

NACO NEWS

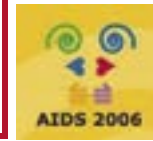
A Newsletter of the
National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India

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World Unites to Fight HIV/AIDS



Toronto Conference Succeeds in Putting the Spotlight on the Epidemic

The most prominent visual in Toronto, Canada in the month of August was the red ribbon, associated with HIV/AIDS worldwide. The XVI International AIDS Conference (August 13-18, 2006) had senior government functionaries representing over 100 nations, political leaders, developmental workers, policy makers, NGOs, high-profile celebrities and social activists, civil society organisations, international donors and People Living With HIV/AIDS (PLHAs) who participated actively in the deliberations.

Most heartening for workers at the grass roots level as also all those involved in the battle against HIV/AIDS, was the solidarity, support and backing which came from a cross section of people. There was a reaffirmation of the fact that HIV/AIDS had finally moved out of the confines of the health sector and was now

the prime focus of governments, corporates, international funding organisations and the media who acknowledged the threat that an unchecked pandemic could cause to mankind. Coming together to brainstorm, share experiences, success stories and niche issues proved to be a most productive exercise, making it one of the most successful and high-profile event in recent times.

Be it the former US President, Bill Clinton or Microsoft Chief, Bill Gates or Hollywood actor Richard Gere, they all made their presence felt at the weeklong conference. They emphasised women's empowerment as a key to HIV prevention.

Union Minister of Health and Family Welfare, Dr. A. Ramadoss, who led the Indian delegation, said "Youth would be the centre of India's battle against HIV/AIDS." He added, "India has literally 300

million youth in the age group of 15-25 years and our priority is to save them."

Ms. K. Sujatha Rao, AS & DG, NACO, drew attention to India's large scale efforts aimed at information dissemination and behaviour change communication at the grassroot level and among vulnerable populations. The emphasis now was on scaling up of targeted interventions and providing of Antiretroviral Treatment to those living with HIV/AIDS.

Conference Highlights

- Debates, consultations and plenary sessions devoted to sharpening strategies on scaling up HIV prevention, care and treatment programmes, especially in countries like India.
- Sharing of latest technological breakthroughs which can take the world closer to realising the goals of providing universal access to prevention, treatment and care by 2010.
- To step up a more proactive approach which can involve young people in the fight against AIDS.
- Establish better understanding of gender inequalities in different parts of the world and to find ways of expanding reach and filling gaps.
- Acquiring updates on epidemiological and vaccines research.



International AIDS Society President elect Mr. Julio Montaner addressing the audience

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From the Desk of the Director General



Dear friends,

The last few months have seen a consolidation of our programmes and interventions, as we geared ourselves to scale up prevention, treatment and services for care and support.

The Toronto Conference, with its accompanying international hype and impressive celebrity line-up, showed solidarity and the coming together of cross sections of society, making a subtle point to the rest of the world – HIV/AIDS has to be seen in a larger context. It affects each one of us and unless we take responsibility at the governmental, community and individual level, we will be in the throes of a losing battle.

Commendable initiatives taken recently include the Zilla Parishad conference which was a big step, with the Panchayat and Nagarpallika leaders being involved as key stakeholders. By signing a declaration of commitment, they took ownership for making their constituencies

HIV/AIDS-free and for bringing about an informed and empathetic approach in dealing with those infected and affected.

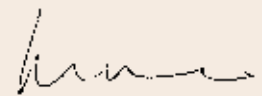
In view of high vulnerability of youth to HIV infection our programmes have special emphasis to protect the young population of the country. The setting up of the Red Ribbon Clubs in schools and colleges is a major step in this direction. These clubs help in propagating safe-sex messages, holding sensitisation workshops among youth, and stepping up voluntary blood-donation levels.

We need to address more effectively other vulnerable groups particularly women who in a majority of cases get the virus from their husbands. The gender inequalities, violence against women and their biological make-up increases their vulnerability to HIV. Women also face more stigma and discrimination in case of HIV infection. Our programmes are addressing these issues by increasing the knowledge and awareness levels of women and empowering them to fight the virus.

For effective programme implementation, it is necessary to upgrade our skills from

time to time. In our attempt to standardise training modules and have our people in the field on a shared wavelength, we organised an NGO meet, wherein NGO advisers were given a set of guidelines to enable them to have clarity and authentic information. The upscaling of our Targeted Intervention projects is moving satisfactorily at the state level. The International Consultation on Male Sexual Health and HIV in Asia and the Pacific which was hosted by the Government in September helped address the epidemiological, technical and socio-political issues relevant to halting and reversing the HIV risk among the MSM population.

The coming months will, I am sure, see a lot of new initiatives taken by NACO and SACS and by all our partners, NGOs, and stakeholders in making inroads in the fight against HIV.



Ms. K. Sujatha Rao
Additional Secretary and
Director General
National AIDS Control
Organisation

XVI AIDS Conference 2006



Glimpses from Toronto



India Satellite Session, “Consolidating Gains: Marching Ahead”

Keeping in tune with the theme of the International AIDS Conference, India Satellite Session titled “Consolidating Gains: Marching Ahead” tracked the progress achieved so far and discussed the future strategies to halt and reverse the epidemic as envisioned in NACP-III. Opening the session, AS&DG, NACO, Ms. K. Sujatha Rao gave an overview of the Indian epidemic and called for greater inter-sectoral collaboration to upscale prevention interventions, care and support and treatment services. Speaking on the occasion, UNICEF Goodwill Ambassador, Ms. Sharmila Tagore focused on care, support and treatment initiatives for HIV positive children. Member of Parliament, Mr. J.D. Seelam while reiterating the strong political commitment to the cause of HIV prevention said that the constitution of National Council on AIDS under the chairmanship of Hon’ble Prime Minister is a major step forward and is an example before the international community.

The viewpoints of the states were highlighted by the Health Ministers of the four states, Mr. Himanta Biswa Sarma of Assam, Mr. S.K. Mishra of West Bengal, Mr. Korunghang Dangsawa of Manipur and Dr. T.M. Lotha of Nagaland who supported political action at all levels to check the spread of the epidemic.

