman had once asked the Zonal Manager, LIC, Chennai off the record what their policy was. He responded by saying that they do not issue policies to such persons or their families. While legally this may be correct, this proves to be a grave injustice to such persons as like others they also would like to ensure the social security of their family members and that they are protected. Thus, NALSA must address this issue with the IRDA and find a solution for the provision of insurance to an HIV positive person as well.

Other measures in the state include conducting sensitization programmes for Sub Inspectors to enlighten them on the lifestyle of these communities. This process has also been aided by the closure of several FIRs with cases registered under Section 319, 368 etc. of IPC by the SLSA through the various DLSAs. At the micro level, two Para Legal Volunteers (PLV) are attached to the Trichy government hospital. PLVs are trained to assist people in obtaining birth certificates, death certificates and revenue certificates etc.

Additionally, through the efforts of the legal services institutions and individuals attached to them a government policy has been developed in Erode according to which a plot is given to HIV positive individuals, a move in which the District Commissioner and Member Secretary of the DLSA were involved.

Co-Chair: Ms. Alka Narang informed that NACO has been struggling to sort out issues with regard to insurance coverage of PLHIV. An international conference was organized in 2011 to understand the national and international best practices and demonstrate the commercial viability of Insurance coverage of PLHIV. As often demanded by insurance sector, UNDP also supported two studies to understand morbidity and mortality among PLHIV. In spite of these things have not changed. This needs to be dealt with



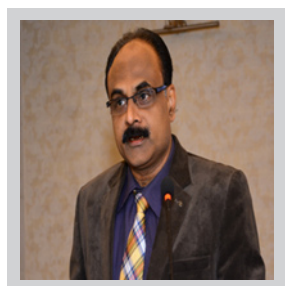
Secondly there is a need for social protection programmes in the country, so that people who are HIV positive and have not come out into the open for whatever reason are assured of their confidentiality. For the issues of breach of confidentiality and property rights, legal opinion from across the globe have been sought and will serve as a learning curve. Sustaining the access to treatment, IP rights and their impact on the access to treatment are other aspects to be mindful of. Additionally, issues related to age of consent must be discussed and sorted out.

Justice has to be ensured, but it has to be timely. To ensure this timely justice, UNDP along with others are placing their confidence on NALSA. This has to be extended to those affected or infected by HIV/AIDS, especially communities of sexual minorities, transgenders, sex workers, injective drug users etc.

## Experience Sharing by SLSAs

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This technical session on experience sharing was aimed at garnering best practices across States and brainstorm on measures which can be adopted by other States/ UTs.



**Mr. Shashikant Mishra**  
(Orissa State Legal Services Authority)

Mr. Shashikant Mishra shared experiences from Orissa

- Observance of World AIDS Day. Instructions given to every DLSA and TLSA in the state to observe World AIDS day with the support of concerned SACS/ DAPCU. This sensitises them and facilitates change in their thinking and outlook.
- The Executive Chairman of Orissa SLSA has directed DLSAs and other LSAs in the state, to subscribe to at least 2 local newspapers in order to keep track of incidents involving people with HIV/AIDS, in an effort to help them better.
- Ganjam, a district of Orissa, is the largest district with 11 Taluk Legal Services Committees (TLSCs). Most of the residents are seasonal labourers migrating to Surat and returning on completion of their work. They are affected or are at the risk of being affected by HIV/AIDS. Thus, the SLSA is in discussion with the District Judge of Ganjam to address issues of migrants.
- Discrimination is the most glaring problem in so far as HIV is concerned. Even the Hon'ble Prime Minister in his address on the occasion of Legal Services Day mentioned the need to deal with it. It is very clear that the marginalized sections of society come within the purview of the work of Legal Service Authorities, but focusing on People Infected and affected by HIV is an arduous task due to confidentiality issues.
- Para Legal Volunteers( PLV) are immensely useful in taking proactive steps during emergency. In Cuttack, one PLV is single handedly engaged in helping transgenders to obtain voter ID cards. In recognition, he was awarded the best PLV from the east zone.
- HIV patients were being denied treatment in a hospital. They are made to lie on the floor and repeatedly mistreated which made them fearful of even disclosing their identities. In one such situation, a PLV coordinated with the superintendent to ensure treatment was provided to these five individuals.

Unfortunately, 2 of them passed away but the rest of them survived and are in a much better condition now. This incident was widely reported in the state and proved to be very helpful in creating awareness on the issue.

- In another incident a truck driver met with an accident on the national highway in Orissa and was in a very bad condition. He was in urgent need of surgery, but when it was discovered that he was HIV positive no surgery was performed on him. His condition was deteriorating fast, so the same PLV, met superintendent and ensured proper treatment
- This conference has also been an eye opener. Applauding the move of the Member Secretaries of Jammu and Kashmir and Uttarakhand in amending Section 12 of the Legal Services Authorities Act to include transgenders, Mr. Mishra assured that they in the Orissa SLSA would also look into making such a change.
- In Orissa, SLSA has opened legal assistance booths or legal aid clinics in all district and sub divisional hospitals, to assist anybody who is being denied treatment. With PLVs sitting in these booths those in the hospital think twice before denying benefits to the patients, under any government scheme to which they are entitled. The booth functions twice a week with a rider that the PLV must be available on call, the phone numbers of the PLVs is shared.



### **Mr. Sunil Chauhan**

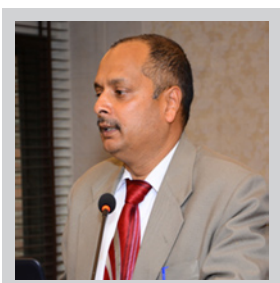
Haryana SLSA

Legal Service Authorities in the country are deeply engrossed in the removal of barriers for access to justice. Despite the number of cases pending in the courts, it has been found that 98% of the total population does not even approach the judicial system because of the barriers in access to justice. He shared experiences from Haryana.

