

The Multi-Country South Asia Global Fund Programme
9th The Country Coordinating Mechanism Regional Steering Committee
Meeting in Kathmandu, Nepal

Meeting minutes



Kathmandu, Nepal

July 5-6, 2017

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Snapshot of the meeting

On July 5-6 2017, Regional Steering Committee under the Multi-Country South Asia Global Fund HIV (MSA) Programme conducted its 9th meeting in Kathmandu, Nepal. Save the Children Nepal, in its role of Principal Recipient (PR) hosted this meeting for the first time.

RSC meeting gathered 60 participants that represented Country Coordination Mechanisms of project implementation countries, representatives from each programme Sub-Recipients, Local Funding Agency (LFA), Save the Children and UNAIDS in the meeting. *(The participant list is provided in the Annex 2).* The meeting was concluded with next steps.

The objectives of the meeting were;

- To update the Regional Steering Committee on the regional context of human rights, the legal environment and HIV among men who have sex with men and transgender people
- To select RSC coordinator; to inform RSC members on the status of MSA implementation on both PR and SR level
- To inform RSC on closure associated procedures and to reach a conceptual agreement on the steps involved; to discuss gaps and national/regional priorities under MSA
- To identify set of actions that will lead for better cooperation and coordination.

Agenda of the meeting (Annex 1) was tailored to include presentations and time for the respective thematic discussions. Over the course of two days RSC was informed on current regional epidemiological trends and efforts to achieve 90-90-90 target, status of the MSA implementation, regional and national events that were organized by the MSA SRs since the start of 2017.

Day I (5 July 2017)

Opening and Introduction

To open the 9th RSC meeting **Manisha Dhakal**, Programme Director, Blue Diamond Society, **Pete La Raus**, Deputy Country Director, Save the Children, Nepal Country Office, **Dr. Ruben del Prado**, Country Director, UNAIDS, and **Dr. Tarun Poudel** Director of the National Centre for AIDS and STD Control (NCASC) provided their welcome remarks to the meeting participants. They welcomed all participants to the two-day meeting and reiterated the important oversight role that the bi-annual CCM Regional Steering Committee (SC) Meeting plays for the program in terms of the programme activities, finance, management and coordination with national Country Coordinating Mechanisms in each of the eight programme countries.

Pete La Raus, Deputy Country Director, Save the Children, Nepal Country Office reiterated the importance of information exchange and promotion of good governance on national and regional levels. In particular, he said that RSC meeting is an excellent platform for communication and decision making on the national and regional levels. He also thanked national CCM members and MSA SRs for their leadership and playing proactive roles in the national and regional response to HIV epidemic.



Guests (Pete La Raus, Dr. Ruben Del Prado and Dr. Tarun Poudel from left to right orientation) are delivering opening remarks

Short safety and security brief:

Ms. Gita Karki, Office Safety and Security Manager of Save the Children Nepal Country Office briefed safety and security protocol to the participants.

Highlight the objectives and outcomes of the meeting: Followed by briefing of safety and security, **Dr. Zakir Kadirov**, Chief of Party, MSA Grant, Save the Children highlighted the major objectives and expected outcomes of the meeting.

Session I: CCM Regional Steering Committee Governance Issues

Mr. Mahesh Dhungel, CCM Coordinator Nepal facilitated this session. The key objectives of the session were to endorse the minutes of the 8th RSC and to elect a CCM Regional Steering Committee Coordinator. He recapitulated action points agreed during the last RSC meeting that took place in Bangkok, Thailand on 31 March - 1 April 2016. The only recommendation of the last RSC meeting was to submit the request for the MSA project extension to the board of directors of the Global Fund, has been implemented and as a result the grant was extended from January to December 2017. Based on the mutual agreement minutes of the previous meeting were endorsed unanimously.

The meeting proceeded with the election process for a CCM regional steering committee coordinator. Mr. Mahesh Dhungel invited **Dr. Sandhya Gupta**, RSC coordinator to assist him and co-moderate this session. Participants were offered two options 1) to extend tenure of current RSC Coordinator Dr. Sandhya until December 2017, given the fact that project will be closing down in 6 months or 2) to elect new Regional Steering Committee coordinator. All RSC members reached a consensus and unanimously agreed to extend the tenure of current RSC coordinator- Dr. Sandhya. Dr. Sandhya extended her gratefulness to RSC and accepted proposal. In an effort to streamline the performance of the RSC coordinator she suggested to review the TOR for RSC coordinator and clarify RSC Coordinator role in relation to communication and information exchange between CCMs, MSA SRs and PR.

Key highlights of the discussion reiterated for better coordination at national level:

- The CCM coordinator and the RSC coordinator should closely oversee the grant implementation at the country level to enable streamlined performance of national and regional grants.
- Experience of Blue Diamond Society where NGO inquisitively engages CCM on a routine basis was accepted as an exemplary approach that can be employed by other SRs.
- The CCM coordinator should have a well-defined ToR and should support the RSC coordinator in the days to come. ToR of RSC Coordinator to be circulated to all CCMs for review.
- Mechanism to share the project implementation progress on national and regional level should be developed and followed by the RSC, SRs and PR.

Next step:

- Regional Steering Committee Coordinator will explore the need for the revisions of ToR facilitate its review. PR stands ready to provide inputs and co-facilitate the process.

Session II: Regional overview and MSA program snapshot

The objective of this session was to update the CCM regional steering committee on current regional efforts to reach 90-90-90 including context of human rights, law and HIV epidemic among men who have sex with men and transgender people. To achieve the perceived purpose of the session, overview of the current regional efforts to achieve 90-90-90 from UNAIDS, unpacking SDGs to achieve justice, equality and well-being for LGBTQIA and PLHIV communities experience from FPA Sri Lanka and country snapshot by Save the Children International (SCI) presented respectively. The session was moderated by Mr. Sudarshan Shrestha, Director, Advocacy and Communication, Save the Children in Nepal.

Dr. Ruben del Prado prior to his presentation generated question and answer session that enabled participants to understand status of the following issues in each of the MSA countries:

- 1) Inclusion of fast track objectives into the National Strategic Plan (NSP) of MSA countries
- 2) Inclusion of Gay men and other men who have sex with men and TG into the NSP
- 3) Inclusion of MSA grant funds into the national HIV investment plan

Discussions revealed that most of the countries have revised their respective NSP to reflect the Fast Track objectives and 90-90-90 targets. Some of the countries e.g. Sri Lanka is yet to develop a new NSP as the current one is coming to its end this year.

