



National AIDS Control Organisation
India's Voice against AIDS

Ministry of Health & Family Welfare, Government of India
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NACO

NEWS

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Beti Bachao Beti Padhao



एक कदम स्वच्छता की ओर

Swachh Bharat Abhiyan



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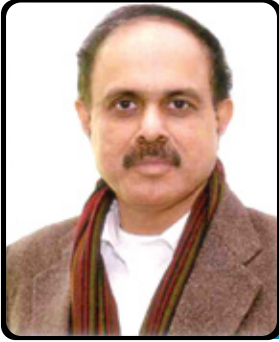
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From the Desk of Patron

Dear Friends,

I welcome you all in this edition of NACO News!

The Month of April, 2017 has been a remarkable month in the history of AIDS Control programme in India. The Parliament passed the long awaited HIV and AIDS (Prevention and Control) Bill. The Bill is now enacted as HIV and AIDS (Prevention and Control) Act, 2017 and has been notified on e-gazette of India. The Act provides legal rights to PLHIV to tackle the stigma and discrimination faced by PLHIVs at different settings. To bring the Act into force at the earliest, NACO is in the process of formulating necessary guidelines and rules as mentioned in the Act.

It is my pleasure to share another achievement of the Ministry of Health & Family Welfare, Government of India. Shri Jagat Prakash Nadda, Hon'ble Minister launched "Test and Treat Strategy" for People living with HIV on 28th April, 2017. This is a landmark decision of government which will bring large number of PLHIV under the ambit of free ART services. It will also play vital role in achieving the ambitious target of reaching second 90 of UNAIDS 90:90:90 strategy.

Another morale boosting news is that the Government of India has allocated Rs 2000 cr for 2017-18 for the AIDS Control Programme which is the highest ever allocation for the programme.

The above decisions show the strong political will as well as administrative commitment to carry forward the AIDS Control Programme in the country.

I expect that this edition of NACO News will liked by one & all.

Looking forward to your valuable feedback for further improvements.

Dr. Arun K. Panda
Additional Secretary & DG, NACO
Ministry of Health & Family Welfare
Government of India



From the Desk of Editor

90:90:90 PROGRESS

With the launch of test and treat strategy there is going to be a quantum jump in the number of people on treatment and progress towards achieving the fast track targets of 90:90:90. In the first ninety we have already achieved 75% and the gap has narrowed down significantly in the last 2 years. With newer strategies of community based testing, self testing etc. it is very much possible that we attain the target of first 90 by 2020. Similarly with the treat all strategy second 90 is also achievable in the specified period.

As of now there is issue with third 90 since routine monitoring through viral load testing has not yet started, but with the likely start of testing in next 3-4 months and subsequent plans to scale up viral load testing, we may be achieving this target as well by 2020.

Here, I would like to mention that besides these three very specific testing and treatment oriented 90s, there should be two more 90s. One for prevention and another for social protection. To elaborate, we must aim that 90% people at risk must be aware and able to protect themselves through enough IEC & BCC. We need to reach each and every corner of the country covering all segments of society particularly all youth and women to enable them to have adequate and right knowledge to prevent HIV infection.

Another ninety I am talking about is of all those who are HIV infected or at risk, 90% must avail the social protection schemes. It has been observed that there are a number of schemes by State Governments for PLHIV but the uptake of these schemes is low. We must engage communities to spread awareness of these schemes to increase their uptake and thereby reduce vulnerability and risk mitigation. So from now on we should focus on five 90s (90:90:90:90:90).

First: 90% of susceptible population knows ways & means to protect themselves

Second: 90% of estimated PLHIV know their status.

Third: 90% of those who know their status are on treatment.

Fourth: 90% of those on treatment are virally suppressed.

Fifth: 90% of those on treatment avail social protection schemes.

I am sure with high motivation among all we shall achieve the specified targets by 2020 and then elimination of AIDS by 2030.

Jai Hind

Dr. Naresh Goel
DDG (IEC & LS),
Ministry of Health & Family Welfare,
Government of India



Welcome to Joint Secretary, National AIDS Control Organization

Shri Alok Saxena, joined as Joint Secretary, National AIDS Control Organization on 23rd May, 2017. He is an officer of 1989 batch of Indian Postal Service. Shri Saxena brings vast and varied experience, having worked in the Ministry of Home Affairs, Department of Personnel and Training, 6th Pay Commission and Ministry of Finance between 2009 - 2015. Shri Saxena headed the India Post IT Project, an integrated IT Project that comes under the Department of Posts.

COVER STORY

Test & Treat Strategy



Hon'ble Union Minister of Health & Family Welfare, Shri Jagat Prakash Nadda addressing in the Launch of Test & Treat Strategy

On the occasion of Launch of Test & Treat Strategy, Hon'ble Union Minister of Health & Family Welfare, Shri Jagat Prakash Nadda highlighted that it is a historic day in India's fight against HIV/AIDS, as we commit ourselves to provide treatment to all those who are infected with HIV. Strong political commitment, active engagement with the civil society and network of positive people have contributed immensely. Over the years with four phases of NACP, India has been able to reverse the epidemic in most parts of the country with 67% reduction in the incidences of new infections since 2000 (Global decline is 35%), and 54% decline also in the number of AIDS-related deaths since 2006 (Global average 41%). He also announced that it has been decided to follow test and treat policy enunciated by WHO in July 2016. This essentially means that all positive persons who have been tested and found positive, will be provided free ART irrespective of their CD4 count or clinical stage. This will be for all positive men, women, adolescents and children. He said the country is committed to climb all the hills to reach the vision of ending AIDS.