Ms Laxmi Narayan Chandradev Tripathi, President of Dai Welfare Society spoke about the vulnerabilities of sexual minorities to HIV/AIDS and the problem faced by them in the society. She called for greater policy level interventions to address the concern of sexual minorities. Ms. Jahnabi Goswami, President, Assam Network of Positive People highlighted the role of positive people in HIV prevention and reducing the stigma and discrimination attached to the infection.

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- Innovation in developing a range of products like microbicides, gels, films and sponges that will help prevent sexual transmission of HIV and other infections.
- “Time to deliver” was the theme of the conference,

reminding governments that the world had already been into the epidemic for a quarter of a century and in spite of stepped-up budgets, commitments and work in the field, the epidemic was continuing to outpace us.

Vulnerabilities of Youth

Recognising the fact that young people were at greater risk, and with the young population shrinking in European countries and elsewhere, there was a sense of urgency attached to addressing their vulnerabilities as also



Union Minister for Health and Family Welfare, Dr A Ramadoss and other dignitaries at a press conference organised by Heroes Project

assigning them prominent roles, encouraging them to take on the mantle of fighting AIDS.

With half of all new HIV infections occurring in young people under the age of 25, there is a critical need for global and regional advocacy efforts to keep youth issues, especially those surrounding HIV prevention in the developing world, on the table. Youth leaders and prominent global figures addressed the impact of AIDS on young people and called for a stronger role for young people within national and international AIDS policies.

First-person accounts by young people, recounting their experiences had a profound effect on the audience. From the human rights perspective of living with HIV/AIDS, to

the elimination of stigma and discrimination and access to funding – the young speakers made it clear that it was time to provide foolproof solutions and that they would do all it takes to help governments in keeping their promises.

Cross-cultural Experiential Learning

Invaluable data was brought to the table, helping countries to learn from each other's experience. Studies were presented on minimising risk of infection, on developing high-impact campaigns, making safe sex more acceptable and removing the stigma associated with HIV testing.

Path-breaking developments carried out by some countries included studies on circumcision, effects of herpes treatment on HIV

transmission and pre-exposure prophylaxis with Antiretroviral drugs.

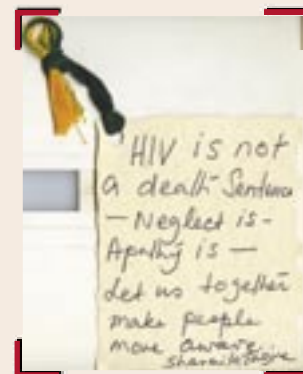
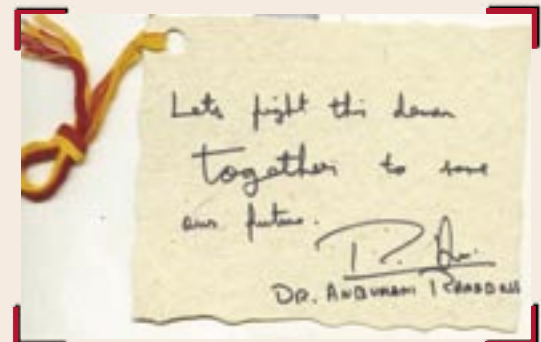
The conference ended with a review which clearly pointed to the need for more concerted action to fight the epidemic, empower women and to make vital antiretroviral drugs available to those who need them.

Dr. Pedro Cahn, President, International AIDS Society (IAS), concluded with the apt reminder: "Prevention and care are two faces of the same coin. Biomedical and behavioural scientists have identified gaps and urged every one to join hands. For, all the knowledge, innovative research and new tools, will not be effective without the political leadership that is essential to halt this epidemic."

India Pavillion at the Toronto Conference 2006

The exhibition on HIV/AIDS in India, put up by National AIDS Control Organisation and UNAIDS India at the XVIth International AIDS Conference 2006, evoked great interest amongst delegates. It told the story of the epidemic and the national response to it in a succinct manner against a backdrop of ethnic imagery. Starting with an overview of the country situation and the epidemic, it proceeded to detail the main focus areas of NACP II.

The 'Changing Face of the Epidemic' and salient features of the proposed NACP III gave a fair idea of the challenges and strategies that lie ahead. Case studies on a few successful IEC initiatives such as the Condom COW (Communication on Wheels) and Bula-di too created great interest, especially as a Bula-di puppet interacted with delegates and invited them into the stall! After viewing the exhibition and spending some time watching the advertisement spots that were being played, visitors concluded by writing their messages, wishes and opinions and tying them onto a 'wishing trellis', fashioned after the traditional forms of intersession that are so much a part of our cultural vocabulary, and proved to be a great hit.



Cards signed by Dr A Ramadoss and Sharmila Tagore for the wishing trellis

Panchayat System Pledges to Fight AIDS

Concerted Action at the Grassroots

The Panchayati Raj and Nagarpalika institutions wield tremendous clout and influence over a widespread community network. Getting them involved and motivating them to take ownership was a big step in intensifying the Indian Government's efforts in defeating HIV and AIDS. In the largest ever outreach for strengthening this movement, the First National Convention of Zilla Parishad

Adhyakshas and Mayors, which saw the coming together of more than 600 Chief Executive Members of District Autonomous Councils and Mayors from all States and Union Territories of India was held at Vigyan Bhawan, in New Delhi on August 8, 2006.

The convention was a joint initiative of the Government of India (Ministries of Health and Family Welfare, Urban

Development and Panchayati Raj), NACO, Parliamentarians' Forum on HIV/AIDS and UNAIDS.

The convention was inaugurated by Mr Mani Shankar Aiyar, Minister of Panchayati Raj. On the occasion, Dr A Ramadoss, Union Minister of Health and Family Welfare, Dr Jaipal Reddy, Minister of Urban Development, Mr Oscar Fernandes, Convener, Parliamentary Forum on HIV/AIDS, Mr JD Seelam, MP and Mr Venkaiah Naidu, President BJP addressed the participants. Mr Raghuvansh Prasad Singh, Minister of Rural Development gave the valedictory address.