- Section 12 of the Legal Services Authorities Act enumerates certain categories of persons, eligible for free legal services. These categories vary from state to state. According to the Haryana state legal services authority rules, there are 20 categories of persons who are entitled to free legal aid. This includes individuals from the transgender community and those affected or infected with HIV/AIDS as well.
- Free legal aid is not confined only to payment of a lawyer's fee, it also includes court fees and other incidental charges. The LSAs in Haryana are also spreading legal awareness. For instance, following the directions of the

Hon'ble Supreme Court in a judgment, 12 legal awareness camps were held on the issues of transgenders. Additionally, more than 50 camps were held for PLHIV to make them aware of their rights.

- A booklet on HIV/AIDS has been prepared and distributed in all 21 districts to spread awareness amongst PLHIV.
- There more than 3000 student legal literacy clubs, where students are given simplified booklets on POCSO, taught about fundamental duties, and made to open up overall to the need for legal literacy so that they become responsible citizens of the country.



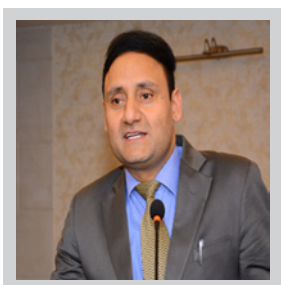
### **Mr. Prashant Joshi**

Member Secretary, Uttarakhand SLA

Mr. Prashant Joshi informed about the joint meeting between SLA and SACS in November, 2015, where following decision have been taken

- Director General of Health has been included amongst SLA board members to ensure inclusion of mainstreaming of issues of persons infected and affected by AIDS.
- Health personnel would accompany persons from LSAs to all legal awareness camps organized by SLA on HIV/AIDS.
- Section 12 has been amended to make transgenders eligible for free legal aid.
- A proposal to include PLHIV under section 12, has been initiated.
- PLVs in the state have been directed to accompany PLHIV for their treatments.
- Secretaries, DLSAs have been instructed to conduct monthly seminars with PLHIV.
- Mr. Joshi drew the attention to the fact that in Pithoragarh district number of PLHIV is 216 and increasing, most of them being truck drivers. To deal with this, the DLSA Secretary has been asked to hold awareness camps in the district, to make people aware of the same.
- The State Authority has also published a booklet with the name 'AIDS KoJaane' consisting of all the necessary information to be made available.



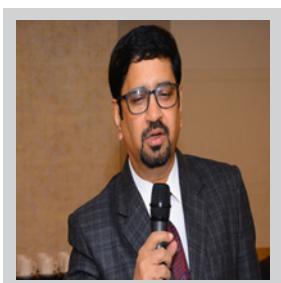


### **Mr. R.N. Watal**

Member Secretary, Jammu and Kashmir SLSA

Mr. Watal shared experience of working with People infected and affected by HIV in J &K:

- A married girl aged around 26 yrs old was admitted to a medical college where it was found that the girl and her husband were HIV positive . After 2 months, her husband passed away. NALSA intervened to assist her in getting a job as a teacher. She is now living her life happily.
- Assistance has been provided to three students of the transgender community in getting admission in the government engineering college.
- Till date, 306 awareness camps have been conducted in the State for people belonging to different marginalized sections.
- Requested NALSA to ensure such camps are organised in every district in the country, especially for those belonging to the transgender community.



### **Mr. Sanjeev Jain**

Officer on Special Duty, Delhi SLSA

- Two capacity building and sensitising workshop have been held covering more than 100 advocates.
- He shared an instance of a transgender in conflict of law, where they were faced with a dilemma as to where to keep this individual for care and protection. When sent to a male home, complaints of teasing by other inmates were received and this individual could not be sent to a female home. Thus, the need of the hour is that some sort of special infrastructure for these categories persons is evolved.
- The Bachpan Bachao Andolan and the All India Legal Aid Cells are specially sensitizing advocates in this are taking care of PLHIV. There are plans to set up a panel of doctors in every hospital to deal with these problems.
- While equality before law is necessary, the main difficulty lies in the manner in which these cases are dealt with. Thus, awareness programmes are also designed to sensitize Para Legal Volunteers about these matters.

## Experience sharing from State AIDS Control Societies

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### Dr. Kesar

PD, Mumbai District AIDS Control Society

- Mumbai, although is the financial capital of the country, is highly populated with a 1.24 crore population and significant part consists of migrants. Migrants and truckers are major drivers of the spread of HIV/AIDS.
- While Ms Lakshmi said that HIV is just a drop in the ocean, but the AIDS Control Societies start from that very drop.
- There are 14 ART centres in Mumbai and redressal committees in each ART and PLHIV are part of this committee. It is responsible for redressal of disputes. and coordinates the operations in 7 centres and there is 1 volunteer assigned to each ART.
- Cases before the redressal committee are tackled using non-legal methods as well. The law is also used in addition to non-legal methods, so the AIDS Control Society has many legal colleagues associated with their work.
- The AIDS Control Society is provided excellent legal support from Lawyer's Collective and are provided with free legal services from them. Problems of discrimination, stigma at schools, in healthcare and at workplaces can be resolved by non-legal methods, but the law has to be very strong for such an attempt.
- There are a lot of government schemes, but people are not aware. Therefore an attempt is being made to make people aware about the same. Meetings conducted by the redressal committee every month are open to NGO members, who in turn assist help in generating awareness.
- Dr. Kesar drew the attention of the audience to a recent incident of a boy being denied admission in a school. On their intervention against this discrimination, the boy was admitted immediately.



## Dr. Saleem-ur-Rehman

PD, Jammu and Kashmir SACS

He queried with regard to the guidelines on the identity of transgenders in schools. Dr. Madhu Sharma clarified that there is now an MoU between NACO and the department of Higher Education. In addition, UGC guidelines have been amended to include transgender identity. An attempt needs to be made to determine if these measures need to be extended to the school level or not.