The National HIV/AIDS programme, has always committed to strive towards providing universal access to comprehensive, equitable, stigma free and quality care, support and treatment services to all People Living with HIV (PLHIV) with an integrated approach. India is a signatory to UN strategy of 90:90:90 and aims at ending HIV/AIDS epidemic as public health threat by 2030. Keeping all PLHIVs on treatment will play a vital role in achieving ambitious target of reaching second 90 i.e. 90% of PLHIV who know their status are put on treatment.

India has adopted most awaited policy decision of "Treat All" on 28th April, 2017 in Delhi. Hon'ble Union Minister of Health & Family Welfare, Shri Jagat Prakash Nadda announced Test & Treat policy, marking it as an important landmark in the history of Public Healthcare programmes.

Since the first case of HIV was reported in the country in 1986, country's response to HIV has been strong, consistent and ever improving, which has been acclaimed globally. Provision of life saving Antiretroviral (ARV) drugs, free of cost with public health system, is one of the major pillars.

In the year 2004, Antiretroviral therapy (ART) was initiated for patients with CD4 count less than 200 cells/mm³. This was revised to 350 cells/mm³ in 2012 and 500 cells/mm³ in 2015 based on the scientific evidences and recommendations by Technical Resource Groups (TRG). The Nation has also rolled out option B+ in 2014, providing ART to all pregnant and breast feeding women regardless of CD4 count, to save new-born of HIV infection from mother. Other groups like children below 5 years of age, HIV infected with co-morbidities like

TB, Hepatitis B&C and Kala Azar and patients in WHO clinical stage 3 / 4 are being provided with ART.



Currently 1.05 million PLHIV are taking ART through a network of 531 ART centres and 1100 Link ART Centres. HIV care services in addition to first line therapy include second & third line ART, prophylaxis, diagnosis – Management of Opportunistic Infections including TB, Daily Anti -TB treatment through single window approach, psycho social support - follow up, individualized – thematic counseling, positive living, positive prevention and linkages to various social beneficiary schemes. These services are one of the motivating factors that encourage people to come forward and get tested. India’s HIV programme has a firm faith in quality and in addition to evidence based scale up of facilities, there has been regular updates in technical guidelines pertaining to “when to start” and “what to start” keeping programme in pace with global developments and recommendations.

HIV prevalence at the national level has continued a steady decline from an estimated peak of 0.38% in 2001-03 through 0.34% in 2007 and 0.28% in 2012 to 0.26% in 2015. There has been a decline of 67% in estimated new infection since 2000 against a global average of 35%. The life saving ART has improved

numerous lives and country has decreased estimated AIDS related deaths by 54% since 2006-07 against a global average of 41%.

India has been praised globally for its achievements and looked upon for its best practices to be replicated in other countries. Involvement of community has been the strength of the programme.

On this occasion, Shri Jagat Prakash Nadda also felicitated persons who have contributed significantly in the field of HIV/AIDS, namely Dr. B.B. Rewari, Scientist (HIV/AIDS, WHO SEARO), Dr. Gangakhedkar, Scientist (National AIDS Research Institute), and Community members Ms. Amruta Soni, Mr. Ravinder, Ms. Hansa Ben, Ms.Rekha, Mr. Arafat and others.

As a way forward, the programme aims to continue providing quality healthcare services to all under care by introducing differentiated service delivery models, introducing patient centric approach at the treatment centres and continuing adoption of evidence based best practices in the field of HIV/AIDS.



Hon'ble Union Minister of Health & Family Welfare, Shri Jagat Prakash Nadda felicitating persons who have contributed significantly in the field of HIV/AIDS

Dr Manish Bamrotiya
National Consultant (CST) & Team, NACO

PROGRAMMES

Parliament Passes HIV/AIDS Bill, 2014

11th April, 2017 was a historic day for those who are working in the field of HIV/AIDS as on this day the Lok Sabha passed the long awaited HIV/AIDS Bill, 2014. Before that the Bill was passed by the Rajya Sabha on 21st March, 2017.

Terming the unanimous passage of the Bill in the Lok Sabha as "historic", Hon'ble Union Minister of Health & Family Welfare, Shri J. P. Nadda said the Government "stands committed for free treatment of HIV patients."



Salient features of the HIV/AIDS Act, 2017



1. TO ADDRESS STIGMA & DISCRIMINATION

- To prohibit acts of discrimination by any person against HIV positive people (in education, health, public facilities, property rights, employment, eligibility to stand for and hold public office, etc.)
- To prohibit propagation of feelings of hatred, discrimination or physical violence related to HIV/AIDS
- To provide penalties for HIV-related discrimination



2. CREATE ENABLING ENVIRONMENT FOR ENHANCING ACCESS TO SERVICES

- Provides for obligation of the Central /State Governments for
 - a. Antiretroviral Treatment / management of Opportunistic Infections, as far as possible
 - b. Welfare schemes for HIV-affected people
 - c. Formulate IEC programmes that are age - appropriate, gender - sensitive, non- stigmatizing and non-discriminatory
- To promote strategies for reduction of risk: actions or practices that minimise a person's risk of exposure to HIV eg. distribution of condoms, clean needles, etc. not to attract civil or criminal liability
- To make special provisions for HIV-affected women and children, (e.g. right to reside in the shared household)



3. SAFEGUARDING RIGHTS OF PLHIV & THOSE AFFECTED BY HIV

- Informed consent, a pre-requisite for HIV testing
- Provides for confidentiality of information relating to HIV status
- Safeguards the property of HIV-affected children & provides for recognizing the guardianship of older siblings
- Provides that every person, who is in the care or custody of the State has the right to HIV prevention, counselling, testing & treatment
- Provides for suppression of identity of PLHIV in court proceedings



4. PROVIDE SAFE WORKING ENVIRONMENT

- To ensure a safe working environment in establishments engaged in healthcare services and also those where there is a significant risk of occupational exposure to HIV:
 - a. To provide for universal precautions
 - b. Ensure post-exposure prophylaxis
 - c. Ensure training for universal precautions
 - d. Inform & educate about the above



5. GRIEVANCE REDRESSAL MECHANISM

- Complaint Officer in establishments of more than 100 persons (20 in case of healthcare settings) for redressal of grievances
- Ombudsman at State level to enquire into violation of provisions of the Bill in relation to healthcare services.