Speaking on the occasion, Ms. Sujatha Rao, AS & DG, NACO, drew attention to the alarming spread of the infection in rural India, through short-term migrant workers and truck drivers. She called for a unified response in addressing challenges posed by the HIV epidemic at the district and community levels and offered complete support to Panchayati and Nagarpalika institutions, who would be the driving force in their communities.

Circle of Influence

Panchayati Raj and Nagarpalika institutions will help ensure:

- Wide network reaching families in far-flung, and inaccessible areas.
- Play an instrumental role in spreading awareness about prevention; improving the lives of PLHAs and helping deal with stigma and discrimination.



Zilla Parishad Adhyakshas and Mayors signing the pledge of commitment



Dignitaries at the 'National Convention of Zilla Parishad Adhyakshas and Mayors on HIV/AIDS'.

- Serve as ambassadors as they yield influence and control over administrative and community matters at the block and village levels.
- Coordinate, facilitate and advocate through proper planning and budgetary allocations.
- Develop follow-up and feedback mechanisms.

Conference Objectives

The convention was organised with the intention of:

- Raising awareness among Mayors and Zilla Parishad heads, regarding HIV and AIDS prevention.
- Addressing communities' vulnerability, while sensitising them on issues related to stigma and discrimination.
- Familiarising them with key objectives of NACP III.
- Defining their role in how they could help expand response to HIV/AIDS at local levels.
- Develop strategies at the urban and village-level plans.

Pledge of Commitment

The convention brought local governance to the forefront in battling HIV/AIDS at the district level. In seeking the support of decentralised authorities, it also served as the basis of decentralised planning, as envisaged in NACP III. The discussions and brainstorming translated into a constructive outcome, wherein a Declaration of Commitment was signed by the Zilla Parishad Adhyakshas and Mayors, pledging their support for taking forward the HIV agenda.

How Zilla Parishad Adhyakshas and Mayors can Make a Difference

- As Chairperson of the District Planning Committee (DPC), finalise the district plans and budgets, incorporate the prevention of HIV/AIDS as a priority.
- Ensure dissemination of messages on HIV prevention under every activity.
- Use personal influence to motivate officials of important departments (health, education, social welfare, rural, women and child, labour and youth) to disseminate information on HIV prevention and healthy lifestyles.
- Work with SACS, NGOs, CSOs to promote safe behavioural practices.
- Promote condom use and ensure accessibility through PHCs and sub centres.
- Address vulnerability of youth and women.
- Organise day-long advocacy-cum-sensitisation meeting of all Sarpanches at the block level and motivate them to spread information on HIV prevention.

Status of ART Roll-out: 2006

Number of Patients on ART as on 31st August 2006

Sl. No.	State	Name of the Centre	No. of patients			
			Male	Female	Children	Total
NACO-supported ART Centres :						
1	Tamil Nadu (13)	GHTM, Tambaram, Chennai	1814	1309	249	3372
2		Madras Medical College, Chennai	488	243	1	732
3		Government Medical College, Madurai	931	493	63	1487
4		Government Hospital, Namakkal	727	560	61	1348
5		Kilpouk Medical College, Chennai	85	79	33	197
6		Medical College, Salem	344	280	25	649
7		Medical College, Tirunelveli	151	63	14	228
8		Medical college, Ciombatore	170	97	7	274
9		Medical College, Theni	201	160	32	393
10		Medical College, Thanzavur	143	80	10	233
11		Medical College, Vellore	197	117	22	336
12		Medical College, Kanyakumari	89	37	13	139
13		Medical College, Trichy	227	165	3	395
14	Maharashtra (8)	Jamsetji Jeejeebhoy Hospital, Mumbai	2146	1019	87	3252
15		King Edward Memorial Hospital, Mumbai	428	239	55	722
16		Nair Hospital, Mumbai	254	134	14	402
17		Sion Hospital, Mumbai	249	127	45	421
18		Government Medical College, Sangli	647	465	108	1220
19		Byramjee Jeejeebhoy Medical College, Pune	706	448	72	1226
20		Government Medical College, Nagpur	699	280	92	1071
21		National AIDS Research Institute Pune	97	53	0	150
22	Andhra Pradesh (3)	Osmania Medical College, Hyderabad	1421	597	60	2078
23		Government Medical College, Guntur	903	505	33	1441
24		Government Medical College, Vizag.	489	196	0	685
25	Karnataka (9)	Lady Curzon Hosp., Bangalore	878	421	52	1351
26		Mysore Medical College, Mysore	347	185	1	533
27		Vijayanagar Institute of Medical Sciences, Bellary	76	32	4	112
28		Karnataka Institute of Medical Sciences, Hubli	532	379	68	979
29		District Hospital, Raichur	3	3	0	6
30		District Hospital, Davengere	15	18	0	33
31		District Hospital, Mangalore	32	17	0	49
32		District Hospital, Bijapur	1	0	0	1
33		District Hospital, Gulbarga	3	3	0	6
34	Manipur (4)	Regional Institute of Medical Sciences, Imphal	594	256	32	882
35		Jawaharlal Nehru Hospital, Imphal	619	391	102	1112
36		Ukhru	39	37	4	80
37	Churachandpur	61	33	3	97	
38	Nagaland (3)	Naga District Hospital, Kohima	105	57	10	172
39		Dimapur	35	16	2	53
40	Tuensang Civil Hospital	16	13	1	30	
41	Delhi (6)	Ram Manohar Lohia Hospital, New Delhi	946	368	142	1456
42		Lok Nayak Jai Prakash Hospital, New Delhi	474	168	20	662
43		All India Institute of Medical Sciences, New Delhi	461	157	29	647
44		Deen Dayal Upadhyaya Hospital, New Delhi	40	19	3	62
45		GTB Hospital	26	19	0	45
46	Lala Ram Sarup Institute of TB, New Delhi	42	15	5	62	
Total in GFATM States:			18951	10353	1577	30881
47	Chandigarh (1)	PGIMER, Chandigarh	505	276	88	869
48	Rajasthan (2)	SMS Hospital, Jaipur	919	376	36	1331
49		SNMC, Jodhpur	2	2	1	5
50	Gujarat (1)	B.J. Medical College, Ahmedabad	680	291	46	1017
51	West Bengal (1)	School of Tropical Medicine, Kolkata	801	233	32	1066
52	Uttar Pradesh (3)	Banaras Hindu University, Varanasi	709	268	38	1015
53		KGMC, Lucknow	371	122	22	515
54		LLRM Med College, Meerut	28	17	3	48
55	Goa (1)	Government Medical College, Bambolim	184	92	14	290
56	Kerala (4)	Medical College, Thiruvanthapuram	237	103	30	370
57		Medical Coll, Kottayam	104	45	8	157
58		Medical Coll, Kozhikode	310	87	0	397
59	Medical College, Thrissur	314	136	30	480	
60	Himachal Pradesh (1)	IGMC Shimla	47	27	2	76
61	Pondicherry (1)	GGH, Pondicherry	28	20	12	60
62	Bihar (2)	PMCH, Patna	49	19	5	73
63		SKMCH, Muzafarpur	47	31	5	83
64	Madhya Pradesh (1)	Medical college, Indore	352	158	44	554
65	Assam (2)	Medical College, Guwahati	75	31	2	108
66		AMC, Dibrugarh	2	4	0	6
67	Arunachal Pradesh (1)	General Hospital, Naharlagun	3	2	0	5
68	Mizoram	Civil Hospital, Aizawl	14	8	0	22
69	Punjab	GMC, Amritsar	3	0	0	3
70	Sikkim	STNM Gangtok	2	0	0	2
71	Jharkhand	RIMS, Ranchi	80	35	1	116
72	Harayana	PGIMS, Rohtak	43	16	0	59
73	Ultranchal	Doon Hospital, Dehradun	7	4	2	13
74	J&K	Medical College Jammu	20	10	0	30
Total in Non GFATM States:			5767	2340	418	8770