Ms. Lakshmi Tripathi appreciated this amendment in the guidelines. She mentioned that though a transgender gets an admission as per UGC guidelines, ensuring that transgender have equitable respect and dignity in educational institutions is a long way to go. There are issues under consideration and yet to be approved by the cabinet. They are related to

- Ragging and sexual harassment of TG: Steps would be taken against those ragging and Measures should be taken to prevent sexual abuse
- Separate bathrooms, should be built for transgender students, even if there is only one such student. This was because it has been found that ragging in bathrooms of schools and colleges is the highest.
- Scholarships should also be given and 0% interests on loans for higher education
- The Ministry of Social Justice has made a policy which is awaiting cabinet approval, according to which a staple amount would be given to parents of children whose sexuality is not determined. This amount is to take care of the child.
- Counselling for sexual identity needs to be given to children whose sexuality is not determined because at such early age these factors are important for the development of the future of the child.



## Mr. Rajender

**Additional Director, PD SACS Andhra Pradesh and Telangana and GIPA Coordinator**

Mr. Rajender GIPA Coordinator shared experience about legal aid clinics started in the districts of Krishna and Guntur.

After the bifurcation of the states of Andhra Pradesh and Telangana, there are now 10 legal aid clinics in the states. These clinics function at the district level. The legal services components include resolving disputes through non-legal

intervention, other legal assistance, assistance in availing government schemes, resolving property issues, seeking maintenance etc. This along with their general case support has yielded good results in Andhra and Telangana. In the process, 1892 cases have been resolved and PLHIV are working as PLVs in 23 districts.

Some of the best examples of cases are given below:

- A widow from Karim nagar district was successful in getting 6 acres of land in the name of her husband. Her husband was an employee at MRF and was wrongfully terminated on the discovery of his HIV status, against which a case was filed with the help of the legal services authorities. In this case, the court held that nobody can be terminated from employment based on their HIV status. Following this, he was reinstated and he was moved to a lighter job.
- In Adilabad district, 450 cases have been successfully resolved with SACS and district cooperation, and through the use of legal aid.
- Mr. Rajender concluded by saying that on coordination with the SLSA and DLSAs, HIV has been included as an agenda PLV trainings. Additionally, in Machilipatnam and Guntur districts sensitization programmes were conducted for lawyers to teach them to better deal with the cases of PLHIV.



### **Dr. Jayanti Gurumoorthy**

Puducherry SACS

Puducherry although a small part of the country, has a population of 13 lakhs, which is heterogeneous in nature. It has taken appreciable strides for legal protection of PLHIV.

- Justice Sanjay Kishan Kaul inaugurated a conciliation cell on 13th September 2014. PLVs are given training in Puducherry and once trained they sensitize others.
- The SLSA is in fact situated at the ART centre, which functions every Monday and PLHIV are given free legal conciliation here.
- Most of the cases brought for legal conciliation are property related. This includes cases such as those where the property of an AIDS affected widow was taken away from her or cases where brothers occupied the property of an AIDS affected sibling. The conciliation cell members and advocates are doing a very good job and attempting to help those approaching them get what they want.

## Social Protection

- All PLHIV on ART treatment are getting financial assistance of Rs 1,500 per month per person. Adi Dravidas who are getting prolonged treatment are also getting financial assistance of Rs. 2000 per month.
- Puducherry is the first Union Territory to give financial assistance of Rs. 1,500 to the transgender community. They are also given ration cards to help them get supplies and as a measure of community welfare.
- Plans for free sex assignment surgery and separate colleges for transgenders are in the pipeline. These are attempts to ensure social protection for PLHIV.
- As per recent orders of the UT Government, three transgender will be employed in Mahatma Gandhi Medical College.



**Ms. Sanjana**

Assistant Director, GIPA Kerala SACS

- Kerala SACS has been conducting sensitization regular workshops with the support of SLSA, Trained advocates need to be given guidelines and regulated.
- Kerala SLSA deputed 28 advocates to the 14 districts in the State to provide trainings.
- From 2010 till date, 136 cases have been referred to DLSAs and 104 of them have been settled.
- Hearings in cases of PLHIV be conducted in exclusive Adalats, so that they can freely put up their grievances before the court.
- NALSA must take steps to identify a competent authority as nodal officer at the district/state level, to coordinate efforts to assist PLHIV.
- A district response team chaired by a district officer to rectify cases would also prove helpful. The State of Kerala has also developed a State Transgender Policy. The state has also included district representatives in transgender welfare committees.



**Mr. Nirmal Tiwari**

GIPA Coordinator, State AIDS Control Society  
Uttar Pradesh

Highlighting the need for coordination of NALSA with SLSAs, he cited an incident, where some children on being diagnosed HIV positive were refused shelter by an orphanage due to fear of transmission. When the case was brought to the notice of the judiciary, a judge of the High Court was also not sure about transmission and was in doubt of whether to send the children to the orphanage or not. He also emphasized the necessity for sensitization of judges and the meaningful involvement of NALSA and SLSAs

## Technical Session on Way forward

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In the technical session on way forward, experts in the field of HIV/AIDS provide inputs and suggestions for way forward.



### **Ernest Noronha**

Policy Analyst with UNDP in the Asia Pacific region

focussed on the legal issues of sexual minorities. He was responsible for drafting the application and served as an impleader in the Supreme Court judgment on transgender rights.

The UNDP for its part has set up 6 legal aid centres, several cases have been resolved with the help of these legal aid centres especially in Guntur that has almost 30 to 40% resolution rate against the practices of stigma and discrimination. Andhra Pradesh and Tamil Nadu have successfully facilitated access to social schemes with the support of legal aid clinics in each Taluk at the Taluka level. However, this arrangement is resource dependent is successful but costly. However, the concern is that the term “legal aid” is used very loosely to connote counselling, advice, mediation etc.