Offences/Violations	Penalty
Propagation of HIV-related hatred & discrimination or physical violence	Imprisonment which shall not be less than three months but which may extend to two years and with a fine that may extend to One Lakh rupees or both
Non-compliance of orders of Ombudsman	Fine that may extend to ten thousand rupees. In case the failure continues, an additional fine up to five thousand rupees per day
Breach of confidentiality in legal proceedings	Fine that may extend to one lakh rupees

Dr. Rajesh Rana
National Consultant, IEC & MS, NACO

NACO's Achievements during the financial year 2017-2018

Prevention Services and Care, Support & Treatment Services form the two key pillars of all the AIDS control efforts in India. Strategic Information Management and institutional strengthening activities provide the required technical, managerial and administrative support for implementing the core activities under NACP at state and district levels. State AIDS Prevention & Control Societies were set up to respond to HIV epidemic in India in accordance with the guidelines of the National AIDS Control Programme (NACP).

According to HIV estimations 2015, estimated adult HIV prevalence in India was 0.26%. The estimated number of People Living with HIV/AIDS (PLHIV) was 21.17 lakh. Around 86 thousand annual new HIV infections were estimated to have occurred in 2015. There was a 66% decline in new infections from the year 2000 and 32% decline from 2007, the base year for NACP-IV. Children (<15 years) accounted for 12% of the total new infections. The estimated number of deaths due to AIDS-related causes in the country was 67.6 thousand.

Physical Achievements under National AIDS Control Programme - Phase IV during the financial year 2017-2018

S. No	Indicator	2017-18	
		Target	Achievement (till April 2017)
1.	STI/RTI patients managed as per national protocol	64.1 lakh	6.02 lakh
2.	Blood collection in NACO supported Blood Banks	65 lakh	3.71 lakh
3.	Proportion of blood units collected through Voluntary Blood Donation in NACO Supported Blood Banks	80%	79%
4.	Clients tested for HIV (General clients)	180 lakh	13.5 lakh
5.	Pregnant Women tested for HIV	180 lakh	13.3 lakh
6.	6a. Percentage of mothers initiated on lifelong ART	90%	90.7%
	6b. Percentage of babies initiated on ARV prophylaxis	90%	87.1%
7.	HIV-TB Cross Referrals	24.5 lakh	2.1 lakh
8.	New ART Centres established	50	0
9.	PLHIV on ART (Cumulative)	12 Lakh	10.57 lakh
10.	Opportunistic Infections treated	3.5 lakh	0.39 lakh
11.	Campaigns released on Mass Media - TV/Radio	4	0
12.	New Red Ribbon Clubs formed in Colleges	200	0
13.	Persons trained under Mainstreaming training programmes	1.0 lakh	0
14.	Free Distribution of Condoms	27.9 crore Pieces	16.99 crore Pieces

Mr. Padum Narayan
Data Analysis & Dissemination Unit, SIMU, NACO

Roll out of MoUs signed between NACO and key Ministries of Govt. of India

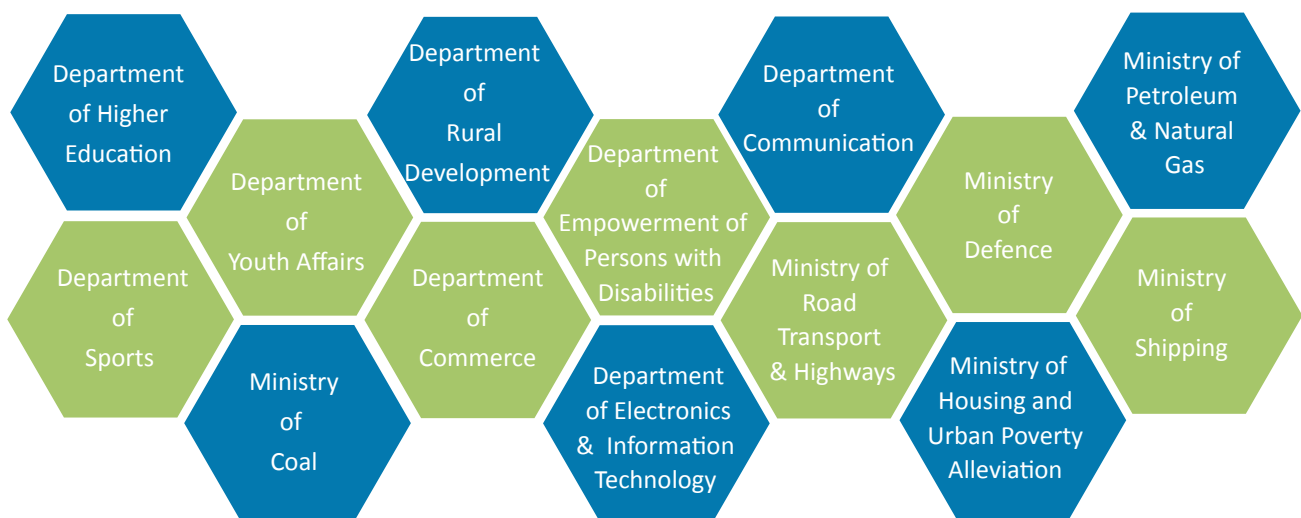
Mainstreaming & partnership is one of the key strategies to engage stakeholders for multi-sectoral response to HIV. NACO has formalized partnerships with key Ministries/Departments of Govt. of India by entering into Memoranda of Understanding (MoUs) for sustainable response to HIV. These partnerships are very crucial for vulnerability reduction, integration of HIV related services in existing health infrastructure and social protection for people infected and affected by HIV and AIDS.