Face to Face

Excerpts from a freewheeling chat with Rahul Singh, Programme Coordinator, Milan Project, Naz Foundation India Trust, New Delhi.

Q: What is the Milan Project?

A: Milan Project is a Drop-in Centre which started in 1999-2000 and is to a large extent about mainstreaming MSM. It initially functioned only in the evening shift but now runs through the day. Weekly support-group meetings are held where the MSM community interacts and finds constructive solutions to their problems. Community mobilisation has been successful through free vocational training and creative and occupational activities. Sex and sexuality, role plays, case studies, negotiation skills and partner involvement in skill building are taken up at some of the trainings.

Q: How do helplines induce behaviour change?

A: We have mothers calling up, seeking information for sons who refuse to get married, saying they are MSM, and we have young boys expressing dread at having sex with their wives. Shrouded in fear and uncertainty, most are guilty being 'different'. With practically no one to talk to, they find the helpline a saviour. Many want to know if there is a cure for homosexuality and if theirs is a passing phase. Our trained counsellors help repose trust in callers. Many become regular callers and some muster the courage to come to the office and speak openly.



Q: How do you find younger homosexuals different from older ones?

A: There is a complete attitudinal shift. Thanks to the way HIV/AIDS has been taken up at the international level and through NACO in India, MSMs are centre stage in discussions. With various MSM networks set up in different states, there is a recognised platform where they can learn from each other. Also, the younger lot have greater honesty. They are willing to come out in the open, take a stand vis-à-vis not getting married and even risk losing jobs and family support. The older lot unfortunately struggled with duality in their lives and were oblivious to the risks of STIs and HIV infection.

Q: What are the biggest biases that homosexuals face?

A: Most people think that the only thing homosexuals do is to have sex. They cannot understand that there can be companionship, love, affection and bonding between them, which perhaps might even outscore their need for sex. I was part of a TV show where a vocal participant cornered me later insisting on knowing which foreign organisation had appointed me to be their spokesperson.

He was convinced that I was speaking at the behest of someone who had brainwashed me, refusing to acknowledge my open admission of being a homosexual and speaking on behalf of the community.

Q: How do you think NACO can contribute ?

A: A move that has been seen as a significant effort for prevention and control of HIV/AIDS movement in India, is that NACO, under the MH&FW, Government of India, has filed an affidavit in court supporting the demand to review Section 377 of IPC, which declares homosexuality as an offence. This has given us hope, and also seeing the government's willingness to talk about the issue of homosexuality is a welcome change. I have been part of NACP III meetings and was happy to see our suggestion of stepping up CBO involvement being accorded high priority. Unless communities take ownership of programmes, there can be little hope for behaviour change. Presently, there are as many as 50 MSM-CBOs which have been set up in the country. NACO's support here is invaluable.

Q: What are your suggestions on better advocacy?

A: Hoardings and public communication usually addresses safe sex issues between men and women but never men-to-men. Televisions and films can project homosexuals more favourably or at least realistically, and certainly not let the "Bobby Darling" stereotype gain ground. It is most distasteful and offensive.

Risk and Responsibilities

Delhi Consultation Offers New Hope for MSM Interventions

Despite evidence establishing male-to-male sex as one of the driving forces of HIV transmission in the Asia Pacific region, few strategic interventions exist that address male-to-male sexuality and related HIV vulnerabilities. Stigmatised by society and criminalised by law in many countries of the region, it is difficult for MSM (men who have sex with men), to access information and services that they need to protect themselves from HIV.

In a significant effort to address the factors driving the HIV epidemic among MSM, a regional consultation was held in New Delhi, from 23-26 September, that brought together participants from governments, civil society and community organisations across 22 countries in Asia Pacific region. This consultation addressed epidemiological, technical and socio-political issues relevant to halting and reversing the HIV risk among the MSM population.

Dr. Nafis Sadik, UN Secretary General's Special Envoy for HIV and AIDS in Asia and the Pacific in her inaugural address said, "HIV has taken hold in communities of men who have sex with men and transgendered persons, and is spreading among them largely unchecked by prevention programmes".

