

CCM KAP and PLHIV Constituency Consultation meeting

Gender and Sexuality Resource Centre, 62/1 Siddheswari Road
Bandhu Social Welfare Society
Dhaka Bangladesh

14 December 2015

The bi-annual meeting of CCM KAP and PLHIV Constituency Consultation was called upon by Mr. Shale Ahmed, Executive Director the Bandhu Social Welfare Society on 14 December 2015. Agenda of the meeting were as follows:

- a. Review and approve the note of the last meeting
- b. CCM updates of the last six months
- c. Update of ongoing size estimation of KAP
- d. Sharing the Key discussion points of retreat related to KAP/PLHIV
- e. Role of community on the fast track to end AIDS by 2030
- f. AOB

Major discussions and decisions of the meeting are as follows:

- The meeting was chaired by Ms. Habiba Akter, Executive Director of Ashar Alo Society and presided over by Mr. Shale Ahmed, Executive Director of BSWS.
- In the beginning of the meeting, Mr. Ahmed gave an introduction of the meeting mentioning that this was the 4th Consortium meeting of the CCM-CSO/KAP which is usually held twice in a year. He mentioned that as migrant workers were coming up as majority (30% of total new infection in 2014) among the HIV infected people, and migrants were incorporated as one of groups of the KAP in the ICAAP12 in where Ovibashi Karmi Unnayan Program (OKUP), a grassroots migrants' organization was the lead organization, Shakirul Islam, Chairperson of OKUP has been invited to attend this consortium meeting for the first time. He also mentioned that apart from other activities, BSWS has been focusing on the issue of same sex women population.
- Following the brief opening remarks, the attended participants introduced themselves one by one. The list of the participants of the meeting is attached herewith the minutes as Annex.
- Numbers of issues of the last meeting were discussed and approved by the participants. Major discussions during the review of the last meeting minutes were as follows:

Agenda a): Review and approve the note of the last meeting

- Participation of all KAP groups and representation from different parts of the country must be ensured.
- Framework agreement is completed; and following that, the fund disbursement of TB and Malaria is done by this time while HIV fund is still on process.
- The regional project on Migration and HIV has been rejected. It was discussed that the KAP representatives proposed the consultant to visit Bangladesh and meet the KAP groups for better understanding of the ground context for the better proposal development. However, the WHO Delhi Office appointed a Geneva-based consultant to write down the proposal on the concept note submitted from Bangladesh.

- It was also discussed who are the PR (Principal Recipient) and who are SR (Sub-recipient), SSR (Sub-Sub Recipient) in the framework of Global Fund Mechanism for better understanding of the KAP representatives present in the meeting.

Agenda b): CCM updates of the last six months

- The Coordinator of CCM Mr. ManajKumerBiswas shared that the already selected PRs for HIV is the Save the Children, icddr and NASP has joined as new PR for HIV from this year under NFM.
- He mentioned that the contracts of the TB, Malaria and HIV were supposed to be signed, but there were several challenges had to be faced by the GoB due to the incidents of Podokkep (PMUK) (that many of you know). However, the Bi-lateral agreements with the PR of TB and Malaria have been signed and the fund disbursement is on process [also mentioned in the previous paragraph]. The agreement of the HIV Programme has been signed on 11th December and the fund is supposed to be disbursed by the end of December 2015. However, BCCM didn't get updated SR HIV list from PRs. The CCM Coordinator shared that the total amount of global fund was approved USD 34 million for the year of 2014 and 2016 whereas the big amount has been cut down amounting to USD 14 million only for the year of 2016-2017. He also mentioned that out of the Global fund budget, allocation for the Save the Children is USD 7.8 million while icddr's allocation is 5.8million and NASP's is 0.68million.
- He also shared that the CCM has already taken several initiative, i.e. developed CCM Dashboard and monitoring tools; designed new model of the DICs, opened website for the CCM to make its activities visible and accessible to all. The website address is www.bccmbd.org . He mentioned that nothing of the CCM was concealed; anybody can get every document from the website once the document is uploaded following the authorized approval.
- It is also discussed that the PR Dashboard is already in placed for TB and Malaria; the Dashboard for the HIV would open soon.
- Some other key issues pointed out by the participants are as follows:
 - Oversight committee of BCCM recommended 100% of the risk population should come under the coverage of testing and counseling
 - It is important to organize 2-3 oversight meeting and follow-up
 - The CCM Coordinator informed the group that the CCM Secretariat has already sent new proposal and budget to the GF for CCM Constituency Consultation meeting(KAP, PLHIV, FBO, NGO)
 - Some participants raised questions that the HIV prevalence among the KAP has remained low only due to the hard work of the KAP groups, but the HIV investment is reducing dramatically for the KAP programmes and activities.