Quoting Helen Clarke of UNDP “There is a need for a new prescription and approach to fight AIDS. For people who are at risk, their problem is not just HIV/AIDS. They also are faced with several other problems” Migration in the transgender community is practiced commonly because of the ill treatment they suffer at the hands of socio cultural traditionalists.

Congratulating Haryana for including transgenders in Section 12 of the Legal Services Authorities Act, he shared that families of transgender individuals have 6 times the expenditure including the medical treatments, as compared to a normal household. Ernest Noronha also commended Delhi SLSA for the first consultation on transgenders .

Justice Altamas Kabir took suo moto cognizance and thought for the group when the case of Vrindavan widows was brought forth. This must happen in the case of transgenders and sexual minorities as well.

Legal Service Authorities must ensure access to schemes by bringing together all stakeholders in this movement and extend these benefits to all categories of persons infected and affected by HIV. In this process, they must take into consideration MSM, sex workers etc. and bring these people together. This would ensure social justice to all these individuals. Even today cases of children being

bullied or thrown out of schools because of their homosexuality, widows losing their property, homosexuals being murdered is commonplace. Thus, a feeling of insecurity prevails.

Legal awareness camps should be conducted by LSAs as they wield a convening power and thus have the ability to sensitize not just members of the community but also government officials, police etc.

In Tamil Nadu, FIRs against the community in cases relating to ITPA or public nuisance, anticipating violence or beggary are being quashed. Those arrested do not even know why they are being caught. They are often not even concerned with the reason, as their priority is to get out of jail as early as they can, for fear of being ill treated. These fears are seen particularly amongst PLHIV, MSM and sex workers. The legal services authorities must work in each of their states to formulate a joint working plan to assist PLHIV in general, and sexual minorities and transgenders in particular.



### **Mr. Bharat Shetty**

Karnataka Health Promotion Trust

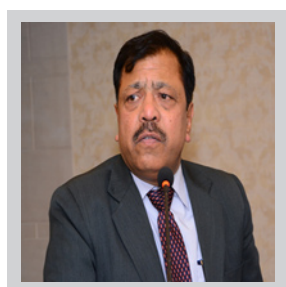
Mr. Bharat Shetty stated that one of the harshest effects of the HIV AIDS epidemic is felt by children. Behind every infected child, there are others who are affected by HIV/AIDS. It is found that once a child loses a parent to AIDS-related infection, it places children at higher risk of getting infected, pushed into risk of trafficking, prone to abuse, armed conflict, drug abuse and displacement, etc. For young children early detection, nutritional supplements and medical treatment especially antiretroviral therapy is essential for survival

HIV can lead children to drop out of school; infection of parents can lead children to engage in child labour in order to survive. Many children are orphaned and highly exposed to abuse, exploitation and neglect because of a loss of a parent(s) or guardian. The result is that a growing number of helpless children are facing a cycle of abuse, neglect, stigmatization, malnutrition, poverty and disease. This results in children being marginalized from essential services such as education, skills and health.

Child affected by AIDS needs medical treatment, counseling, support from extended families, and other non-institutional care, and help with medical care for parents Children living with the HIV experience a great deal of social stigma and discrimination.

There is no particular mechanism for legal support or to prevent discrimination that is already occurring. Incidents of these children disappearing or being killed are often reported. There are several other issues to add to their plight, such as child labour. If they do not work, there is no other support for their family. They also have to live in fear of evils such as trafficking, child marriage etc. In order to move forward, a process must be initiated to modify the adoption laws, change the skill development age to 14 instead of 18, and by coming up with other such laws to protect adolescents who are vulnerable.

## Concluding session



**Mr. Alok Agarwal**  
**Member Secretary, NALSA**

stated that HIV/AIDS is a complex issue and a socio-economic problem. There are social and community issues involved which need sensitive handling. Considering these aspects, he suggested a formal mechanism for working together. A joint action plan prepared with support of NACO and community representatives will help Legal services Authorities to contribute in a more meaningful way. Appreciating the active role played by some of the State Legal Service Authorities in reaching people living with HIV and key populations such as transgenders, he assured full cooperation from NALSA. Awareness programmes will be conducted and the technical support required from NALSA, SLSAs and DLSAs will be provided.

On the issue of inclusion of PLHIV and key population under section 12 of National Legal Service Act, he assured to consider the option and suggest way forward. Nevertheless, he reiterated that PLHIV are already covered by this section, by virtue of them falling under other categories in Section 12.

The session drew to an end with Mr. Kang, Additional Secretary & DG NACO, providing some valuable suggestions. He appreciated the role NALSA has played in bringing about legal reforms and taking legal services to various marginalised groups. He proposed closer coordination and regular interactions with NACO and SACS for reaching PLHIV and key communities especially widows and children infected and affected by HIV/AIDS, as they would be the first responders in cases and thus need to work closely with the community. As a word of caution, he requested that any communication material prepared for awareness needs to be vetted by State AIDS Control Society to ensure technical correctness.





## Vote of thanks

Dr. Madhu Sharma delivered the final vote of thanks . At the outset , she conveyed gratitude to Mr. N. S. Kang, AS & DG, NACO for his visionary leadership not only for planning and approving this consultation but for also taking out time from his busy schedule for attending and steering the consultation. He attend the consultation inspite of the ongoing parliament session. This certainly reflects his commitment to the issue of ensuring legal protection for PLHIV & MARPS. His presence has certainly made the deliberation process more meaningful and fruitful. She then thanked Mr Alok Agarwal , Secretary NALSA, who inspite of two recent changes in the leadership of NALSA, was convinced about the importance of this joint consultation . Chairman NALSA and Secretary NALSA had both changed recently, and Mr Agarwal has joined this position only a week back, yet he was determined to take this consultation forward and provided all his support . It is indeed appreciated. She thanked all the technical experts who have provided their expertise on the issue and hoped their vision and guidance in the matter would continue in future too, as the same is critical to take the issue ahead . She also thankfully acknowledged the support and participation of all the community representatives , who have shared their experiences in the consultation . This would certainly help in providing human rights perspective to provision of legal protection to PLHIV and MARPS. At the end , she expressed her gratitude to Dr Naresh Goel for his leadership and guidance and mainstreaming team for their invaluable support.



