

NACO NEWS

A Newsletter of the
National AIDS Control Organisation

Ministry of Health & Family Welfare
Government of India

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Jan - Mar 2008

The time is now 7

**The prevention
panacea** 8

TI initiatives 9

**Forging the
partnership** 11

**Down the
heartland** 13

**The body-builder
who beat HIV** 15

HER STORY

**Empowering the Indian woman as
she takes on HIV/AIDS**

In the Mail



NACO is an organisation which spreads awareness about HIV/AIDS and its newsletter is a very informative and interesting medium to reach people. HIV/AIDS is a topic on which people still feel shy to talk about and in that case NACO's newsletter gives detailed and in-depth information. HIV/AIDS is a very crucial issue and we all should come forward to

support the fight against it in any way possible.

Mansi Rawat
Guest Co-ordinator
Times Now



I think what NACO is doing through its newsletter is commendable. The insights which I have gained from it have changed my perception towards HIV/AIDS. Especially the concept of Red Ribbon Express going to every corner of the country and spreading awareness is going to help in addressing the issues related to HIV/AIDS.

Mithun Mukherjee
Producer
Radio City

As I know somebody suffering from HIV, it is my personal opinion that the newsletter is an important tool, not only in making people aware but also in keeping us all up-to-date with the latest developments and efforts which are being made to fight the stigma attached with HIV/AIDS.

Manvi Manisha
M A (English)
Delhi University



Modern day living has made us myopic towards issues which are grave and seem inconsequential unless they reach our very doorsteps. Crucial information on AIDS reaches the masses through the occasional movies,

advertisements and street plays that they happen to watch. Given that, I commend the NACO newsletter for being just the right package; a judicious mix of critical information such as the latest in HIV prevention and inspirational human stories, which open our eyes to life beyond HIV/AIDS. I found the newsletter to be very wholesome and appealing to all segments of the population – men, women and the youth. I wish them the best and sincerely hope that NACO newsletter continues to be an informative as well as inspirational read.

Priyanka Padhy
School Counsellor
The Heritage School

Mainstreaming
**Gender in
HIV Programmes**

Keeping to its commitment to address issues of gender inequality in the context of HIV/AIDS, NACO is in the process of coming up with Policy Guidelines to Mainstream Gender in HIV Programmes. Towards this, a two-day Consultation on Gender Policy Framework, involving various partners and stakeholders, was organised by NACO on 4-5 April 2008. We would bring you a detailed report of the Consultation in the next issue of NACO News.

Number of patients on ART cross 1 lakh mark*

NACO supported ART Centres	134927
Intersectoral Partners	2479
GFATM Round II Centres	2773
NGO Sector	474
Grand Total	140653

*As of 31st March, 2008

Help us in our constant endeavour to make NACO Newsletter more participative by sending us a variety of contributions:

- Case studies
- Field notes and experiences
- News clips
- Anecdotes... and much more

For back issues of the NACO Newsletter and for information on HIV/AIDS log on to:
www.nacoonline.org, or mail ritunaco@gmail.com

– Editor



From the Desk of the Director General

Perhaps the single most important day for NACO and the entire HIV/AIDS stakeholder community in the first quarter of 2008 was March 8 – International Women’s Day. Women account for 39 percent of all HIV cases in the country – i.e. two out of five HIV positive people are women. Most of the women get infected with HIV unknowingly, by husbands who themselves are unaware of their status. In turn, a mother may pass on the virus to her newborn child.

It is said that when one protects a man from HIV, one protects an individual. When one protects a woman however, one safeguards an entire family. That is why working with gender groups and women’s groups and devising special programmes and interventions for the empowerment of women, are crucial for NACO and its partners.

On March 8, NACO and the State AIDS Control Societies organised many events and outreach programmes aimed at addressing the issues concerning women’s vulnerability to HIV/AIDS. From newspapers to television channels to the Internet, a variety of media were tapped. Women of all strata, from humble slum-dwellers to working professionals, were sought to be addressed. In this regard, NACO and its partners are also working on a national policy to “Mainstream Gender in HIV Programmes” which will be finalised soon.

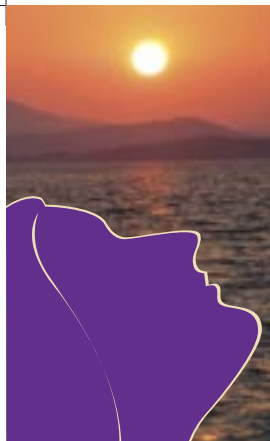
Both biologically and socially, women are more vulnerable to HIV/AIDS. Part of the reason for this is that women’s education and healthcare needs are still seen as low priority in a largely patriarchal society. That aside, the negotiating power of women and their ability to influence partners to use condoms is limited. The development of preventive technologies such as vaccines and microbicides, for which trials are being

conducted, holds hope for women. The use of these can be controlled by women independent of interaction with their partners.