Agenda c): Size Estimation

- Mr. Shale Ahmed discussed that the size estimation is very important for the future programme planning. The first size estimation was done in 2004 and the second one was conducted in 2009 – however, it was unfortunate that during 2nd size estimation MSM and the Hijra communities were excluded); it is good news that these two KAP groups have been included in the present round of the size estimation in 2015. Mr. Shale Ahmed of Bandhu is one of the members of the committee. It is also mentioned that considering

different context only 23 districts out of 64 have been identified and selected for the conduction of the size estimation activities.

- It is discussed that KAP groups must give importance in data collection monitoring so that the data reflects the correct estimation of the size of each KAP. Mr. Shale Ahmed shared the participants that he had been lobbied with the concerned persons to appoint at least two representatives from the MSM and the Hijra communities so that they can assist the RTM team for appropriate estimation. He said that 'Mr. Biraj' from BSWs and 'Anannya' from Hijra KAP have been proposed to be the contact person for cooperation and coordination with the RTM.
- The participants discussed that estimation of the MSM is difficult because of socio-cultural and religious barriers. Numbers of MSM are still hidden in our society. In general, according to global theory of estimation of MSM population it is 2-5% of the total adult population of a particular country. But we need to taken into account the socio-cultural and religious context in estimation of this group of people. It is suggested during the discussion that apart from traditional mode of data collection from the identified hotspots, the ICT technology has to be adopted to identify different hidden but online-based MSM groups.
- The size of PLHIV is already estimated 8,900;
- It is proposed that the migrants must be included in the size estimation – both international and cross-border; and must cover men, women and other sexual identity persons – identified, non-identified MSM, either forced or willingly engaged in vulnerable sexual practices.
- The participants proposed that the NASP must discuss the size estimation method which is internationally excepted aims to convincing the government for their acceptance of the report. The KAP groups along with relevant NGOs need to carry out lobby and advocacy with the government to get approval of the size estimation report.

Agenda d): Sharing the Key discussion points of retreat related to KAP/PLHIV

- It is pointed out that the GMS (Grant Management Solution) has been appointed by the US Embassy to work out how the KAP could engage in the CCM in more efficient and effective way. However, many of the participants from different KAP groups shared experiences and raised questions in regards to attitude and behaviour of GMS's staffs to treat and deal with KAP.
- Some key issues were discussed during retreat are pointed out below; i.e.
 - Many participants recommended that all documents related to the Global Fund must be translated into Bangla;
 - Divisional Level Consortium meeting must be organized next time since the budget for this is approved by the Global Fund since the CCM has already submitted to the GF
 - It is also discussed and recommended to extend technical assistance to build capacity and engage KAP each other throughout the country aims to leaving no one hind for the sake of ending HIV by 2030

Agenda e): Role of community on the fast track to end AIDS by 2030

Ms. HabibaAkter, Executive Director of AsharAlo Society shared that a total of 120 representatives from all the recognized KAP from all over the country were present in the community consultations on ending AIDS by 2030 on December 2, 2015. She also shared that apart from the opening remarks from different representatives from different NGOs, networks,

international organizations, and the representatives from the line Ministry, a wonderful "Presentation on Investment Case" was presented by Dr. Saima Khan. Following that she said, all the KAP divided into groups 7 groups – PLHIV, MSM, hijra, PWID, Sex worker, Youth and Migrants – and conducted group works.