## Concept note for NACO NALSA Consulation

### 1. Introduction

Human rights are inextricably linked with the spread of HIV on individuals and communities. The denial of human rights fuels the spread and exacerbates the impact of the disease, while at the same time HIV undermines progress in the realisation of human rights. This link is apparent in the disproportionate incidence and spread of the disease among Most at Risk populations which invariably include women and children, and particularly those living in poverty. The vulnerability as well as impact of HIV highlights the inequities and vulnerabilities leading to increased rates of infection among women, children, the poor and marginalized groups, and thereby contributed to a renewed focus on economic, social and cultural rights.

### 2. Relationship between HIV/AIDS and Human Rights

- 2.1 Increased vulnerability:** Experience all over the world indicates that poor and marginalized people are more vulnerable to HIV due to lack of information and lack of access to basic entitlements. They are unable to realize their civil, political, economic, social and cultural rights for protection from HIV infection. People living in poverty often are unable to access HIV care and treatment, including ART and other medications for opportunistic infections. Women, and particularly young women, are more vulnerable to infection if they lack of access to information, education and services necessary to ensure sexual and reproductive health and prevention of infection. The unequal status of women in the community also means that their capacity to negotiate in the context of sexual activity is severely undermined.
- 2.2 Stigma and discrimination:** The rights of people living with HIV often are violated because of their presumed or known HIV status, causing them to suffer both the burden of the disease and the consequential loss of other rights. The harassment and violation of basic rights becomes major barriers for access to prevention, treatment, care & support services. It may obstruct their access to or affect their employment, housing and other rights, which may in turn increase the chances of risk behavior and thereby chances of transmission to others. The worst sufferers among are women infected and affected by HIV and their families, orphan children infected and affected with HIV. Thus legal protection is one of the emerging needs.

- 2.3 Impedes an effective National response:** Since HIV-related stigma and discrimination discourages individuals infected with and affected by HIV from contacting health and social services, national response are hampered. For example, discrimination against and stigmatization of vulnerable groups such as injecting drug users, sex workers, and men who have sex with men drives these communities underground. This inhibits the ability to reach these populations with prevention efforts, and thus increases their vulnerability to HIV. Thus, National responses need to strategically address the epidemic through creation of enabling environment where human rights are not respected.

### 3. Human Rights Approach to HIV and AIDS

Experience in the response to AIDS has shown that access to legal services is an important part of guaranteeing protection from discrimination, getting redress for human rights violations, and expanding access to HIV prevention and treatment. Access to legal services for individuals affected by HIV is a very important component to the overall enabling environment.

Where individuals and communities are able to realize their rights to information, education, testing and treatment in a non-discriminatory manner, the societal impacts of HIV and AIDS are reduced. The protection and promotion of human rights are therefore essential in preventing the spread of HIV and to mitigating the social and economic impact of the pandemic. Promotion and protection of human rights, thus

- Reduces vulnerability to HIV infection
- Mitigates impact on those infected and affected by HIV.
- Enhances equity and inclusion to the national response.

### 4. Global and National Responses

In adopting the Declaration of Commitment on HIV/AIDS in 2001 at the UN General Assembly Special Session on HIV/AIDS, Governments have fully recognized the importance of protecting human rights and gender equality through appropriate legal frameworks in national responses to HIV. Obligations to promote and protect HIV-related human rights are defined in existing international treaties. Key among these are: the Declaration of Commitment on HIV/AIDS; the Sustainable Development Goals; and the Commission on Human Rights resolutions on the right to the highest attainable standard of health and access to medication. These international treaties advocate for the National responses to ensure that the programmes relate and harmonize within the context of universal human rights standards. The enactment of laws that incorporate the protection of human rights

and gender enable those vulnerable to HIV infection to access prevention & care services and also enable them to lead a life with human dignity free from discrimination and human rights abuses.

UN's Sustainable Development Goals aim for "ending the epidemics of AIDS by 2030" through the fast track approach of 90:90:90, which mean that by 2020

- 90% of all people living with HIV will know their HIV status.
- 90% of all people with diagnosed HIV infection will receive sustained ART.
- 90% of all people receiving antiretroviral therapy will have viral suppression.

The provision of legal provision becomes a strong determinant to ensure that these targets are met.

LEGAL PROTECTION ENSURES	TARGET
Enabling environment encourages more people especially high risk groups to come out and get tested, without the fear if stigma and discrimination.	90% of all people living with HIV will know their HIV status.
The assurance of privacy and confidentiality through a rights based perspective would lead to more people getting linked to treatment services.	90% of all people with diagnosed HIV infection will receive sustained ART.
People receiving treatment are not discriminated from social protection schemes relating to nutrition, employment and livelihood schemes.	90% of all people receiving antiretroviral therapy will have viral suppression.

## 5. National Response

National Legal Services Authority under the jurisdiction of the Department of Justice, Ministry of Law and Justice, Government of India is the apex body constituted to lay down policies and principles for making legal services available under the provisions of the Act and to frame most effective and economical schemes for

legal services. It has been constituted under the Legal Services Authorities Act, 1987 to provide free legal services to the weaker sections of the society and to monitor and evaluate implementation of legal aid programmes and to lay down policies and principles for making legal services available under the Act. It makes specific efforts to identify marginalized groups and customize strategies to reach these groups under on 'Access to Justice for Marginalized People'. It focuses on strengthening access to justice for the poor, particularly women, Scheduled Castes, Scheduled Tribes, and minorities. by improve the institutional capacities of key justice service providers to enable them to effectively serve the poor and disadvantaged and also empowering the poor and disadvantaged men and women to seek and demand justice services.