Till date, 14 MoUs have been signed between NACO and other Ministries/Departments of Government of India in order to utilize infrastructure and resources available with other Ministries for the purpose of HIV/AIDS prevention as well as mitigating the impact on individuals, families and communities at large by incorporating them in the existing policies and programmes. Joint Working Groups (JWGs) have been constituted at the centre

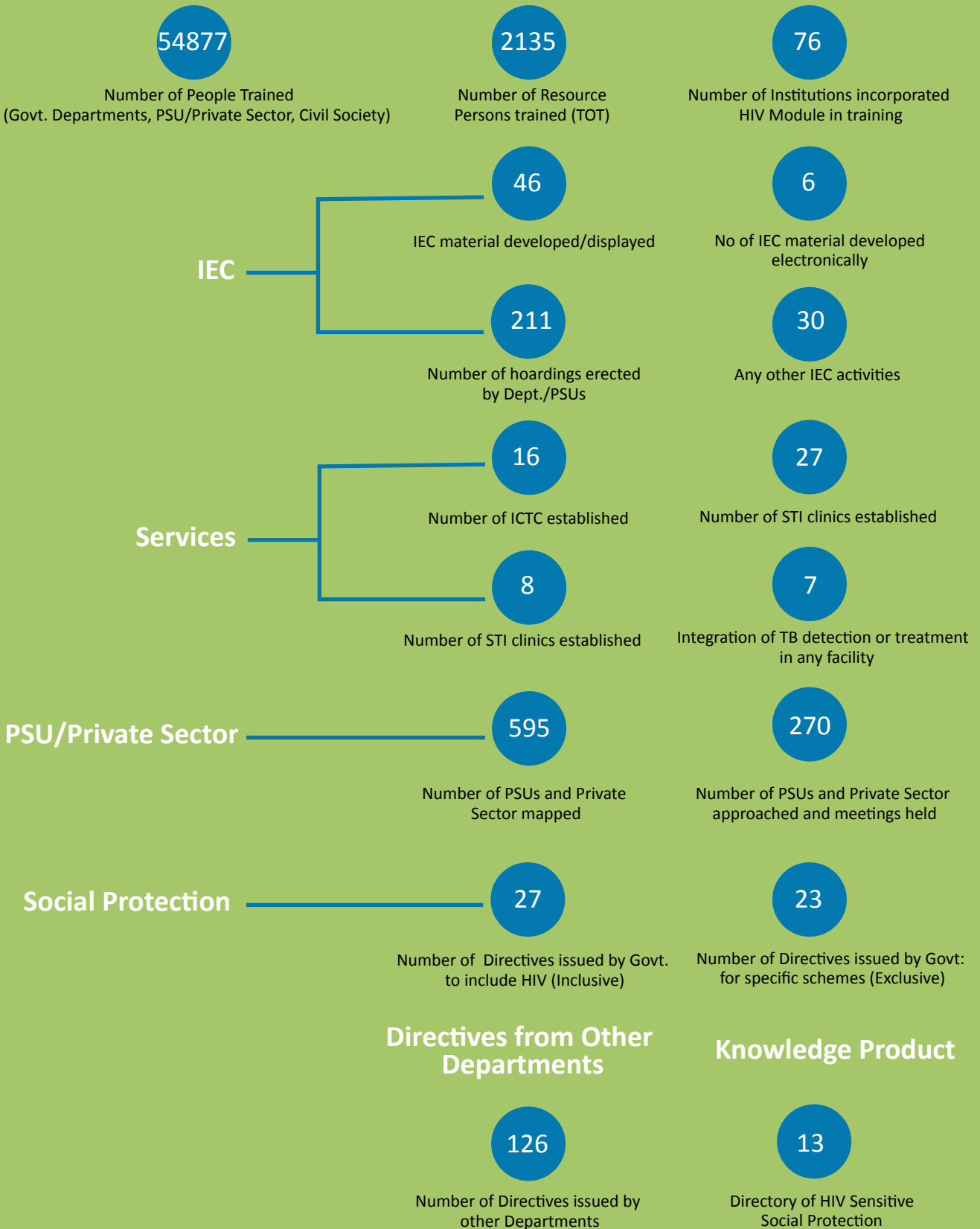
and states for implementation of activities as laid down in the MoUs. The meeting of JWGs at the national level basically focused to garner support from Ministries and issuance of necessary directives and advisories to concerned Departments. However state level meetings (JWGs) are basically the platforms for developing joint plans of action and implementation of activities as laid down in the MoUs.

A significant progress has been made in roll out of MoUs in States/ UTs. These include nomination of nodal officers in each department, constitution of JWG in states, convening meetings of JWG, inclusion of HIV prevention in regular trainings, issuance of letters/advisories for supporting HIV prevention activities in states and districts, development of joint plans of action, integration of HIV related services in PSUs, extension of benefits of social protection to PLHIV.