The key takeaways of these discussions:

- 1) To enable meaningful programming and interventions every National HIV strategy and investment plan should clearly stipulate Gay men and other men who have sex with men and TG
- 2) Allocations for both regional and national interventions that focus on MSM and TG population should be a part of the National investment plan

Dr. del Prado shared that the MSA grant adds complementarity to the national HIV response and respective country allocations under MSA should be reflected in National HIV strategy and investment plan. Discussions were followed by the structured presentation that was focused on the progress of the SA and SEA countries to achieve



the 90-90-90 targets. Dr. Ruben stressed that summary of the progress is constrained as there is a lack of data for the KPs in a number of countries. Thus, basic data on HIV prevalence, condom use, prevention and treatment coverage and testing is not available for a number of countries Afghanistan, Bhutan, Maldives and Sri Lanka (*reference was made to the UNAIDS GARP report 2016*). He noted that with 300,000 new HIV cases in Asia and Pacific annually, decline in number of new cases between 2010 and 2015 constitutes only 5%. Low national prevalence masks high prevalence in selected geographical areas (*from 7.4% to 65% among female sex workers in Myanmar Yangon 2016 and PWID Myanmar Bamaw 2016 respectively*) key populations account for 60-90% of new HIV infections in Asia and the Pacific countries. It can be concluded that fast-track approaches should be adopted and current scope of programs scaled up to meet the ultimate goal and to end AIDS by 2030.

In his overview of the current regional efforts to reach 90-90-90 he stressed the need to:

- Focus on achievement 10 targets stipulated in UNAIDS 2020 strategy
- Empower young people, especially young women and adolescent girls to access a combination of prevention services and to protect themselves from HIV
- Tailor HIV combination prevention services that are accessible to key populations, including sex workers, gay men and other MSM, PWID, Transgender People, and prisoners, as well as migrants
- Remove punitive laws, policies, practices, prejudice and discrimination that block effective responses to HIV
- Engage community into the program implementation so that relevant and reliable strategic information is in place, obstacles and barriers are identified and programs are implemented with the use of evidence based approaches

Madusha Dissanayake, Director Public Affairs, Policy Advocacy, FPA Sri Lanka led the session with a presentation on “unpacking SDGs to achieve justice, equality and well-being for LGBTQIA and PLHIV communities”. She provided overview of post 2015 to SDGs journey, key focus on reducing inequalities and improving access to justice with in SDG goals and targets. Presenter shared key interventions and steps that FPA made, in an effort to achieve SDGs. Advocacy efforts of FPA and consultative process with the Government of Sri Lanka resulted in establishment of SDG oversight mechanism. PM and Parliament was engaged into the development of TOR for the oversight committee that will be in charge of monitoring SDG program implementation. FPA Sri Lanka always enthused to facilitate with the policy makers on need for the implementation of SDGs as a priority especially to address gender equality, gender-based violence, sexual and reproductive health rights and access to justice.



Key steps that need to be made to make a progress towards achievement of SDG in Sri Lanka include but are not limited to the following:

- Further in depth review of laws & policies to address issues related to discriminatory laws & policies (i.e. sex work, adult sexual practices, biases related to gender and LGBTQIA persons) so that can address the deep rooted discrimination against these communities
- Work with key allies - civil society, religious leaders and local communities including those that are directly affected to address changes required
- Strengthen the implementation of existing policies and laws on sexual and gender-based violence and provide necessary technical financial support required for the implementation.

- Identify specific ways of measuring the progress achieved in terms of the realization of human rights & access to justice for groups and communities who are marginalized including (but not limited to) people living with disabilities, people living with HIV (PLHIV) and LGBTQIA people

She concluded that social mobilization and advocacy plan can contribute to the achievement SDGs. She reiterated that community mobilization is not a beneficiary mobilization as community mobilization bring up the larger people, engagement of which may not be pertinent platform at all times to address the unique needs of the beneficiary such as LGBTQIA and PLHIV. In addition, she highlighted the number of reported MSM and TG people in the country are low so the country has not given the priority to address their needs. Monitoring efforts are very low so FPA is planning to develop an advocacy plan that will address the issues of domestic investments and promote meaningful engagement of community in decision making platforms.

Mr. Shaikh Masudul Alam, Senior Advisor, HIV Policy Advocacy, MSA Grant, Save the Children in Nepal led the session with a presentation on “country snapshot with focus on Policy Advocacy” and articulated the county-wise updates on legal reforms, priority focus in response to LGBTQIA issues and progress. He stressed that combination prevention program would be priority focus in response to LGBTQIA issues and also highlighted the status of the countries (*Afghanistan, Bangladesh, India, Nepal, Pakistan and Sri Lanka*) in bio-medical and behavioural interventions. He explained the survey findings on needs, challenges and priorities among youth LGBTQIA Africans. It revealed that most of the respondents of the survey listed the top three form of discrimination were 1) physical, verbal and emotional abuse, 2) eviction from house, work and community, 3) rejection by family, friends and from church and also found very encouraging facts that majority (95%) of them were willing to be a part of regional movement.

Major takeaways message of the survey in terms of advocacy in the region should prioritize the following:

- Promote the leadership and involvement of young people in the development and realization of program advocating for LGBTQIA rights
- Advocate for LGBTQIA youth inclusion in the design and implementation of LGBTQIA and mainstream youth programs
- Facilitate dialogue and networking between LGBTQIA youth and adult-led organization on key issues

He explained the key milestones of the attainment and the areas of advocacy interventions require in ensuring the fundamental rights and access in quality service.

Key highlights of the attainments and areas of the intervention:

- Afghanistan launched a national action plan to eliminate torture in early 2015; however Afghan law criminalizes consensual same-sex sexual relationship. There are still reported cases of harassment, violence and detentions by police administration therefore, advocacy efforts for the lesbian, gay, bisexual, and transgender (LGBTQIA) community functions largely underground out of fear of persecution.
- The Bangladesh cabinet in 2014 declared legal recognition of a third gender category. However, the absence of a definition of the term or procedure for gaining recognition of third gender status led to abuses in implementation of the legal change.
- The Supreme Court of India allowed a challenge to section 377 of the penal code to proceed, referring the case to a five-judge bench in February 2016. In June, several well-known LGBTQIA professionals filed a petition in Supreme Court arguing that section 377 violates the rights to life

and personal liberty. The government introduced a new bill in parliament on the rights of transgender persons in August.