Speaking on behalf of the Government of India, the Union Health Secretary, Mr. Prasanna Hota assured the gathering that a



dialogue with the legal luminaries is in progress to better understand the emerging AIDS epidemiological situation and make necessary changes to the law to reach out to the MSM communities with targeted HIV response.

Ms. K. Sujatha Rao, Additional Secretary and Director General NACO said that the priorities and thrust areas in the NACP-III 2006-2011 would include integration of prevention with treatment, care and support, while those at the highest risk of HIV infection: injecting drug users, sex workers and men who have sex with men will receive priority attention. This consultation will help focus scaling up of interventions for vulnerable men who need specific attention in the programming.

Mr. JVR Prasada Rao, Regional Director for UNAIDS Bangkok office, identified five key measures as non-negotiable actions for governments in addressing MSM related AIDS responses:

- 1 Accord MSM and transgender interventions a priority in the national strategic plans;
- 2 Earmark resources directly to the MSM and transgender networks for capacity building and delivery of services;
- 3 Change laws that criminalise

- male-to-male sex by creating a groundswell public opinion;
- 4 Undertake public education for halting harassment of MSM, transgender and community workers who provide services for these groups; and
- 5 Ensure full involvement of MSM and transgendered people in the national planning process.

The mother of one of the participants shared the story of her son's difficult journey highlighting the fear of prosecution as the biggest trepidation for service providers who work at grass root. "My son was detained for 47 days and nights in a jail, together with three of his colleagues, for doing his job – helping to save lives, the lives of other Indian citizens, who just happen to be seen as different. I stand before you this evening as a loving mother of a son that I am proud to call "my son", accepting him as he is, not what I would like him to be."

A comprehensive Delhi Declaration of Collaboration was adopted at the consultation. The consultation helped to formulate, inform and develop strategic advocacy initiatives and key policies related to legal, human rights and social issues.

Reaching them Young



Adolescence Education Programme Gets a Shot in the Arm

World over, the biggest vulnerability of young people is the risk of getting infected by HIV. They face fear if they are ignorant, discrimination if infected and suffering and death if unable to protect themselves from an infection that can be avoided. In the absence of a medical cure for HIV infection, 'Education vaccine' is the only effective social vaccine that can prevent new infections and reduce human suffering and economic loss.

A series of workshops on State Action Plans (SAPs) for the Adolescence Education Programme (AEP) were jointly organised by the Ministry of Human Resource Development (MHRD), National AIDS Control Organisation (NACO) and National Council of Educational Research and Training (NCERT) on 24th, 28th, 30th June and 5th July

2006, at Chacha Nehru Bhawan, NCERT in New Delhi.

Workshop Objectives

- Finalise state action plans for AEP for 2006-07.
- Decide nodal agency for fund flow.
- Identify key issues about fund flow mechanism.
- Discuss, finalise and establish Monitoring & Evaluation data flow, mechanisms, timelines and formats for smooth monitoring of AEP.
- Examine reasons that lead to inadequate coverage as compared to last year's targets.

The workshop began with a welcome address by Mr. J.L. Pandey, Project Coordinator, National Population Education Programme (NPEP), NCERT, New Delhi. In his opening remarks, Mr. S.C. Khuntia, Joint Secretary, Secondary Education, MHRD, underlined the relevance

of AEP, given the alarming rise of HIV and the vulnerability of youth in India. He asserted the need to strengthen partnership between Department of Education (DoE) and SACS and other collaborating agencies, to ensure smooth implementation of AEP.

Action Points

Ms. K. Sujatha Rao, AS & DG, NACO, emphasised the need for MHRD and DoE at the state level, to lead and take ownership of AEP. She spelt out her list of immediate action points:

- Issues of health and environment affecting children to be a priority with Department of Education and Ministry of Health.
- Permanent mechanism to be set up in DoE to address issues that arise through the school education system. NACO to provide resources for setting up such a cell.
- Age-appropriate information on adolescence education to be provided to school-going children - from primary level with progression from health and healthy living to topics on sex and sexuality.
- Sensitising and involving school principals and teachers under the SAPs for AEP.
- Advocacy activities to be carried out for parents.
- Red Ribbon Clubs to be operationalised in all schools.
- NACO to support dedicated HIV and AIDS units at MHRD, NCERT and state level.

Key outcomes

1. SAPs on AEP for 2006-07 finalised and endorsed by State Core Committee (SCC) to be treated as Final Action Plan for implementation by the State DoE. SAPs are to be forwarded to MHRD following approval by SCC.
2. Funds allocated by NACO for AEP to SACS for implementing the final SCC-approved AEP Action Plan.
3. State Departments of Education/State Council of Educational Research and Training (SCERT) to take lead in implementing, planning, monitoring and evaluating AEP.
4. SCERTs/District Institute of Education and Training (DIET) to be strengthened and AEP cells to be established with the support of UNICEF and partner agencies.

Sharpening Skill Sets

NGO Advisers Undergo Training to Upgrade Skills

With NACO's plans of scaling up Targeted Interventions (TI) well under way, efforts are being made to build the capacities of NGO advisers at the SACS level, by equipping them with specific skill sets which can enhance productivity, reach and impact.

NACO along with Resource Centre for Sexual Health and HIV/AIDS (RCSHA) organised a week-long training workshop for NGO Advisers from 21 – 26 August 2006, at the Centre for Environment Education, Ahmedabad. This was a timely and productive initiative, especially for those who had been recently inducted.

Previous targets were revisited and a new policy framework defined wherein targets and goals were clearly specified. In order to eliminate chances of ambiguity and ad hocism, the training

programme was designed to not just educate, inform and clarify doubts, but also bring NGO advisers on a common platform with greater standardisation and uniformity. For, only then will there be transparency and a collective response, where everyone is on a shared frequency in the fight against HIV/AIDS.

Issues Covered

1. Components for setting up TI projects.
 - Steps in planning and strengthening programmes for prevention of STIs and HIV.
 - Continuum of care for HIV/AIDS.
 - Programme planning for condom promotion.
 - Planning for Behaviour Change Communications (BCC) activities.
 - Activities for reducing stigma and discrimination of High

Risk Groups (HRGs) and PLHAs.