MoUs signed between NACO and Key Ministries are as follow;



Quantifying progress in output indicators for roll out of MoUs



Mr. Ashish Verma
Consultant, IEC & MS Division, NACO

Review Meeting for the State of Manipur



Review meeting of NACP by Smt. Anupriya Patel, Hon'ble Union Minister of State for Health & Family Welfare, Government of India, in Imphal

Manipur, a little Shangarila located in the North-East is a Jewel of India. This little corner is a paradise on earth. In order to review epidemiological analysis of HIV/AIDS, activities and progress in the Project Sunrise and also to assess the progress made by the State so far, a review meeting of the National AIDS Control Programme (NACP) was held on 1st June, 2017 by Smt. Anupriya Patel, Hon'ble Union Minister of State, Health & Family Welfare, Government of India.

Highlights:

- The National level Ante-Natal Care (ANC) prevalence was 0.29%. However, Manipur recorded the third highest ANC prevalence (0.60%) at the state level. Four districts namely Chandel (1.8%), Thoubal (1.5%), Ukhrul (1.4%) and Churachandpur (0.8%) showed HIV prevalence higher than the state level HIV prevalence (ANC) as per HIV sentinel surveillance in 2014-15.
- The estimated PLHIV population is 24,457 as per HIV Estimation 2015.
- Manipur has shown a significant decrease in annual new infections (more than 60% decrease from 2007 to 2015). Further strengthening of the programme would be required as new infections, are continuing (429 cases in 2015).

- HIV prevalence among certain populations is still a concern in Manipur. HIV prevalence among Injecting Drug Users (IDUs) is still high in select districts of Manipur – Churachandpur (26%), Chandel (22%), Imphal East (12%) and Thoubal (12%). HIV prevalence among female sex workers (FSW) especially in Imphal needs attention. The Targeted Intervention (TI) and Opioid Substitution Treatment (OST) programmes need regular monitoring and strengthening.
- Deaths due to HIV/AIDS remain high in Manipur. There is a need for strengthening care and treatment programme with eligibility criteria (CD4 count<500) and test & treat strategy for HRGs.

Key Outcomes:

- A brief plan on reaching out to the general population may be prepared.
- NACO should draft a communication to be shared with the State Government to retain the project Director for stipulated period so that activities may be carried out smoothly.
- There is a decline in comprehensive knowledge of HIV/AIDS in adult population as reported in the NFHS Report. Steps are being taken by NACO to address the issue.

Ms. Sophia Khumukcham
PO(TI), NACO

White Card Updates at the ART Centre and Its Value Addition in Reaching out un-tested Children: An Experience from Mumbai

The USAID funded Orphan and Vulnerable Children (OVC) Social Protection project, is currently being implemented in six PEPFAR Clusters districts (Mumbai, Pune, Thane in Maharashtra and East Godavari, Guntur & Krishna in Andhra Pradesh). The key challenge during the inception of this project, was there was no exact estimation of Children affected by AIDS (CABA) in the intervention districts. Counselors in the ART Centres have high patient load and it is a challenge to update client details periodically along with counseling. To update the current information on PLHIV and family members on pilot basis, it was decided to update existing white card by administering white card snap-shot tool. Two-page white card snap shot tool was developed in consultation with Mumbai District AIDS Control Society (MDACS). In the snap-shot, family details like name, age, marital status, children and their testing details, spouse testing details and social entitlement data were captured. The white card updating process was carried out in 12 high-load ART centres in Mumbai. MDACS has issued letter of support to this updating process. Two social workers and one Data Entry Operator were placed in the ART centres. Social workers gathered information from PLHIV who come to collect their drug to ART centres and Data Entry Operators entered this information in MS Excel. This activity was carried out from Aug. 2015 to Dec. 2016. The other objective of white card updating process was adopted to get denominator of CABA, their HIV status and family status. Total 25870 white cards were updated. Close to 75% of white cards were updated of those patients who were alive on ART. Periodic review of white card updating process was done under the leadership of MDACS.

The analysis of white cards revealed that there are 24670 CABA (Boys: 13138 and Girls: 11532). Among them 11% of Children were living with HIV. 80% of children were negative and HIV status of remaining 9% children were unknown. Close to 3/4th were in the adolescent age group (10 to 18 years). The analysis also revealed distribution of CABA in all 24 wards of Mumbai. Close to 50% of wards had more than 500 CABAs. The white card update analysis indicated that “for every one positive child there are 9 affected/no tested children.

The findings of the white card details and its value addition were shared with DDG, TI-NACO in the PEPFAR partners meeting in the month of March 2017 at MDACS. He acknowledged these outcomes and eventually issued circular from NACO to SACS to focus on the spouse testing who are currently registered in all the ART centres.

The evidence has helped to develop focused outreach programme for the CABA in Mumbai and its suburban areas. Another major value addition was to reach out untested children and spouses. In the programme, CABA (9%) whose HIV status was not known, 233 were referred for testing. Among them 166 had undergone HIV testing. 18 children were found reactive which resulted in 11% yield and all these children were linked to ART. Similarly, 56 adults whose HIV status was unknown were referred and tested for HIV. Among them 14 were found reactive for HIV, which resulted in 25% yield. The analysis also revealed that among 25870 white cards which were updated, there were 15902 couples. Among them 5924 were con-cordant couples (39%), 7329 were dis-cordant couples (49%) and in case of remaining 1839 (12%), HIV status was unknown.

Mr. Ravi Bhushan
Consultant, IEC & MS, NACO

National level workshop for developing communication strategy for 100% Voluntary Blood Donation

A National level workshop was organized in Vishakhapatnam on 8th and 9th May, 2017 to brainstorm on developing a new communication strategy and standardized prototypes of IEC materials to achieve the target of 100% Voluntary Blood Donation. Blood Transfusion Service Division, NACO conducted the two day workshop which began with a brief presentation by SACS and partners. Thereafter a review of existing IEC materials was undertaken. It was underlined that there was a need

to develop new IEC materials on the theme of VBD with innovative content and messages.