- The new constitution of Nepal is recognized that citizenship is available in three genders, and protects “gender and sexual minorities” in clauses related to equality before the law and social justice. Nepal has begun issuing passports in three genders as male, female and other. Despite of the numerous the achievements, remain with lack of implementation of a supreme court-mandated committee recommendation that the government should recognize same-sex relationships.
- Pakistan’s penal code criminalizes sexual behaviour between men with possible life imprisonment. In 2009, Pakistan’s Supreme Court called for improved police response to cases involving transgender people, and to ensure the rights of transgender people to basic education, employment, and protection.

Dr. Ruben del Prado, UNAIDS complimented that the critical programme and social enablers are to be identified and included for priority investments in improving the HIV response. He suggested that the interventions should also be focused on reducing self-stigma among the KPs and PLHIV rather than on stigma enforced upon them by the society. In addition, Mr. Panusart (Midnight) Poonkasetwattana informed participants that UNDP has conducted assessment of legal environment with regard to KPs in South Asia, but the report, findings and recommendations are yet to be shared.

Next steps:

- CCM, PR and SRs should explore stigma and discrimination related studies and findings in the country level related to LGBTQIA communities and should address through policy advocacy.
- UNDP will be approached by APCOM for the final report of the assessment.
- SRs will coordinate with CCM and PR and identify gaps in bio-medical and behavioral interventions

Session III: Policy, Advocacy, Human Rights, Legal Framework

The objective of the session was to update the CCM Regional Steering Committee on context, status of development, national policies, execution of national policies and advocacy priorities in South Asia Countries. The session was moderated by Mr. Rajesh Khanal, Project Manager, NCASC, under Global Fund Grant. This session was facilitated by Dr. Tarun Poudel, Director, Ministry of Health, National Center for AIDS and STD Control (NCASC), Dr. Sandhya Gupta as well as Mr. Rajeenald T.D. from CCM from India and Prof. Dr. Mahamudur Rahman, Member of CCM Bangladesh respectively.

Dr. Tarun Poudel, Director, Ministry of Health, National Center for AIDS and STD Control Nepal highlighted National HIV situation, achievement made so far against national HIV strategy 2011-2016 and overview of national HIV strategic plan 2016-2021. He provided an insight that Nepal's constitution is recognized health is fundamental rights which are also articulated 35 points regarding health rights which enable to ensure all citizen including socially deprived communities can enjoy the right of information and right of equitable health services access.

In an effort to build, a sustainable ARV treatment program Government of Nepal has committed state budget resources for the procurement of ARVs starting from 2018. Nepal has made significant progress in scaling up the national response to HIV. This progress would not be possible without partnership established with Global Fund, USAIDS, UNAIDS, WHO, external development partners, networks and I/NGOs. To ensure sustainability of the program, government has also allocated budget for HIV targeted interventions through the pooled fund. He highlighted the fact that Blue Diamond Society has been implementing a project that is financed from G-funds. He also mentioned that the Government of Nepal has recognized HIV as the priority 1 program and the health rights of every citizen are protected by the constitution and respective policies.

Dr. Ruben del Prado from UNAIDS also complimented the responses and added that the constitution is mother of law and our role as citizen is to obey, recognize and ensure that law. Dr. Paudel concluded his presentation with sharing fast-track target 90-90-90 by 2020 and ending AIDS epidemic by 2030.



Dr. Sandhya Gupta and Mr. Rajeenald T.D. from CCM, India shared history of HIV epidemic in India where first case was detected back in 1988. Dr. Shandya highlighted the glimpse of HIV epidemic of India. There are estimates of 2.12 million HIV infected people in India with 86,000 new cases per year. It is encouraging that 1.05 million people living with HIV are under ART. India is the second largest country providing ART. AIDS related deaths were 67,000 in 2015. The overall prevalence of the country is 0.26%, however, the prevalence among the particularly key populations such as TG and PWID is higher than five percent. She shared that India has set milestones in declining new infections and AIDS related deaths. New infections since 2000 has declined by 67% against the global average of 35%, likewise 54% of decline in AIDS related death since 2006-2007. According to National IBBS conducted in 2014-2015 by NACO, HIV prevalence among MSM is 4.3% and TG is 7.5%. She highlighted other encouraging facts that 72% of estimated PLHIV know their status and more than 85% of identified HIV positives were linked to treatment and care support however, only 53% of the estimated pregnancies were tested for HIV in 2016-2017 which could be major bottleneck to achieve elimination of MTCT of HIV. She provided an overview of country progress on policy reform and mainstreaming HIV programs in ministries and department level.



The country has already endorsed and implemented “test and treat” policy through 531 ART centers and 1,108 links ART centers across the country. HIV has been mainstreaming with ministries and industries as per of multisectoral responses based on understanding the socio, economic faction and focus on vulnerability reduction, impact mitigation and prevent as a result, 14 MoUs signed with various industries and department. She stressed that despite of these many milestones, there is still challenges to address and reach KPs at newer emerging pockets, addressing with special attention to the high prevalence states and integration with larger health system to ensure sustainability. The presentation concluded with highlighting by Mr. Rajeenald T.D. on the importance of 3-1 principles, meaningful community engagement at every level of the program to empower key populations and communities to achieve the goal.

Similarly **Prof. Dr. Mahamudur Rahman, Member of CCM Bangladesh** and vice Chair of CCM oversight committee provided overview of Bangladesh HIV situation, 4th National Strategic Plan, key achievements of the policy advocacy. He underlined the successful advocacy inter pin by Bandhu Social Welfare Society and the government initiatives: under social safety net, Ministry of Social Welfare is providing TG with educational stipends and elderly allowance; providing grants to Hijra community to start small scale of business and enterprise; a separate section on gender diversity issues (section 8.3) is included in national psychosocial counseling policy 2016 and with the MSA grant’s support, inclusion of third gender issues in national curriculum as supplementary reading materials under active consideration of National Curriculum and Test Book Board.