She mentioned that the final report was yet to be completed but it was hoped that it would be a comprehensive report because many important issues and recommendations – for example – Formation of a Community Forum representing all KAPs – was came up almost from all the group exercises. Ms. Habiba assured that an Action plan would be prepared based on the recommendations of the group works and presentations of the community consultation. According to that, it is assumed that the inauguration of the Community Forum (CF) could be launched in the beginning of 2016 in representation of all KAP groups.

In regards to the planning of CF, the CCM Coordinator would circulate a format along with proposed activities from the CCM in where the members of all KAPs could insert their own plan.

Agenda: AOB

- (i) New Funding Model: Some idea has already been discussed about the new funding model in the beginning of the meeting. Further discussions might have happened in the next meeting.
- (ii) ICAAP12: It is discussed that the government is thinking of resume the ICAAP12 in next year although it is not yet confirmed. Many consortium members pointed out the less application and participation of global community in the ICAAP. It is also pointed out if the ICAAP is not happened what could be done? NASP needs to be discussed about this. Mr. Leo Kenny, the outgoing Country Director of UNAIDS (who attended in the Farewell Ceremony followed by the Consortium Meeting hosted by BSWS) suggested that we needed to think about the next International AIDS Conference which is planned to be held in Durban in July 2016.
- (iii) Hijra Pride in Rajshahi: The participants of the meeting praised the bold activity of congregation hijra community held in 2014 in Rajshahi. They said that such event should be organized more in the future. They requested BSWS to take the lead and initiative further as the BSWS played an active and important role to organize the RajshahiHijra Pride event successfully. They pointed out that the preparation of ICAAP12 put a hindrance to organize the Hijra Pride congregation.

Mohona, president of Diner Alo, a self-help group of hijra community in Rajshahi shared that the hijras in Rajshahi area has limited access to services because very few organization extended support services for the hijra community in Rajshahi. In response to that Ms. HabibaAkteer replied that the government of Bangladesh has set 20 HIV Testing and Service Centres in different government hospitals all over the country - for example, Rajshahi Medical College Hospital, Rangpur Medical College Hospital, Chittagong Sadar Hospital etc. It is decided that the full list of the government run HIV Testing and Service Centres will be circulated and disseminated to all shortly through email and also posting in the relevant website and facebook of NASP, CCM etc.

- (iv) Sectoral Program on Migration: In regards to the sectoral program of Migration and HIV, it is informed that the programme is still not approved. The Global Fund suggested

including it in the agenda of the 2016. Therefore, it might wait to get approved till June 2016.

- (v) Adoption of New member in CCM: In absence of one CCM member (Mr. Nicolas who is thought to be migrated in Canada), the participants proposed to adopt a new member in the CCM in his place. It is discussed and decided that the KAP Network would send a letter to the CCM in order to draw their attention in fulfilling the vacant position in the CCM. The participants opined that the CCM would decide if they would go for a new selection for this vacant position or they would co-opt a new member. The CCM Coordinator informed the participants a new election for fulfilling the vacant position only for six months might be expensive especially in that situation where the next CCM election is due in June 2016.

With the above-mentioned discussions and decisions, the 4th Constituency Consultation meeting of the CCM-KAP and PLHIV was adjourned until the next meeting is scheduled.

The meeting was followed by an Opening Ceremony of the **"Gender and Sexuality Resource Centre"** established and run by **Bandhu Social Welfare Society**.

At the end of a Farewell was help to say bye to the UNAIDS country Director Mr. Leo Kenny. Representatives several of KAP groups (MSM, Hijra, Sex Worker, Migrants) and CSOs working on HIV/AIDS issue shared their working experiences with Mr. Leo Kenny during his tenure. All of the speakers expended their gratitude and thanks to Leo for his firm commitment and assistance to mainstream the roles of KAP in the HIV/AIDS prevention, treatment and care programmes. In response, Mr. Leo appreciated the commitment and roles of KAP in HIV responses. He wishes the best to continue KAP's engagement and contribution to the global commitment to end AIDS. A Crest handed over to Mr. Leo on behalf of the KAP marking on the memory of Loe's work with the KAP communities.

The event was ended with a warm reception party.

A scan copy on list of participants are enclosed herewith.