The workshop was also attended by representatives of various organizations working in the field of blood transfusions services and voluntary blood donation, blood donors and counselors who shared their expertise on effective communication tools and conducting VBD campaigns.

Objective:

- To review existing IEC materials developed on Blood Transfusion Services(BTS) and Voluntary Blood Donation (VBD).
- To accomplish uniform communication strategy for campaign for all Blood Banks, Camps and Hospitals
- Standardization of existing/ new prototypes for IEC material as well as content with correct information and messages for all State facilities.

Key Outcomes:

- IEC messages should be short, pictorial, eye catchy & crisp
- A committee to review IEC materials will be formed
- Standardized & uniform messages will be placed on banners, hoardings, kiosks, standees.
- Mascot for VBD campaign will be designed
- All blood banks, camps & hospitals will display uniform information chart and signage
- Agency will be hired to frame effective communication materials and strategy.



Dr. Naresh Goel, DDG (IEC & LS), NACO



Group discussion during the workshop



Dr. Shobini Rajan, ADG (BTS) NACO & Director NBTC addressing the participants

Mr. Jolly J Lazarus
PO (VBD), NACO

STATES

Pondicherry

Financial Assistance Scheme for HIV/AIDS affected People



Hon'ble Welfare Minister, Puducherry released pensioner's book

Department of Women & Child Development, Puducherry had implemented a scheme for financial assistance to HIV/AIDS affected People. 485 patients received Antiretroviral Therapy (ART) up to the month of April, 2017. They included 377 beneficiaries in Puducherry, 86 in Karaikal region, 21 from Yanam region and one in Mahe region.

Mr. Ashish Verma, Project Officer, NACO visited Puducherry where he had advocacy meeting with Hon'ble Chief Minister, Govt. of Puducherry in the presence of Cabinet Ministers and Secretaries on 7th February, 2017. He advocated for inclusion of widow pensioners who are on Antiretroviral Treatment under the scheme of financial assistance to HIV/AIDS affected people, and also for the provisions of "free transportation", "Vocational & Entrepreneur Development trainings", "Double Ration" from Antyodaya Anna Yojana (AAY) scheme and "Double Nutritional support" to the PLHIVs in the UT of Puducherry.

Pondicherry SACS

Manipur

Voluntary Blood Donation Camp cum Awareness Campaign

Voluntary Blood Donation Camp Cum Awareness Campaign was held on 4th April, 2017 at Toubul Village of Bishnupur District, Manipur. The camp cum motivation campaign was organized by TYDA (Toubul Youth Development Association) in collaboration with Blood Bank & Transfusion Unit, JNIMS, Imphal and supported by Life Savors Manipur, ULASO Ngaikhong Siphai, NYK Bishnupur, IRCS Bishnupur District Branch, RAWCEDs Bishnupur, IDETT Bishnupur and Global Science Club Khoijuman. The camp was organized in connection with the 19th Foundation Day of TYDA.

The camp was led by Dr. O. Geetchandra, Asst. Professor, Blood Bank, JNIMS along with the team. They shared benefits of being a donor and encouraged the participants for voluntary blood donation.

Mr. Ph. Lanngamba
AD (Doc & Pub) & In-charge, AD Youth, Manipur

Uttar Pradesh

"Chamakta Sitara" – Motivates Peer Educators



Ruksana as the "Chamakta Sitara"

Peer Educators (PEs) have a great role in overall functioning of Targeted Interventions (TIs). In order to motivate and inspire PEs, JN Bal Nikunj Samiti, an NGO based in Lakhimpur, with the support of the Uttar Pradesh Technical Support Unit (UPTSU) introduced good practice of “**Chamakta Sitara**” or “**Shining Star**” in March, 2017. On the basis of the monthly performance of PEs, one star performer is chosen as a “**Chamakta Sitara**” and his/her photo is placed on the decorative board to show his/her exemplary work.

Performance Indicator for selecting “Chamatka Sitara”

- No. of HRGs one-to-one sessions for BCC based on the risk behavior conducted
- No. of group meetings (esp. for follow-up of target group) done
- No. of HRGs facilitated for HIV testing
- No. of HRGs sent for regular medical check-up
- No. of condoms distributed as per demand (free supply as well as social marketing)
- If PEs were able to promote social marketing through one-to-one interaction

Travel Allowance to PLHIV with the support of NHM

Uttar Pradesh State AIDS Control Society (UPSACS) is providing travel allowance to PLHIV which is Rs. 100 on their visit to the ART centres for registration, testing and treatment from April, 2016 onwards. The objective of this scheme is to compensate for wage loss of a person, to increase drug adherence and registrations, and to reduce loss to follow up cases, co-infection and reduce mortality & morbidity.

Rs. 100 per month is given to On-ART patients and Rs. 100 twice a year is given to Pre-ART patients. After completion of one year about 24,977 PLHIV have benefitted from the scheme and an amount of Rs. 2,16,31,628 has been distributed till March, 2017.

Feedback: “We are thankful to the government of Uttar Pradesh for providing transport allowance. Without their support and care, we would not have been able to go to ART Centre on time,” says Sushila, who is in her mid thirties, and a mother of two from a backward district of Uttar Pradesh.

Ms. Neena Shukla
DD, UPSACS

Sensitization programme for Police Department



Sensitization programme for Police Department

On the occasion of World Health Day, 7th April, 2017, a programme was organized with HRGs at Indira Gandhi Junior High School to sensitize Police about HIV/AIDS and STI/RTI. 50 personnel participated in the programme.