Next step:

- Good practices and lessons learned of the successful initiation for linking in livelihood supports to TG populations from the government and public private sectors in Bangladesh to be documented by Bandhu Social Welfare Society and to be shared with CCM, SRs and PR.

Session IV: Regional Advocacy Plan for 2017-2020 for South Eastern Asian Countries

Shankar Silmula, Programme Manager, Asia Pacific Coalition on Male Sexual Health (APCOM) provided an overview of background of APCOM, roles and approaches, work under MSA grant and major findings of the 2-day consultation regional meeting. APCOM as network was founded in 2007 with the vision to increase investment, to scale up coverage of HIV prevention, treatment, care and support in the region and to strengthen the development and availability of the evidence-based studies that supports its mandate. Under MSA grant, APCOM joined the MSA in 2014 as a regional community based network to perform as regional sub-recipient to provide support to country sub-recipients through capacity building initiatives, technical assistance on organizational systems, support in advocacy and research efforts and to create and sustain a regional online resources hub. He shared objectives, outcomes and way forwards of the two-day regional consultation meeting conducted in Bangkok.

By the end of the consultation meeting, the team came up with advocacy priorities and four thematic areas (funding, research, capacity building and advocacy) for regional collaboration; prepared seven countries work plans for advocacy; developed peer to peer learning matrix to exchange knowledge and learning. Proper resource mobilization; availability of investment plan to sustain HIV and human rights, modality to working with faith-based organizations, approaches to ensuring quality health services; mechanism for ensuring social protection and equal opportunities for MSM and TG communities were major highlighted advocacy priorities by the participants of that regional consultation meeting. He emphasized the importance for the continuation of MSA grant beyond December 2017 and side by side important to tap other findings/donors for maintain and sustain the impact of the program. The session was moderated by Mahesh Dhungel, CCM Coordinator in Nepal.

Session V: Project closure associated activities and way forward

Dr. Zakir Kadirov, Chief of Party, MSA Grant started his presentation with going over the project implementation cycle where closure is a final stage of the project implementation. Given the fact that MSA is on its final year of implementation he took the opportunity to inform RSC members on key steps that are required for the project closure and to conceptually agree on steps required and division of roles and responsibilities. He underlined the concept of the close-out, its elements, sections and assumptions for the draft close-out plan, key activities, timelines and responsible parties, budget, disposition plan and way forward. He concluded his presentation with way forwards for the close-out.

The way forward for the close-out activities are listed below.

- SRs should focus on achieving targets as remaining time for the project is only 6 months
- To ensure harmonized approach for close out PR will share close-out template with all SRs by the September 30, 2017
- SR should prepare a close-out plan and submit to PR by October 15th
- PR and SR together review the progress of the close-out plan and to agree on the deadlines for its implementation



Most of the participants raised further queries regarding the grant extension. Dr. Zakir Kadirov clarified that 1) there is no indication from the Global Fund on project extension/renewal so far 2) it is pre-mature to discuss the duration of the no-cost extension at this point as PR is receiving requests from SRs to fund additional activities. PR will be better positioned to respond to this question in September when both PR and SRs have better idea of actual and anticipated savings that can serve as a ground for the duration of the extension.

Furthermore participants raised questions related to the future of the program:

- 1) Will the PR advocate for the extension of the MSA grant?
- 2) How the grant will be phasing out?
- 3) Is there possibility to extend the project and what would be role of SRs and PR?
- 4) How the grant will address critical project such as for Afghanistan?

Responding the queries of the participant, **Ms. Tara Chetty, Chief of Party**, Global Fund, explained that Save the Children as PR is in constant communication with the Global Fund in this matter. However, the GF has advised to wait till September 2017 so that there could be an idea of the surplus that is likely to be accumulated by the end of the December 2017. She reinforced that for closure activities, the grant needs the budget and there will be few key staff to carry out the close-out related activities. For this, Save the Children will communicate further regarding the proposition of the staff and additional resources. She reiterated that the close-out of the project means simply there will be no further activities for the program. As part of the closure process, LFA will verify and basically close-out the grant. She also requested everyone as a team, to be prepared for the closure. She expressed that Save the Children will continue the dialogue with Global fund for the continuation/extension of the grant.

Day II (6 July 2017)

The day second of the meeting was commenced by recapitulating key highlights of the day-I by Dr. Zakir Kadirov, Chief of Party, MSA grant.

Session VI: Country Presentation by SRs

A CCM member from each country was invited to the panel. The SRs representative from Afghanistan, Bhutan, Bangladesh, India, Pakistan, Sri Lanka, Thailand and Nepal respectively presented their country-wise presentation with country context/epidemiological situation, MSA contribution and activities, key achievements under MSA, innovations, challenges and way forward being the key content of the presentation.

The country-wise summary (the country context/epidemiological situation, key achievements, challenges and way forward is provided in annex III). After these presentations, the participants and the panel shared their impressions with recommendations.



Discussions:

- Bhutan is expecting through exchange filed visit of the policy makers may enable to create favorable environment for key populations and PLHIV in the country.
- Program coverage in Afghanistan is still challenging. They do not have program in many areas, which needs to be addressed.
- Highlighted good practice of PPP initiative with Standard Chartered Bank in Nepal as part of their social corporate responsibility and anticipated to hear such initiative from all the countries.
- While observing the progress particularly program coverage of MSM and TG people presenting by the SRs, there is still gaps to achieve 90-90-90 goals so fast-track strategies should be adopted by the countries.
- One of the biggest achievements presented by Bangladesh was linking KPs in livelihoods. The lessons from country can be documented and will share with the countries in the region.

Corresponding the discussion, **Ms. Tara Chetty, Chief of Party**, Global Fund, highlighted prominence of partnership and funding to achieve the target of 90-90-90 by 2020. She emphasized that the each country should know what 90-90-90 is and how the country is going to achieve it. For instance, to achieve the first 90, we should advocate for test to all and need to ensure everybody can get treatment access. Side by side, the country should identify the hindering factors and find out strategies to address locally. She encouraged the participants to have discussion on how can we document and evaluate our progress and ensure maximum service utilization by the beneficiaries.

The CCM members in the panel expressed the need of lobbying to sustain the impact of MSA grant which indicates future direction of the project. They encouraged PR, SRs and CCMs to create cross learning environment and recommend advocating and lobbying with GF for extension of the project together.