2. Better knowledge of managing NGOs engaged in STIs and HIV prevention, care and support.
 - Transparent processes of NGO selection.
 - Key features of costing guidelines.
 - Process of building NGO capacities for implementing STIs and HIV prevention, care and support programmes.

Outcomes

The training programme adopted an innovative format including a knowledge-level quiz on STIs and group-work activity to establish better understanding of Integrated Counselling and Testing Centres, Syndromic Case Management and issues of follow-up.

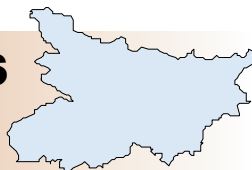
The session on formation of CBOs highlighted success of the Community-Led Structural Intervention (CLSI) approach. Concept of Smart Card was clarified, followed by a session on Project Cycle Management and discussion on Appraisal of Costing guidelines.

The presentations generated new ideas and suggestions on administrative and financial issues. BCC strategies were discussed and problem-analysis exercises carried out. Participants mapped current behaviour patterns, juxtaposed these with older responses, and analysed factors which led to change.



Participants at the NGO advisers' training workshop in Ahmedabad

Mainstreaming HIV/AIDS in State's Agenda



Bihar Legislative Assembly Forum on AIDS Constituted

Hon'ble Prime Minister, Dr. Manmohan Singh, while chairing the first National Council on AIDS meeting in February this year, had urged all state governments and ministries to mainstream HIV/AIDS on their agendas and to highlight issues of concern in ways which could help strengthen the fight against HIV/AIDS. Corporates and CBOs have also stepped forward to consolidate this initiative which came from NACO's mainstreaming division.

Alerted by the growing number of infections in Bihar and recognising the need for intensive efforts to curb the epidemic, Speaker of the Bihar Legislative Assembly, Mr Uday Narayan Chaudhary, and other politicians of the state have come together to set up the Bihar State Legislative Forum on HIV/AIDS (BLFA). The forum was inaugurated by the Chief Minister, Mr Nitish Kumar, in the Bihar Legislative Assembly auditorium on June 24, 2006. Other participants



included Chairman of the Bihar Legislative Council, Prof. Arun Kumar; Health Minister of Bihar, Chandra Mohan Ray; Parliamentary Affairs Minister, Ramesh Prasad Singh; UNAIDS Country Coordinator, Denis Broun; the State UNICEF Representative, Bijaya Raj Bhandari; members of Parliament and Bihar Legislature; and representatives of NACO and Bihar SACS.

Objectives of the Forum

- Create greater awareness amongst policymakers at

the state, district, block and panchayat level.

- Have an enabling social atmosphere which can counter the threat of AIDS.
- Enhance cooperation and coordination among the members of the legislature, chairmen of the Zilla Parishads, and elected members of the block and village-level Panchayats.
- Help in formation and activation of AIDS Control Committees at the district, block and village level.
- Disseminate useful information on HIV/AIDS.
- Monitor HIV/AIDS programmes.
- Develop linkages with international and national donor agencies to arrange funding/resources to meet the above objectives.



Bihar Chief Minister Shri Nitish Kumar lighting the inaugural lamp.

The formation of the forum will go a long way in solving the problem that has so far been compounded by the lack of ownership among political leadership as well as weak infrastructure and governance structures.

Delhi SACS Trains ICDS Functionaries



The impact of HIV/AIDS and trafficking is most severe on women and children. HIV/AIDS is also a workplace issue for Anganwadi workers (AWWs). Keeping these facts in mind, Delhi State AIDS Control Society (DSACS) in partnership with the Dept. of Social Welfare, ILO and UNDP organised an orientation for Integrated Child Development Services (ICDS) personnel on HIV-related issues such as trafficking and workplace vulnerabilities on 23-24 August, 2006 in New Delhi. 44 participants including five Child Development Project Officers (CDPOs) and 39 Supervisors took part in the programme.

The workshop focussed on explaining to participants the linkages between trafficking and HIV/AIDS; the need to ensure minimum standards of care and support to PLHA and trafficking survivors; reduce stigma (for



ICDS personnel at the orientation workshop

trafficked and infected) at the family, community and institutional levels through sensitising AWWs, enabling participants appreciate their role as Master Trainers; and providing them an opportunity to practice their session.

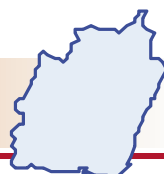
Dr. Shobini Rajan, Joint Director (BS), DSACS, welcomed resource persons and participants. Also present on the occasion was

Dr. Rashmi Singh, Joint Director, Department of Social Welfare, who urged the trainers to take up the role of ‘messengers’ or ‘carriers’ of important information and to take their learnings to anganwadi workers, community members and mahila mandals.

Mr. Sayeed Mohd. Afsar, National Project Officer, ILO, showed a film in which an HIV-positive woman is denied a job, highlighting the stigma and discrimination faced by people like her. He talked of adoption of either the woman-centered approach or the child-centered approach, both of which can equip people with skills to fight stigma.

It was suggested that ICDS adopt a two-pronged approach to implement this programme by viewing it as a workplace issue and by sensitising 4000 anganwadi workers. A suggestion was also made to draft an appropriate policy within the Department, as per the guidelines and code laid down by ILO.

Tackling Drug Abuse



As part of the worldwide observance of the International Day Against Drug Abuse and Illicit Trafficking, the Manipur State AIDS Control Society (MSACS) organised various programmes on the theme of “Drugs are not child’s play”, from June 21 – 26, 2006.

The state has intensified its efforts in tackling the growing menace of drugs. Young people involved in creative activities like music, dance, theatre and street plays

spread the messages of safe sex, use of disposable and uninfected needles and saying no to drugs. Panel discussions and phone-in-programmes on ‘Drug abuse and HIV/AIDS’ were broadcast through All India Radio, Imphal and Doordarshan Kendra. The local cable network also telecast a mobile quiz programme based on drugs and HIV/AIDS. Print media publicity too was carried out through newspaper advertisements in local



Observing International Day against Drug Abuse and Illicit Trafficking

newspapers which drew attention to critical issues regarding drug addiction and HIV infection.