However, there are challenges of operationalization when the target groups areas varied and complex as the persons infected and affected by HIV/AIDS. These challenges can be contextual barriers arising from the larger issues of sexuality and notions of what is wrong and what is right or they can be structural barriers emanating from the finer nuisances of legal delivery mechanism, which offer room for subjectivity. Both these contextual and structural barriers warrant candid and clear analysis of what is inhibiting the access of services.

## **1. Objectives of the Workshop:**

- Deliberate on the ways and mechanisms of enhancing access by PLHIV and key populations .
- Strengthen the mechanism of legal aid by NALSA, SLISA & DLSA, to target groups including & affected groups, FSWs, IDUs, MSMs, Transgender, etc.
- Build linkages with HIV interventions, Networks of People Living with HIV, and CBOs of marginalized community working PLHIV/MARPs to promote legal awareness and legal literacy.

## **2. Outcome of the workshop:**

- Shared understanding on the challenges of access to legal protection by persons infected and affected by HIV.
- Clarity with regard to ways and mechanisms of enhancing access by PLHIV and key populations .
- Strengthened mechanisms of enhancing access by PLHIV and key populations
- Improved linkages between HIV interventions and SALSA/DALSA/TLSA

## Agenda

Inaugural Session	
Time	Theme
9.00 am to 9.30 am;	Registration
9.30 am to 10.30 am	Welcome address Dr. Naresh Goel, DDG, NACO
	Address by Ms. Alka Narang Assistant Country Director, UNDP India
	Address by Mr. Ousssama Tawil Country Coordinator, UNAIDS India
	Address by Community Representative Mr. Firoz Khan
	Address by Mr. Alok Agarwal, Member Secretary, NALSA, Ministry of Justice
	Inaugural Address: Mr. N S Kang, Additional Secretary & DG, NACO, MOHFW
	Vote of thanks Ms. Elizabeth Michale Team Leader, Mainstreaming Division NACO
10.30 am-11 am	Tea break
11 am to -12 Noon Technical Session:	<b>Legal Issues : Experiences and challenges from the Key communities</b> <b>Chair: Member Secretary, Chhattisgarh State Legal Service Authority</b> <b>Co-Chair: Dr Naresh Goel , Deputy Director General. NACO</b>
	Human rights and HIV. : Ms. Tripti Tandon
	Legal Issue of FSWs: Mr. Amit Kumar , All India Network of Sex Workers
	Legal issue of third gender : Ms. Abhina Aher, India HIV Alliance
	Legal Issues of sexual minorities Ernest Noronha, UNDP Regional office
	Legal Issues of IDUs-Kunal Kishore , UNODC
	Legal Issues of children infected and affected by HIV/AIDS-KHPT

12 Noon – 1 pm Technical Session	Experience sharing on implementation of Legal Protection efforts: Chair: Member Secretary, Delhi State Legal Service Authority Co chair: Project Director, Delhi State AIDS Control Society
	Technical presentation By Mr. Ravi Verma, Regional Director, ICRW Sharing the findings from the study of stigma in different settings
	Experience Sharing by State Legal Service Authority- Chhattisgarh Experience Sharing by State Legal Service Authority- Jammu & Kashmir Experience sharing on Addressing legal issues : Puducherry SACS Experience sharing on Addressing legal issues Maharashtra SACS
1 pm to 2 pm	Lunch
2 pm to 3 .30 pm	Panel Discussion on Way forward for strengthening Legal Protection for People Infected and affected by HIV/AIDS Chair : Mr. N S Kang AS & DG NACO, MOHFW Co chair : Mr. Alok Agarwal, Member Secretary, NALSA
	Mr. Anand Grover- Lawyers Collective : Challenges and possibilities
	Mr. Ravi Verma, Rgional Director, ICRW
	Ms. Anjali Gopalan, Executive Director ,Naz Foundation
	Representative from State Legal Service Authorities
	Representative from State AIDS Control Society
3.30 pm-3.45 pm	Summarisation and Wrap up
3.45 pm – 4.00 pm	Vote of thanks by Dr. Madhu Sharma, NACO

## Key Speakers' profile

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**Ms. Aarti** : Peer Educator in TI Project. She is fighting with HIV for last 5 years and bringing up her 5 daughters single handedly.. She was left by her first husband due to failure to bear a male child. Despite of separation with husband she made her 5 daughters stand on their own .

**Abhina Aher** is transgender activist and is working as National Programme Manager on 'Pehchan ( identity.)' programme, single largest HIV country grant programme funded by Global Fund for MSM transgender hijra community HIV prevention in 17 Indian states. She is 'Chair' of Asia Pacific Transgender Network and member of 'International Transgender Resource Group (ITRG)' in 2014. She has represented Indian transgender hijra issues in various prominent conferences such as 'Trans-Health Conference : Philadelphia'; PEPFAAR MSM Meeting; AIDS 2013 conference and flag off Prague Pride Walk in 2013 representing Indian hijra in Prague. She has been instrumental in providing hand-holding support various CBO and has been part of various advocacy initiatives and capacity building programme.

**Ms. Alka Narang; Assistance Country Director, UNDP India** . She is currently heading the Poverty UNit and has earlier headed HIV and development division and worked on Human Development Reports. She is passionate and sensitive development practitioner with nearly thirty years .

**Ms. Anjali Gopalan; Executive Director of the Naz Foundation (India) Trust**, a Delhi-based NGO dedicated to fighting HIV/AIDS. She was nominated for the CNN-IBN Indian of the Year Award (2009) in Public Service based on its tireless work for society's greater benefit.