Next steps:

- The country-specific way forward to be implemented by SRs in collaboration with CCM at national level and PR will provide onsite support and follow-up
- Good practices of PPP initiation by the countries to be documented and shared with CCM, RSC coordinator, PR and across the SRs by each country. For this, BDS should coordinate to gather the initiation with lessons learned.
- PR in coordination with RSC to share the template with programmatic progress with financial status to the county beforehand at least 15 days earlier the upcoming meeting
- Explore the country's progress on the first 90 and do needful advocacy to ensure everybody can get tested and treatment access and identify the barriers and find out the strategies to address at country level.
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Session VII: Improving coordination and partnership to achieve intended results

The session was facilitated by Mr. Panusart (Midnight) Poonkasetwattana, Executive Director, APCOM. The purpose of the session was to discuss the gaps and priorities in MSA project implementation; and to improve communication and cooperation among SRs, CCM and other stakeholders. The team was divided into four groups. The each group has assigned a chair and a rapporteur to lead the group work.

The facilitator offered following questions to the group.

1. What is your vision for MSA grant?
2. Why MSA grant is important?
3. What is your suggestion for better communication and partnership?
4. What regional activities can complement the country grants?



Each participant had come up with vision for MSA grant and importance of MSA grant for them. Thereafter the group assignment was provided to discuss and turn up on the suggestions for better communication and partnership and the regional activities that can complete the country grants. The facilitator, staff from Save the Children deployed to discuss and summarize the points and shared to the wider team. The facilitator from each group presented their agreed points in plenary.

The summary of the group work are presented:

- 1) My vision for MSA grant is “To end HIV epidemic among MSM and TG people through ensuring human rights and building capacity and increasing accessibility in quality of services”

2) MSA grant is important because it aims at community strengthening and empowerment, it bridging the gaps in service delivery for MSM and TG people, contributing to development of favorable policies that enable effective intervention and complimenting National responses. The snapshot from flipcharts is presented below:



3) Suggestions for better communication and partnership are:

- Involvement of SRs, CBOs and CCM at all levels
- Mapping the stakeholders and develop mechanism for regular communication
- Initiation of virtual and physical quarterly meeting with all SRs, PR and CCMs
- Establish a proper channel of communication through focal point, newsletter and using online platform. Regular regional meeting at least quarterly. Experience sharing through cross countries exposure.

4) Regional activities that can complement the country grant:

- Community consultation; increase community engagement in the program
- Building capacity of community for advocacy skills
- Initiation of cross border collaboration and research
- Develop regional strategies focusing 90-90-90 achievements and address the actual gaps as per country's needs.
- Advocacy and sensitization program with healthcare providers, faith-based organizations, and human rights commissions at the country and regional level
- Regular partners and CBOs meeting at regional level
- CBO strengthening through seed grants
- Advocacy for increase domestic financing/investment for HIV programs

Presentations on status of MSA grant implementation:

Dr. Zakir Kadirov, CoP, MSA grant provided an overview of the project implementation for period of six months highlighting the low burn rate, programmatic achievements, challenges, lessons learned and way forwards. He reinforced the importance of focusing on targets and results and maintaining the proper communication among SRs, PR, RSC and CCMs to share learning and knowledge of the project intervention which enables to promote cross-learning environment.

As a final point, Dr. Zakir recapped the objectives and outcomes of the meeting. He also reiterated that the further decision regarding the grant will be communicated by September and encouraged to the participants for continuing the dialogue and implement the grant effective and efficient way.

Next steps:

- PR, SRs, RSC and CCM should establish a proper channel of communication through assigned focal point and using online platform and further RSC meetings.
- PR will communicate with SRs and CCMs about further decision of the grant by the end of September 2017

Closing remarks

Ms. Tara Chettry, Chief of Party, Global Fund, delivered closing remarks to the participants. She emphasized the prominence of community engagement and empowerment to maintain and sustain the impact of the program. Meanwhile the closing remarks, Ms. Laxmi Narayan Tripathi expressed that “TG issues are not addressed however as community, this is our prime responsibility”. She added the idea to choose one focal person from each country, sit together to write a concept note for TG population only and submit it to the Global Fund through the Save the Children. Ms. Tara Chettry thanked to Ms. Tripathi for coming up with this way forward. She emphasized that TG and other communities should forward because meaningful engagement of the communities can only ensure their own voice. She stressed that this is time to address MSM, TG people and other communities’ needs separately as each communities have their own peculiar problems and needs. She encouraged in engaging the dialogue process with national grant which is crucial steps because there is connection between regional and national grants.



On behalf of Save the Children she thanked esteemed CCM members and dear SRs partners for their meaningful participation and contribution in this meeting. She also extended her sincere thanks to Ministry of Health Nepal for their cordially support and collaboration and partners- APCOM, UNAIDS for the valuable support provided. Finally, she reinforced that the results achieved should not be possible without the efforts of the frontline activists.

Next steps of the meeting

S.N.	Next step	Deadline	Responsible
1.	Regional Steering Committee Coordinator will coordinate and explore for the revision of ToR and inform to PR	By August, 2017	Dr. Sandhya Gupta, RSC Coordinator
2.	APCOM will coordinate with UNDP to get the progress on assessment for legal environment conducted in South Asia and share the key findings with implications	September, 2017	Panusart (Midnight) Poonkasetwattana, ED of APCOM
3	Good practices and lesson learned of the successful initiation for linking in livelihood supports to TG populations from the government and public private sectors in Bangladesh to be documented and will share to CCM, other SRs and PR.	September 29, 2017	Fosiul Ahsanor, Project Director, Bandhu Social Welfare Society
4	Country-specific way forward to be implemented by SRs in collaboration with CCM at national level and PR will provide onsite support and follow-up	July to December, 2017	All SRs and PR
5	Good practices of PPP initiation by the MSA grant countries to be documented and shared to CCM, PR and SRs	October 27, 2017	Manisha Dhakal, Project Director, BDS Nepal
6	PR, SRs, RSC and CCM should establish a proper channel of communication through assigned a focal point and using online platform and physical meeting with all SRs, PR and CCM. The concept note to be prepared.	October 27, 2017	Dr. Sandhya Gupta, RSC Coordinator Bhawani Prasad Dahal MSA Save the Children team
7	PR will communicate with SRs and CCMs about further decision of the grant by September	By September 2017	Dr. Zakir Kadirov, Chief of Party, MSA grant, Save the Children