West Bengal

Inter Departmental Meeting of Public & Private Sector Units



Discussion during the Inter Departmental Meeting

West Bengal State AIDS Prevention & Control Society (WBSAP&CS) organized Inter-Departmental Meeting on 15th May, 2017 with the officials of Public Sector Units (PSUs) and Private Sector to generate Multi-Sectoral response for addressing the issues such as vulnerability reduction, integration of services and social protection to infected and affected population with HIV. The meeting was chaired by the Project Director, WBSAP&CS. Departments and organizations including Food & Supply, Correctional Services, Transport, Education, State Legal Services Authority, Youth Affairs & Sports, ESI Corporation, NIOH, DVC, Coal India, Kolkata Port Trust & Police Training Academy participated in the meeting.

Community Based Screening

The inaugural event for Community Based Screening & Testing for High Risk, Groups (HRGs) was graced by Dr. Sashi Panja, Honble Minister of State, West Bengal on 25th May, 2017. Community Based Testing was initiated at a hotspot by a Targeted Intervention NGO named Human Development Research Institute.

Ms. Sumita Samanta
Deputy Director (Mainstreaming), WBSAP&CS

Mumbai

State Level Consultation on Social Protection for PLHIVs/CLHIVs : Schemes of Food, Civil Supplies and Consumer Protection Department



Session chaired by Controller, Rationing, Shri. Shinde (IAS) and Co chaired by Addl. Project Director, Dr. Acharya

State Level Consultation was organized by Mumbai Districts AIDS Control Society in coordination with Karnataka Health Promotion Trust on 16th June, 2017 with an objective to describe the challenges faced by people & children living with HIV/AIDS in availing schemes under Public Distribution System

& also to explore the possibilities of inclusion of households of PLHIV in the list of eligible household.

In order to avoid entries on Ration Cards revealing HIV status, Provisions under "HIV/AIDS (Prevention & Control) Act 2017" were discussed. "Field Level Experiences & Expectations" were shared by SLN and "Voices from the community" were raised by children living with HIV on the issue. Shri Shinde, Chairperson further added that Best Practices of other states on ensuring Food security for PLHIV can be analyzed by Rationing Department to initiate appropriate action for inclusion of PLHIV households.



Dy. Controller, Rationing explained the schemes of Food, Civil Supplies & Consumer Protection Dept.

Ms. Dnyaneshwari Sonawane
Dy. Director (MS) MDACS

Meghalaya

International AIDS Candle Light Memorial



Shri. L. Shylla, Ex Chief Executive Member, Jaintia Hills Autonomous District Council, Meghalaya as a Chief Guest

The International AIDS Candlelight Memorial, coordinated by the Global Network of People living with HIV is one of the world's oldest and largest grassroots mobilization campaigns for HIV awareness in the world. Started in 1983, the International AIDS Candlelight Memorial takes place

every third Sunday of May and is led by a coalition of some 1,200 community organizations in 115 countries. The State level observation of the Candlelight Memorial 2017 in Meghalaya was organized by Meghalaya State Network for Positive People (MSNP+), Jaintia Network for Positive People (JNP+) in collaboration with Meghalaya AIDS Control Society on the 20th May, 2017 at Marian Hill Secondary School, Jowai, Jaintia Hills District in the presence of Chief Guest Shri. L.Shylla, Ex Chief Executive Member, Jaintia Hills Autonomous District Council, Meghalaya in memory of those who lost the battle to the infection.

Mr. Ajoy M Lanong
AD (Doc & Pub), Meghalaya SACS

Madhya Pradesh

Joint Working Group Meeting for Youth

Joint working Group for Youth Meeting was held on 1st June, 2017 by MPSACS. Senior Officers of NCC, NSS, Sports Authority of India, Bharat Scouts and Guides, Department of Higher Education, Department of Women and Child Development and Department of Social Justice were present. The meeting was Chaired by Mrs. Sufiyah Faruqui Wali, Project Director, M.P. State AIDS Control Society. Presentation on Scenario of HIV-AIDS was given and concept of Joint Working Group was explained by Mrs. Savita Thakur, Joint Director, IEC. Project Director raised vulnerability issues of youth and made appeal to the partner organizations and departments to support awareness activities and participation of youth in Voluntary Blood Donation. She said youth can play important role in reducing stigma and discrimination towards PLHIV in the society.

Mrs. Nidhi Nivedita, Project Director, ICDS emphasized that HIV/AIDS awareness sessions will be incorporated in Sabalaa Scheme of the ICDS for adolescent girls. Col. Bhupendra Kumar, Regional Head, NCC added that in every NCC Camp HIV/AIDS awareness sessions are being taken by NCC Officers and Programme officers or counselors of AIDS Control Programme. Mr. Gulab Rao Suryvanshi, NCC State Officer, Dr. Prakash Disoriya, State Secretary, Bharat Scouts and Guides shared their tentative activity plans where HIV/AIDS awareness sessions

and other activities could be incorporated. NSS is supporting Red Ribbon Club activities in Colleges. Dr. Anant Saxena, Nodal Officer, Higher Education Department and Dr. Ashok Gupta assured to expand HIV/AIDS Awareness programme in the institutes where Red Ribbon Clubs have not been formed but NSS Units are functional.



Ms. Savita Thakur
Joint Director, IEC, MPSACS

Assam

International Day against Homophobia, Transphobia and Biphobia

Under the guidance of NACO, North East Technical support unit in coordination with Manipur SACS, Meghalaya SACS and Humsafar Trust observed the International Day against Homophobia, Transphobia and Biphobia at Imphal and Shillong in the month of May, 2017. The event brought visibility to the MSM TI Programme specially to bring out the hidden communities, More focus and emphasis were given on safe sex with condom, health seeking behavior and human rights. At Imphal the programme was chaired by State Education Minister, Shillong.