**Ernest Noronha**; HIV Specialist.Asia Pacific Office UNDP Ernest has more than 12 years of progressive experience in managing diverse HIV programmes in India. completed Bachelor's in Mass Media and Management from Mumbai University in 2005 and Masters in Business Administration in 2007. Ernest has also completed a para-professional diploma in community based social work.

**Mr. Firoz Khan**; National Coordinator. National Coalition of People Living with HIV in India (NCPI+). He has been advocating the rights of People living with HIV and other marginalized community and empower to them on their human and legal rights for last 12 years.



**Gautam Yadav :**

**'HIV & Human Rights Activist'**, championing the cause of protecting Human Rights of the LGBT and PLHIV. He is honorary Board member of UNAIDS Youth Advisory Forum from Asia Pacific, Core working committee member for Youth Voices Count and board member for Youth Lead Bangkok, Key Correspondent member for International HIV/AIDS Alliance, Steering committee member for Y+ Initiative by Global Network of People Living with HIV.

**Kunal Kishore:** Kunal joined UNODC in March 2005. He is responsible for the overall management of the regional project on the prevention of HIV and AIDS amongst drugs users in SAARC countries. He works with the government, civil society, UN and international agencies on technical capacity building, programme development, advocacy and fund raising.

**Ms. Kusum:** President, All India Network of Sex Workers and Out Reach Worker for Targetted intervention with female sex workers. She is also a head of first Sex Worker's CBO of Delhi named Milan Mahila Sangathan and champions sex workers issues in terms of their basic rights, legal issues, Health and social inclusion.

**Laxmi Narayan Tripathi :** Founder Trustee & Chairperson, Astitva - Organization for Support & Development of Sexual Minorities is a transgender rights activist. A Hindi film actress and accomplished Bharatanatyam dancer, she is the first transgender person to represent Asia Pacific in the UN in 2008. She has an arts degree and a postgraduate degree in Bharatanatyam. Laxmi has served on the boards of several LGBT NGOs. Laxmi steered the appeal against Section 377 of the Indian Penal Code, which made homosexuality a crime; In April 2014 Indian Supreme Court recognized transgender rights, officially recognizing them as a third gender.

**Mr. NS Kang.** Additional Secretary & DG NACO IS a senior IAS officer from 1983 batch from Punjab. He has also worked in diverse areas such as labour, industries, home administration, Finance, Public works, Local self governance and agriculture etc. He has been associated with the HIV programme earlier as Director (Finance) from the year 2000-2003, and as JS, MOHFW from 2003 -2005.

**Mr. Oussama Tawil; Country Coordinator, UNAIDS** India since 2013. Prior to that, he was a Regional Team Leader and Director in the Middle East and North Africa (MENA), and later UNAIDS Country Coordinator for Pakistan and Afghanistan. He joined UNAIDS in 1996 prior to which he worked with WHO from 1988 to 1995. Oussama specializes in HIV prevention among most-at-risk, vulnerable and socially marginalized populations.

**Dr. Ravi Verma:** Regional Director, International Centre for Research on Women's (ICRW) Asia Regional Office in New Delhi, India. He has worked on issues of men, masculinities, male sexual health and gender equality as they relate to violence against women, reproductive health including family planning and HIV and AIDS in India and in the countries of Asian region. Prior to joining ICRW in 2007, he has worked as a program associate with Population Council/Horizons, and a professor in the department of population policies and programs at the International Institute for Population Sciences in Mumbai, India.

**Ms. Tripti Tandon;** Executive Director, HIV and Law unit, Lawyers Collective. In her over 15 years of association with the Lawyers Collective, Ms. Tripti has spearheaded the work on HIV, law and criminalisation, more specifically on drug policy and human rights. .She has worked in a number of court cases dealing with HIV.

## List of Participants

National Consultation on Legal Protection for Persons Infected & affected by HIV/AIDS,

S.no	NAME	ORGANISATION	TITLE/DESIGNATION
<b>National Legal Service Authority (NALSA) /State Legal Service Authorities (SLSA)</b>			
1.	Mr. Alok Agarwal	NALSA	Member, Secretary
2.	Mr. Rajesh Goel	NALSA	Director
3.	Mr. Navneet Kumar	Jharkhand LSAC	Member Secretary
4.	Mr. Yashwant Singh Chagal	HP LSA	Member Secretary
5.	Mr. R. N. Watal	J&K LSA	Member Secretary
6.	Mr. Mridul K. Saikia	ASUSA	Member Secretary
7.	Mr. RMT Taekaaramow	TNSLSA	Member Secretary
8.	Smt. R.K. Memeha	Manipur SLSA	Member Secretary
9.	Mr. Abhijit Soni	SLSA, WB	Member Secretary
10.	Mr. Sudip Niyogi	SLSA A&N islands	Member Secretary
11.	Mr. Prashant Joshi	UK SLSA	Member Secretary
12.	Mr. G. Dinesh Kumar	Puducherry LSA	Member Secretary
13.	Mr. Satish Kr. Sharma	RSLSA	Member Secretary
14.	Mr. S.N. Agnihotri	UP SLSA	Member Secretary
15.	Mr. Sanjay Yadav	MSLSA	Deputy Secretary
16.	Mr. S.C. Chandak	GSLSA	Member Secretary
17.	Mr. Om Prakash	Bihar SACS	Member Secretary
18.	Mr. A. Venkateshwarahody	Telangana SACS	Member Secretary
19.	Mr. Dharmesh Sharma	MS DSLSA	Member Secretary
20.	Mr. Om Prakash Jaiswal	SLSA Chandigarh	Dy. Secretary
21.	Ms. Manabendra Debbarma	DLSA	District Secretary