Annex I: Agenda of the meeting

DAY-1 : 5th July 2017 [Wednesday]	
Registration	8:30 – 9:00
Opening Session 09:00 – 10:00	
09:00 – 09:15	<p>Welcome Address</p> <p>Manisha Dhakal, Program Director, Blue Diamond Society</p> <p>Pete La Raus, Deputy Country Director, Save the Children, Nepal Country Office</p> <p>Dr. Ruben del Prado, Country Director, UNAIDS, Nepal</p> <p>Dr. Tarun Paudel, Director, National Center for AIDS & STD Control, Nepal</p>
09:15 – 09:30	Introduction of Participants
09:30 – 10:00	<p>Contextualizing the meeting: Objectives, expected outcomes and introduction</p> <p>Dr. Zakir Kadirov, Chief of Party, MSA Grant, Save the Children in Nepal</p> <p>The moderator will explain the goals and objectives of the meeting and will request participants to introduce themselves.</p>
10:00 – 10:30	Session 1: CCM Steering Committee Governance Issues
Objectives	<p>To elect a new CCM Regional Steering Committee Coordinator.</p> <p>Moderator: Mahesh Dhungel, CCM Coordinator, Nepal</p> <p>Co-moderator: Dr. Sandhya Gupta, CCM Coordinator, India</p>
10:30 – 10:45	TEA BREAK
10:45– 13:00	Session 2: Regional overview and MSA program snapshot
Objectives	<ul style="list-style-type: none"> To update the CCM Regional Steering Committee on current regional efforts to reach 90-90-90 including context of human rights, law and HIV epidemic among men having sex with men and transgender people. A snapshot of the MSA grant results <p>“Overview of the current regional efforts to reach 90 - 90- 90”</p> <p>Dr. Ruben Del Prado, UNAIDS Country Director and Representative of Nepal,</p>

	<p>Bhutan and Bangladesh</p> <p>“Unpacking SDGs to achieve Justice, Equality and Well-being for LGBTQIA & PLHIV communities - Sri Lanka’s experience”</p> <p>Madusha Dissanayake Director Public Affairs, Policy Advocacy, FPA Sri Lanka</p> <p>“Country snapshot with focus on Policy Advocacy”</p> <p>Shaikh Masudul Alam, Sr. Advisor, HIV Policy Advocacy, MSA Grant</p> <p>Session facilitated by: Mr. Sudarshan Shrestha, Director, Advocacy and Communication, Save the Children in Nepal</p>
13:00 – 14:30	Lunch Break and Group Photo
14:30 – 15:30	Session 3: Policy, Advocacy, Human Rights, Legal Framework
Objective	The objective of this session is to update the CCM Regional Steering Committee on national policy and advocacy priorities in South Asian Countries.
Presentations (20 minutes each)	<p>Country updates on policy and advocacy priorities for 2017-2020 Countries: India, Nepal, Bangladesh</p> <p>Dr. Sandhya Gupta and Mr. Rajeenald T. D. from CCM, India Dr. Tarun Paudel, Director, National Center for AIDS & STD Control, Nepal Professor Dr. Mahamudur Rahman, Honorable CCM Member Bangladesh</p> <p>Moderator: Mr. Rajesh Khanal, Project Manager, NCASC, under Global Fund Grant.</p>
15:30 - 16:00	Regional Advocacy Plan for 2017-2020 for South Eastern Asian Countries
	<p>“South Asia Regional Advocacy Plan” Shankar Silmula, Programme Manager, (APCOM)</p> <p>Moderator: Mahesh Dhungel, CCM Coordinator, Nepal</p>
16:00 – 16:45	Presentation on Closure associated Procedures and way forward
	Dr. Zakir Kadirov, Chief of Party, MSA Grant, Nepal
16:45 - 17:00	Tea Break
Day 1 Closing	

DAY-2 : 6th July 2017 [Thursday]	
9:00 – 09:10	Recap of Day 1 Dr. Zakir Kadirov , Chief of Party, MSA Grant, Save the Children in Nepal
9:10 – 11:00	Country Presentation by SRs (10 minutes) Afghanistan, Bangladesh, Bhutan, India, Pakistan, Sri Lanka Panel Members: One CCM member from each country
11:00 – 11:15	Q&A session followed by tea break
11:15-12:45	Country Presentation by SRs (10 minutes) Thailand and Nepal Panel Members: One CCM member from each country
12:45-14:15	Lunch break
14:15-15:30	Improving coordination and partnerships to achieve intended results
Objective	<ul style="list-style-type: none"> • To discuss gaps and priorities in MSA project implementation countries focusing on achieving maximum impact by the end of the current Programme • To improve communication and cooperation among SRs, CCM and other stakeholders Group Discussion : 45 Minutes Each Country will discuss in group and make presentation to the plenary Each presentation – 05 Minutes Session Moderator: Panusart (Midnight) Poonkasetwattana and Save the Children in Nepal Presentation on status of MSA grant implementation Dr. Zakir Kadirov , Chief of Party, MSA Grant, Save the Children in Nepal
15:30 – 16:00	Closing remarks Vote of Thanks: Tara Chettry, Chief of Party, The Global Fund Grant, Save the Children in Nepal

Annex II: The list of participants

S.N.	Name	Designation	Email
Afghanistan			
1	Abdul Majeed Siddiqi	Head of Mission HNTPO, first vice Chair of CCM, Representing CSO	majeed@hntpo.org.af
2	Abdul Wahid Wafajow	CCM Secretariat Coordinator	afghanccm@yahoo.com
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Bangladesh			
1	Professor Dr. M. A Faiz	Vice Chair of CCM	drmafaiz@gmail.com
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3	Dr. Milon Kanti Datta	BCCM Oversight Committee Member	-
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Bhutan			
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5	Dr. Gurusamy Pannirselvam	Senior Manager- Programs, VHS	auropannir@gmail.com
Sri Lanka			
1	Dr. Sathyadevi Herath	Consultant, NSACP	sathya_herath@yahoo.com
2	Mr. S.P.I. Niroshan	KAP Member, CCM Sri Lanka	Lankaplus2001@yahoo.com
3	Dr. Sulochana Yoganathan	Communication Focal Point – CCM Sri Lanka	ccmsrilanka@gmail.com
4	Ms. Madusha Dissanayake	Director Public Affairs, Policy and Advocacy, FPA	madu@fpasrilanka.org
APCOM			
1	Mr. Panusart (Midnight) Poonkasetwattana	Executive Director	ryanf@apcom.org
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Nepal			
1	Pete La Raus	Deputy Country Director, Save the Children, Nepal Country Office	pete.laraus@savethechildren.org
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3	Dr. Tarun Paudel	Director, National Center for AIDS &	drtarunpaudel@gmail.com