T. Kailash Ditya
DTL NETSU Guwahati

Haryana

Awareness Campaign

- To reach out to vulnerable populations, Inter-Personal Communication Camps were organized at slum areas, petrol pumps, toll-plazas, truck Union offices, taxi stands, construction sites and migrant population sites to motivate people for testing at Integrated Counselling and Testing Centres.
- During the camps, 13,382 people were tested for HIV, out of which 8 were found positive.
- A door to door campaign was conducted by 4,507 ASHAs to spread HIV/AIDS awareness messages and for promotion of Toll Free Helpline No. 1097. Total 6,06,458 houses were covered.

Ms. Harpreet Kaur
AD, Haryana SACS

EVENTS

World Blood Donor Day (WBDD)

Every year on 14th June, countries around the world celebrate World Blood Donor Day (WBDD). The event, established in 2004, serves to raise awareness of the need for safe blood and blood products, and to thank blood donors for their voluntary, life-saving gifts of blood. Various activities and programmes were organized in the states in collaboration with Blood Banks, partners and organizations.

Madhya Pradesh



NCC cadets during awareness session on World Blood Donor Day

A 10 Day NCC Camp was organized at Regional College of Education, Shymla Hills, Bhopal by MP Girls Battalion of NCC. Mrs. Sufiyah Faruqui Wali, Project Director, MPSACS was the Chief Guest. 42 units of blood was collected in the camp. A awareness session on Voluntary Blood Donation had also been organized. About 500 cadets attended the awareness session.

Meghalaya



Dr. L. Lyngdoh, Project Director, Meghalaya AIDS Control Society delivers welcome address

Meghalaya State Blood Transfusion Council in collaboration with Meghalaya State AIDS Control Society and the Licensed Blood Banks in the state observed state level - World Blood Donor Day at the U Soso Tham Auditorium, Shillong in the presence of Chief Guest Shri. Y. Tsering, IAS, Addl. Chief Secretary, Govt of Meghalaya, Shri. H.M. Shangplaiing, IAS, Mission Director, National Health Mission, Govt. of Meghalaya, Dr. A.C. Bhardwajan, DIG (Med), Frontier Headquarter, BSF, Shillong, Director of Health Services (MI), Director of Health Services (Research), Ex Project Directors, colleges faculty etc.

Delhi



Project Director, DSACS honouring Voluntary Blood Donors & organizations contributing in the Field of Blood Donation

Delhi State AIDS Control Society & State Blood Transfusion Council, Delhi organized World Blood Donor Day at Library Hall, GTB Hospital on the theme of “What Can You Do? Give Blood, Give Now, Give Often.” Project Director, DSACS graced the occasion as Chief Guest. Regular Voluntary Blood Donors & Organizations working in the field of blood donation were honoured on the occasion.

DSACS disseminated IEC / promotional material on the theme of World Blood Donor Day to NACO supported blood banks and in the blood donation camps.

Jammu & Kashmir

A mega function was organized by J&K State AIDS Control Society (JKSACS) in collaboration with PG Department of Blood Transfusion Medicine, GMC, Jammu and Indian Red Cross Society, Jammu on World Blood Donor Day in the Auditorium of Government Medical College, Jammu. The Chief Guest at the function was Mr. Bali Bhagat, Hon’ble Minister of Health & Medical Education, Government of J&K. Dr. Sunanda Raina, Principal, GMC, Jammu was the Guest of Honour.



Hon’ble Minister Mr. Bali Bhagat along with Project Director, JKSAACS, Dr. Mushtaq Ahmad Rather inaugurated Voluntary Blood Donation campaign and also released balloons to mark the significance of the day

Standardisation Testing Quality Certification of NACO Website

Standardisation Testing Quality Certification (STQC) Website Quality Certificate in respect of the organisation's official website (URL - <http://naco.gov.in>) has been granted on 24th April 2017. The NACO Website was redesigned and redeveloped by NIC in accordance with the Guidelines for Indian Government Website (GIGW) Compliance. The GIGW guidelines address the

entire lifecycle of a website, web portal or a web application right from its conceptualization to design, development, maintenance and management.

The website was launched on 7th September 2016. After the launch, STQC Audit, patches were resolved raised by STQC Department with the help of NIC-CMF team.

Benefits of compliance to these guidelines are:

- Improve the overall usability quotient and technical competence of the Indian Government websites vis-à-vis International Standards.
- Facilitate Indian Government websites in achieving citizen-centricity while providing anytime anywhere delivery of government information and services.
- Formulate policies for sustenance and effective maintenance of the Indian Government websites through their life cycle.
- Achieve, in the long run, a certain degree of commonality and standardization across the Indian Government websites.
- Enhance the Government-Citizen Relationship

The STQC Certificate is valid for three years i.e. till 23rd April, 2020. Since, it is mandatory for every Government Website to attain GIGW Compliance as per the standards to maintain the technical competence, hence it is one of the achievements of NACO.



The STQC website quality Certification Services

Ms. Piyushi Kothiwala
IEC & MS, NACO

World Blood Donor Day

14 JUNE, 2017



Ministry of Health & Family Welfare
Government of India

Don't wait until disaster strikes.
What can you do?

**GIVE BLOOD
GIVE NOW
GIVE OFTEN**



- Donate Blood Regularly
- Register yourself as a Donor

- Every moment someone needs blood
- One donation can save more than one life
- Blood donation is a safe medical process
- Healthy person between 18 – 65 years can donate 3 – 4 times in a year

For further details log onto www.nhp.gov.in to obtain list of licensed blood banks



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Free Treatment for HIV is available at Antiretroviral Therapy Centres at Government Hospitals