22.	Mr. Rajeshwar Singh	State LSA	Law Officer
23.	Mr. Sunil Chauhan	Haryana LSA	Joint Member Secretary
24.	Mr. Vijay Kumar	NALSA	Staff
25.	Ms. Kuldeep	NALSA	Staff
26.	Mr. Abhishek	NALSA	Staff
27.	Mr. Rajeev	NALSA	Assistant
28.	Mr. R.V. Singh	NALSA	Staff
29.	Mr. Vinod Goswami	NALSA	Staff
30.	Ms. Kamal Singh	NALSA	Staff
31.	Mr. V. Ashu Theyo	NALSA	Panel Advocate
<b>Development Partners</b>			
32.	Mr. Oussama Tawil	UNAIDS	Country Director
33.	Dr. Pauline Harvey	CDC	DGHT Director
34.	Ms. Alka Narang	UNDP	Asst Country Director
35.	Ernest Noronha	UNDP BRH	Policy Analyst
36.	Mr. Navneet S. Tewatia	UNAIDS	Policy Analyst
37.	Ms. Pragya Mishra	UNDP	Consultant
38.	Mr. Kunal Kishore	UNODC	PR Coordinator
39.	Mr. Ravi Verma	ICRW	Regional Director
<b>NACO/ SACS</b>			
40.	Mr. N S Kang	NACO	AS & DG
41.	Dr. Naresh Goel	NACO	DDG
42.	Dr. Mrinalini	DSACS	Project Director
43.	Dr. P.S. Keshkar	MDACS	Project Director
44.	Dr. Ashok Roy	Tripura SACS	Project Director
45.	Dr. Jose D' Sa	Goa SACS	Project Director
46.	Dr. Jayanthi Gurumurthy	Pondicherry SACS	Project Director
47.	Dr. S. Jayasankar	Kerala SACS	Project Director
48.	Dr. D. John Babu	Telangana SACS	Addl PD
49.	Dr. P Rajendra Prashad	APSACS	Addl PD

50.	Mr. Rakesh Kumar Mishra	UPSACS	Addl PD
51.	Mr. Tashor Pali	Arunachal SACS	DD (IEC)
52.	Mr. Nirmal Tiwari	UPSACS	AD-GIPA
53.	Ms. Santosh Kr. Singh	Jharkhand SACS	Asst. Dir GIPA
54.	Mr. Y. Palani	TANSACS	Asst. Dir GIPA
55.	Mr. Raval Pratik A	Gujarat SACS	Asst. Dir GIPA
56.	Mr. M.S. Pugansh	Tamilnadu SACS	Asst. Dir GIPA
57.	Metevinvo Sakhrie	Nagaland SACS	JD (IEC)
58.	Ms. Anjana G	GIPA	AD-GIPA
59.	Dr. P.K. Mandal	WBSACS	JD (CST)
60.	Ms. Richa Pathak	NACO	TO (Y)
61.	Mr. Sandesh S Jadhav	MDACS	AD GIPA
62.	Ms. Savita Thakur	MP SACS	JD (IEC)
63.	Ms. Elizabeth Michael	NACO	TL MS
64.	Mr. C. Mukherji	NACO	NPO (IEC)
65.	Dr. Madhu Sharma	NACO	PO,MS
66.	Mr. Ashish Verma	NACO	PO, MS
67.	Mr. Krishna Gautam	NACO	National Consultant PSU
68.	Mr. Janathan PyngropeMeg	Meghalaya SACS	DD (IEC)
69.	Ms. Vibha Malhotra	NACO	Consultant (HR)
70.	Ms. Santosh Katana	HSACS	Assistant GIPA
71.	Dr. Sukhvinder Singh	PSACS	JD (BTS)
72.	Mr. Srinivasa C	KSAPS	AD GIPA
73.	Mr. Mohnish Kumar	NACO	PO (MS)
74.	Ms. Rama Patel	GSACS	CAD GIPA
75.	Ms. Sarita Kumari	Bihar SACS	AD GIPA
76.	Mr. Ravi S. Bhushan	NACO	PO,MS
77.	Mr. B. Rajendar	TSACS	AD (GIPA)
78.	Mr. Rishesh Khajuria	JKSACS	AD (IEC)

79.	Mr. Ajay Kumar Patra	OSACS	AD (GIPA)
80.	Mr. Teenu Channa	CSACS	DD (IEC)
81.	Mr. Somnath Singh	NACO	Regional Manager
82.	Dr. Salesh Aggarwal	PD AIDS HR	
<b>NGOs/Community Representatives</b>			
83.	Ms. Abhina Aher	Alliance	NDM
84.	Ms. Tripti Tandon	Lawyers Collective	Executive Director
85.	Mr. Sashikanta Mishra	Odisha SACS	Member Secretary
86.	Mr. Sharad Ch. Jaiswal	NCPI+	Member Secretary
87.	Mr. Raj Kr Singh	NCPI+	Member
88.	Mr. Gautam Yadav	NCPI+	Member
89.	Ms. Pooja Sharma	PHFI (PIPPSE)	Documentation Officer
90.	Ms. Yumrin Nohpa	ARNP	GS
91.	Ms. Aparajita	PIPPSE	General Manager
92.	Mr. Firoz	NCPI+	National Coordinator
93.	Mr. Amit Kumar	AINSW	National Coordinator
94.	Ms. Kusum	AINSW	President
95.	Ms. Aarti	MMS	Member
96.	Ms. Shivani Kashi	PHG	Knowledge Officer
97.	Ms. Laxmi Narayan Tripathi	Astitva	Chairperson
98.	Mr. Raman Chawla	Lawyers Collective	Senior Consultant
99.	Mr. Bharat Shetty	KHPT	APD Mumbai
100.	Mr. Tushar Satak	KHPT	CLHIV
101.	Mr. M. Venkatesh Raman	PD Meditation Centre	HC Meditation Centre