S.N.	Name	Designation	Email
		STD Control, Nepal	
4	Tara Chettry	Chief of Party, GF National Grant	tara.chettry@savethechildren.org
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4	Muhammad Siddique Wali	Program Director, Humraz Male Health Society	siddique.wali@hmhs.org.pk
5	Tanzil Ur Rehman	Program Manager, Dostana Male	tanzil.rehman@dmhs.org.pk

S.N.	Name	Designation	Email
		Health Society	
6	Wajid Ali	Project Manager, PIREH Male Health Society	wajid.ali@pireh.org.pk

Annex III: Summary of the country presentation (Country context, key achievement, major challenges and way forwards)

Country	Presenter	Country Context/Situation	Key Achievement	Major Challenges	Way Forward
Afghanistan	Dr. Md. Jawed Hanif	- Estimated MSM in the country is 10,700	- 1,014 (72% of target) new MSM and TG reached and educated through prevention activities - 668 MSM and TG tested for HIV - 66 KPs tested for STI - Conducted training on S&D reduction, BCC and Outreach and PE	- Due to existing S&D associated with HIV, KP are reluctant to get services - Cultural and policy barriers for providing services for MSM - Unstable security situations - Barriers for condom distribution	- Follow-up of old clients and reach more new MSM and TG people - Expansion networking with stakeholders and target communities
Bangladesh	Md. Fosiul Ahsan	- HIV prevalence is <1% among KPs - Estimated PLHIV is 9,600 - Cumulative HIV positive cases: 4,721 - Total death: 799 - New cases identified in 2016 is: 578 (<i>Source: NASP</i>)	- The supreme court division introduced a separate box for “Third Gender” - Legal helplines services by Bandhu and legal assistance through NHRC - Govt. has allocated lands to 4 CBOs	- Society has still negative attitude towards sexual minority population - Cultural sensitivity of using the term LGBTQIA in public events - Insufficient human resource to work for sexual minorities - Sustaining at least the current level of program interventions beyond the project	- Creating Social tolerance through awareness initiatives incorporating Hijra - Advocacy to register as Third Gender - Ensure friendly and appropriate health service at healthcare settings - Family counseling for accepting and extending moral supports
Bhutan	Jigme Thinley	Not available in the presentation	- 87 health workers were trained on S&D reduction, advanced STIs and HIV/AIDS treatment and management	- Penal Code 2004 Code 213 criminalizes sodomy or any other sexual conduct. (<i>Law review</i>	- Expand networking among MSM & TG people in Bhutan. - Capacity

Country	Presenter	Country Context/Situation	Key Achievement	Major Challenges	Way Forward
			<p>course and non-judgmental HTC for MSM and TG people.</p> <ul style="list-style-type: none"> - Legal Environment Assessment conducted and planned to disseminate in October 2017 - Advocacy framework developed and disseminated. IBBS survey conducted with support of country grant. - Faith Based Leaders trained on HIV and HIV related issues 	<p><i>underway by the Government)</i></p> <ul style="list-style-type: none"> - Weak network of MSM and TG community. - Inadequate capacity of health workers to response to needs of MSM and TG community. - MSM and TG not seen as a priority given. The limited evidence and visibility of MSM and TG are seen. 	<p>development of counselors and peer outreach workers (TG and MSM) and health professionals</p> <ul style="list-style-type: none"> - Lobby for funding supports for advocacy and program to MSM and TG people. - Create enabling environment to address legal barriers.
India	Richa Salvi and Dr. Gurusamy Pannirselvam	<ul style="list-style-type: none"> - TG estimation is 70,000 and reached 42% of them through TI programs - HIV prevalence among TG is 7.5% - Stigma in society is 50% and from health setting is about 37% (<i>source: IBBS 2015</i>) 	<ul style="list-style-type: none"> - Initiated national level ToT in collaboration with NACO and SACS - Provided advocacy seed grant programme to 12 CBOs - Conducted Likho-writing workshop for building journalists on LGBTQIAQ themes - Disseminated the research studies with key stakeholders to strengthen HIV interventions - Mumbai City forum conducted mapping study for MSM and TG health services - Developed manual on Mental Health component for TG/H people - Government declared April 15th as TG Day at Puducherry 	<ul style="list-style-type: none"> - Capacity building of 27 states staff in limited timeframe - Approaching key stakeholders such as senior level police officers and judicial members for advocacy on IPC Sec.377 - Changes in approved budget as per old rates - Shift from UNDP processes to Save the Children processes 	<ul style="list-style-type: none"> - Continued capacity building of MSM TI staff in 27 states - Advocacy on amendment of IPC Sec.377 with key stakeholders - CBOs strengthening: Grant writing, leadership, advocacy and governance issues for sustainability - Capacity building of mental health professionals on SOGI - Advocacy with corporates for workspace inclusion of LGBTQIAQ - Produce regional language videos on

Country	Presenter	Country Context/Situation	Key Achievement	Major Challenges	Way Forward
			Chhattisgarh. - TG Welfare Board formed at Bihar, Gujarat and Uttarakhand - Resource allocation for TGs welfare from Government in Kerala - Reservation for TGs in employment announced in Karnataka, Gujarat, Chandigarh, Bihar, Puducherry and Uttarakhand		LGBTQIAQ issues
Nepal	Manisha Dhakal	- Estimated PLHIV is 32,855 - HIV prevalence (15-49) is 0.17% - New HIV infections is 942 - AIDS related death is 1,749 (<i>Source: NCASC, 2016</i>)	- Conducted treatment as prevention training and rollout training for PLHIV MSM and TG people - BDS supported six local level newly established networks for advocacy with local government authority - Conducted training for new networks and other CBOs on Good Governance - Organized meeting with Nepal Human Rights Commission and Nepal Police on SOGI issue and human rights violation against LGBTQIA - Commemorated IDAHOT events in UN house by raising rainbow flag. Minister of WCSW and member of NHRC, Country Residence of	- National HIV prevention program for MSM, MSW and TG people is going to be phase out. Request to Save the Children, NCASC, USAIDS to fulfill the gaps - Implementation of constitution is very slow regarding law making process. - Continuation of MSA program beyond 2017 - Same sex marriage law making process is very slow - Lack of regional activities	- Conduct LGBTQIA pride event - National Consultation meeting on human rights and SOGI - Visibility program for Gay people - Media sensitization program - More coordination with PR and other country SRs