In a week-long awareness initiative, a bicycle rally covered all the districts of Manipur and concluded at the Indoor Stadium at Khuman Lampak, in Imphal.

Tapping Youth Potential through Red Ribbon Clubs

NACP III recognises that vulnerabilities of youth must be addressed by effectively engaging them in a participatory manner, if we want an energetic and productive youth force at the helm of affairs in the future. To retain the advantage that India has over other western and European countries, that of a strong young workforce in the age group of 18-35, every effort has to be made to not let them fall prey to HIV infection. Apart from aggressive IEC efforts, what is needed is their participation, to enable them to take ownership of the programme, as also their lives and of those around them.

Under the direction and guidance provided by AS & DG, NACO, Red Ribbon Clubs will be set up in every college, university and high school across the country. Vice Chancellors, principals, heads of departments, lecturers, youth presidents and local political youth leaders will be sensitised and trained through specially structured modules prepared by NACO in consultation with SACS.

Tamil Nadu has taken the lead by setting up Red Ribbon Clubs (RRC) which will, through the network of National Service Scheme (NSS), disseminate information to a wider youth segment. TANSACS

has collaborated with Madras University to reach out to city youth while undertaking simultaneous programmes for rural youth. Union Minister for Health and Family Welfare, Dr. Anbumani Ramadoss has urged Vice Chancellors to take appropriate measures to encourage youth for promoting the Safe Blood Donation Campaign. The state requires about three lakh units of blood annually. However, there is a huge gap between blood collection and demand, with only less than 1.5 lakh units being collected through blood banks.

Similar Regional Red Ribbon Clubs (RRRCs) have been set up in Kerala and Haryana. By the end of 2006, other states too would have joined in this movement, centering around the country's young people.

Voluntary Blood Donation Picks up in Mizoram



A voluntary blood donation camp was held in Aizawl on July 22, 2006. Mr. Zoramthanga, Hon'ble Chief Minister of Mizoram, presided over the function and addressed the gathering, thanking them for their support and requesting more people to step forward for the noble cause of donating blood.

The active participation of the Association for Voluntary Blood Donors (AVBD), NSS, CBOs and the various Christian Youth Groups working across the state resulted in a huge turnout at the camp. The support of the print and electronic media had also helped in reaching

out to a diverse cross section of people, especially the youth, motivating them to step forward to donate voluntarily. There was a sincere attempt to dispel the myths and misconceptions related to blood donation, which often

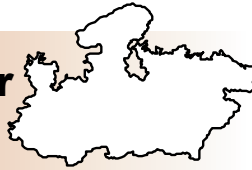
serve as a deterrent, keeping away the donors.

The state's advocacy efforts and IEC on blood safety and blood donation have resulted in a progressive increase in the number of donors in the year 2005-06. Through this initiative, the Chief Minister also urged the Mizo National Front, the ruling party in the state, and their youth wing to chalk out a programme, so that different constituencies of Aizawl could hold voluntary blood donation camps on a regular basis and expand the circle of repeat donors.



Chief Minister of Mizoram addressing the audience at the blood donation camp.

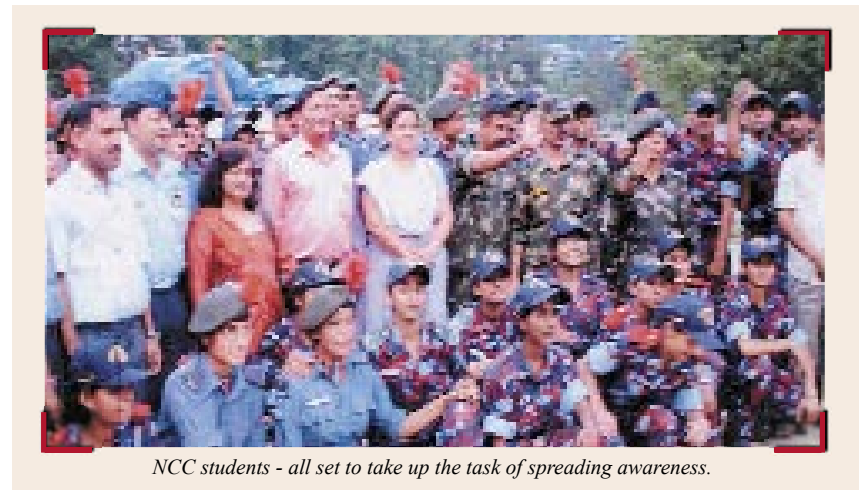
Awareness Workshop for NCC Students in Bhopal



In an attempt to expand the reach of awareness efforts amongst youth organisations, Madhya Pradesh State AIDS Control Society (MPSACS) organised a state-level HIV/AIDS Awareness Workshop, “Yuva Shakti and HIV/AIDS”, for students of the National Cadet Corps (NCC). All districts of the state were covered and participants were sensitised on different aspects of the pandemic, at a day-long session held at the All India Institute of Local Self Government, Bhopal on August 11, 2006.

Training was imparted to these NCC students to enable them to become effective peer educators as they joined hands in the prevention and control of HIV and AIDS. They were also grouped in batches which could work with rural and urban populations, and relevant information about the same was passed on. Their mandate also included spreading awareness amongst the general population for stepping up voluntary blood donation.

Inaugurating the workshop, Ms. Saleena Singh, Project Director, MPSACS, said,



NCC students - all set to take up the task of spreading awareness.