Country	Presenter	Country Context/Situation	Key Achievement	Major Challenges	Way Forward
			<p>UN gave encouraging remarks on the event</p> <ul style="list-style-type: none"> - PPP has been initiated and worked with banks and private companies - Nepal Sports Council approached BDS to organize LGBTQIA national sports event and has already allocated budget for the event 		
Pakistan	Ali Asghar	<p>HIV prevalence of TG and TSW</p> <ul style="list-style-type: none"> - Lahore: 5.4% and 3.7% - Rawalpindi: 6.1% and 4.1% - Karachi: 12.9% and 9.2% - Hyderabad: 8.9% and 5.7% - Larkana: 18.2% and 4.9% (<i>Source: IBBS 2017</i>) 	<ul style="list-style-type: none"> - Reached 52,560 through outreach and 12,240 tested for HIV and 1,080 identified as HIV positive (yield is 8.8%) - Developed transgender Support Group for Transgender protection bill and organized a training on Security Management for trans community - Developed support Network with a national organization “Sanjog” for free legal assistance for legal matters - Dostana provided technical support in a National level Country Dialogue - Dostana was engaged in a National IBBS 2017 survey - Humraz helped in establishing a CBO “Sub Rung Society” to create awareness among sexual and gender minorities - Pireh has been working to 	<ul style="list-style-type: none"> - Sustainability of the program after MSA grant completion - Lack of support from the government - Talking about sex is still a taboo - Harassment by the law enforcement agencies - Security concerns due to local political gangs and religious mobs 	<ul style="list-style-type: none"> - Resource mobilization to ensure sustainability and continuation of services beyond December 2017 - Advocacy for the rights of sexual and gender minorities with the government - Sensitization of law enforcement agencies - Collaborations with other stakeholders for the expansion of services

Country	Presenter	Country Context/Situation	Key Achievement	Major Challenges	Way Forward
			<p>develop a CBO for PWHIV for their empowerment</p> <ul style="list-style-type: none"> - Dareecha was also invited by Spanish embassy to discuss the bill on transgender rights. - Monitoring of outreach activities on a web-based interface by tracking the outreach workers through their mobile devices 		
Sri Lanka	Madusha Dissanayake	<ul style="list-style-type: none"> -HIV prevalence is 0.9% among MSM (<i>IBBS 2015</i>) -Cumulative HIV positive cases: 2,500 (<i>35% are female</i>) - Number of HIV positive cases reported in 2016: 249 (<i>25% are female</i>) 	<ul style="list-style-type: none"> - Legal Aid Commission of Sri Lanka issuing a circular to all its departments to provide services to KAP using a new procedure to avoid inaccessibility - Saliva Based HIV rapid test (Ora Quick) Pilot programme and operational research concluded and report made available - Conducted sensitization workshop for law enforcement sector - Established the community role models hub - Supported to form of an advisory committee for LGBTQIA issues - Being a member of the parliamentary sectoral oversight committee on gender and women - Established of the media 	<ul style="list-style-type: none"> - All forms of legal barriers & policy dissonance is a key impediment to enjoy fundamental freedoms, universal access & having legal recognition - The problem of HIV must be understood in its interpersonal, social and cultural contexts - Social oppression harmfully influences vulnerability of Sex workers, MSM & PWIDs with in the categories of youth, migrant, ethnic minorities, indigenous and those experience sever financial hardships need enhanced services through all other sectors including other allied health services 	<ul style="list-style-type: none"> - Enhance & strengthen the capacity of the civil society to address self-stigma and strengthen professional capacity - SOGIE to be taught as a subject in social, medical, health & legal sector education through inclusion of the subject in curriculum - Advocacy work targeting Ministry of social empowerment & integration, HR, Legal Aid Commission, Law Society, Bar Association to provide necessary support through policy and procedure level interventions &

Country	Presenter	Country Context/Situation	Key Achievement	Major Challenges	Way Forward
			fellowship programme and conducted exposure visits		litigation support - Develop Private & cooperate sector partnerships for training and provision of access to testing - Knowledge management and prepare for close-out
Thailand (APCOM)	Shankar Karayya Silmula	<ul style="list-style-type: none"> - Less than half MSM know their HIV status in Asia and the Pacific - HIV testing coverage among MSM (2013-2016) vary from 14% Sri Lanka (2014) to 67% in Cambodia (2013) - Response gaps to reach fast-track target need to accelerate. 	<ul style="list-style-type: none"> - Held regional meeting on strengthening South Asia's HIV response through partnership in Bangkok (June 12-1, 2017) - Explored potential partnerships and developed collectively integrated draft action plan for advocacy activities 2017-2019 - IDAHOT video on acceptance starts at home was released on May 17 and received 20,499 views and has reached 77,679 audiences until June 20 on Facebook - 82% of the YouTube video viewers are parents. Top Countries watched video on YouTube: India (27%), Thailand (25%), Indonesia (13%) and Philippines (12%) 	<ul style="list-style-type: none"> - Uncertainty of MSA Grant which brings fear amongst Country SR partners - Diverse political contexts prevent onsite visits in Programme Implementing Countries. - Separating TA for different CBOs MSM and trans led at ground level - Different levels of capacities and needs for countries - Donor prioritize sometimes don't match with actual real ground realities - Data on young gay men, TG and hijra people is missing. 	<ul style="list-style-type: none"> - Conduct knowledge management and communication workshop, Changing gears, reanimating HIV services for MSM and TG/Hijra communities - TA support to SR partners and emerging new BOS. Need based supports will be provided to SR partners in Bhutan - Risk and responsibility of the organization will be conducted for sustainability