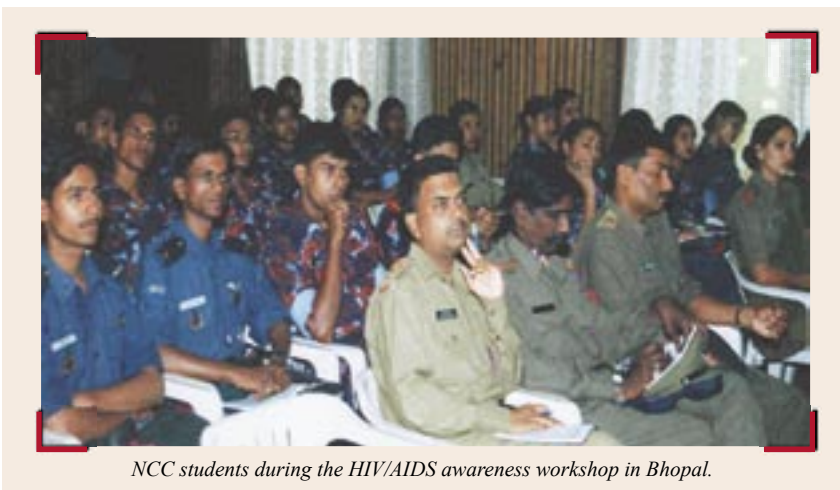
“NCC is a dedicated service which disciplines not just the body but also the mind of students. This state-level NCC Group will, post-training, proceed from Bhopal to Siachen. They will mobilise public opinion along the way and share their learnings”. She added, “We are confident that initiatives such as this will make HIV and AIDS nationwide movement, involving every individual as a concerned stakeholder.”

Dr. U.C. Yadav, Joint Director, MPSACS, made a technical presentation on HIV and AIDS and answered questions which were posed by the NCC students.

Sadbhavana Car Rally Flagged off in MP

As part of the state’s efforts in stepping up mass awareness, the Sadbhavana Car Rally was flagged off on August 15, 2006 by the Hon’ble Chief Minister, Madhya Pradesh, Shri Shivraj Singh Chouhan. The rally was conducted in two phases, with the first one from 15th to 17th August 2006 and the second one from 21st August to 4th September.

On 21 August, the rally was flagged off by Lt. Gen. MC Bhandari, PVSM, AVSM, the then DG of NCC. The two rallies covered Delhi, Chandigarh, Manali, Patsio, Khardungla, Rajpur and Rajim. Roadshows were conducted at Bhopal, Indore, Shivpuri, Guna, Sagar, Gwalior, Delhi, Ambala, Kiratpur, Bilaspur, Mandi, Kullu, Manali, Leh, Khardungla, Durg, Rajim and Raipur to educate people on modes of transmission and methods of prevention. Myths and misconceptions related to stigma and discrimination faced by PLWHA were also taken up extensively.



NCC students during the HIV/AIDS awareness workshop in Bhopal.

Nagaland Launches Red Ribbon Club

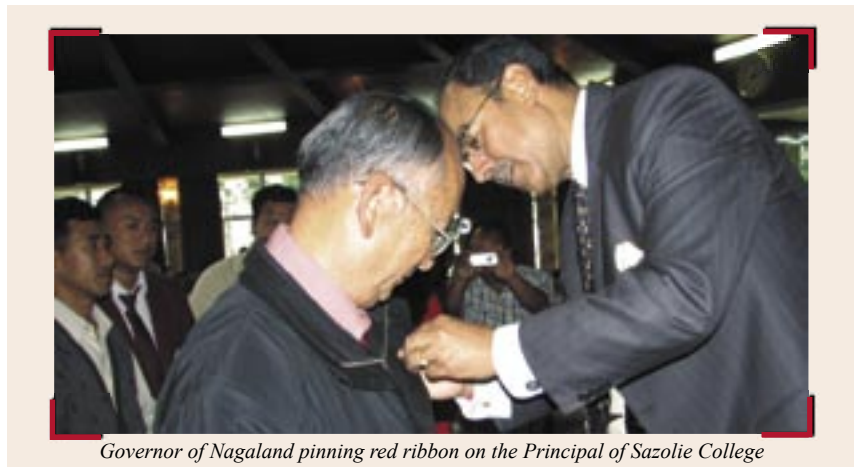


A preparatory workshop laid the foundation for the official launch of the Red Ribbon Club (RRC) on 3rd August 2006 at the Raj Bhavan in Kohima. It was jointly organised by the Nagaland State AIDS Control Society (NSACS), Directorate of H&FW and the Department of Higher Education, Government of Nagaland. The Governor launched the Red Ribbon Club and inaugurated the screening of the documentary, “Candles of Tuensang” depicting the collective initiative of the community in the fight against HIV.

The objective of the RRC is to create greater consciousness

amongst the youth about the pressing need for having moral and responsible behaviour, for only then can they safeguard their own and others’ interests. Participants included ministers,

bureaucrats, officials of different government departments, deputy commissioners, college principals, students, representatives of NGOs and CBOs and members of the media.



Governor of Nagaland pinning red ribbon on the Principal of Sazolie College

Naga Legislators’ Forum

The Executive meeting of the Nagaland Legislative Forum (NLF) on HIV/AIDS was held on 24th July 2006 at the Committee Room of the Nagaland Legislative Assembly to discuss the membership and constitution of the NLF, AIDS policy for Nagaland, an action plan for NLF formation of constituency-level committees and utilisation of the financial support provided by NLF.

Issues discussed included the importance of a comprehensive programme addressing drug abuse, women and children with HIV/AIDS; and the need for a multisectoral approach with all players working under a single umbrella for effective implementation of programmes. Shri I. Imkong, Leader of Opposition NLA, suggested that testing should not be

limited to antenatal care (ANC) patients alone but also be generated from the general population. He urged that in the fight against HIV/AIDS, we should cut across party lines and age barriers. For better coordination, he recommended quarterly meetings of the NLF.

Action Points

- Constitution of NLF approved.
- Changes made in the executive body to have representatives from all districts.
- AIDS Policy to be recirculated among the members and deliberated upon in the next meeting.
- Executive Meeting of the NLF to be held quarterly. Initiating a Corpus Fund (endowment fund) of NLF from the 25% common pool of LADF.



Naga legislators unite to take action to fight HIV/AIDS



Note: Joint publications of NACO and ILO

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*Photographs on front cover page: Top - India's HFM with other dignitaries at the XVI AIDS Conference in Toronto. Bottom Left: India Pavilion at the Toronto Conference. Bottom Right: National Convention of Zilla Parishad Adhyakshas and Mayors on HIV/AIDS, August 2006.