In February 2008, India hosted the fifth International Microbicides Conference, in which NACO was a co-partner. It was a useful interactive event at which the recent developments, successes and setbacks, on the road to developing a safe and effective microbicide gel were discussed. Inaugurating the conference, the Minister of Health and Family Welfare, Dr Anbumani Ramadoss, affirmed India’s efforts and hopes in terms of getting microbicidal products to those women who need it most. It will be a long journey, but it must be made.

Another journey that is making rapid and heart-warming progress is that of the Red Ribbon Express (RRE), which has now covered a third of its year-long yatra that began on World AIDS Day 2007. This past quarter, the RRE reached the Northeastern tip of India and had a very successful three-day stay in Nagaland. So often our public health interventions start off with great enthusiasm in the big cities and then lose steam as they go into the hinterland. However, as the RRE experience testifies, the AIDS locomotive is an exception. Just ask those in Nagaland who visited its exhibition coach at Dimapur railway station. The HIV/AIDS messages are really reaching the far-flung areas of the country.

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



HER STORY

Empowering the Indian woman as she takes on HIV/AIDS

On International Women's Day, NACO highlights the feminisation of the epidemic, and how it can be checked

For about 100 years now, March 8 has been observed as International Women's Day. It began as a demand for equal political and voting rights for women. Today, it has evolved into a remembrance and a commemoration of the social and economic inequities that still trouble almost half the world's population. Unequal access to quality public health is one such concern – and the feminisation of the HIV/AIDS epidemic is perhaps its most salient marker.

For NACO and its partners, who are engaged in combating HIV/AIDS in India, International Women's Day

Both biologically and socially, women are more vulnerable to HIV than men.

Early marriage, gender violence and sexual abuse are major factors that make women more susceptible.



2008 was thus a moment to reflect on the distance that still remains to be covered. Across the world, about 15.4 million women are living with HIV. This is just under 50 percent of all cases, and represents a sharp surge from the 40 percent figure a decade ago.

Female infections are on the rise in South-east Asia, Eastern Europe and Latin America. Even in the United States, the number of women living with AIDS increased by 15 percent between 1999 and 2003, compared with one percent in men. As Kofi Annan, former United Nations Secretary General, once put it, "AIDS has a woman's face."

In India, 39 percent of people living with HIV/AIDS are women. In absolute numbers this comes to about one million HIV positive women out of an estimated total of 2.5 million. With the risk of mother-to-child transmission, each HIV positive woman can potentially transmit the virus to succeeding generations. Adult HIV prevalence among the general population is 0.36 percent, and about 86.3 percent of infections are transmitted through sexual route.

Both biologically and socially, women are more vulnerable to HIV than men. Early marriage, gender violence and sexual abuse are major factors that make women



The status of women in a still largely patriarchal society is such that their window to education and healthcare and their decision-making ability within the family to secure treatment is not seen as a priority.

more susceptible. The use of the most common prevention tool available – condoms – is subject to the concurrence of the male partner, and this increases vulnerability. In the case of female sex workers, who are doubly stigmatised and discriminated against, this negotiation power – to demand the use of condoms – is hampered further.

That aside, the status of women in a still largely patriarchal society is such that their window to education and healthcare and their decision-making ability within the family to secure treatment is not seen as a priority. With regard to HIV/AIDS, a critical knowledge gap is formed, and women are less aware of how to protect themselves and where to

go to avail appropriate medical services.

Given this sobering backdrop, addressing the prevention, care & treatment and information needs of women has been central to NACO's endeavours. Along with relevant Ministries and Departments of the Government of India – Ministry of Health and Family Welfare, Ministry of Women and Child Development, Ministry for Human Resource Development, State AIDS Control Societies, multilateral agencies and other stakeholders – for instance, NACO has put the protection of women on top of the HIV/AIDS agenda.

Indeed, NACO's effort to include the Adolescence Education Programme in school curricula is also aimed at benefiting young girls and women, and educating them so that they can safeguard their health and adhere to safe and risk-free sexual behaviour. This will go a long way in checking the epidemic.

It is worth noting that NACO and its partners are striving to put together a national policy to "Mainstream Gender in HIV Programmes". This work is in progress and should reach fruition in the coming months. A list of schemes implemented by various government ministries that will, indirectly or directly, help women combat AIDS is provided (see box).

Addressing the prevention, care and treatment and information needs of women has been central to NACO's endeavours.



Marking March 8

In keeping with the wide-ranging and cross-sectoral impact of HIV/AIDS on Indian women, NACO collaborated with a gamut of partners and external agencies in devising an innovative outreach and IEC menu for International Women's Day.

For instance, the telecom service provider BSNL was requested to send free text messages highlighting the vulnerability of women to HIV/AIDS. The SMSes were sent throughout International Women's Day, and BSNL asked its regional



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Ministries Working to Mainstream Gender & HIV

S. No	Ministry	Schemes
1.	Rural Development	1. Swarna Jayanti Gram Swarojgar Yojana 2. NREGA 3. Indira Awas Yojana
2.	Panchayati Raj Institutions	4. Panchayat Mahila Shakti Abhiyan 5. Panchayat Yuva Shakti Abhiyan 6. Backward Region Grant Fund
3.	Tourism	7. Tourist information and publicity 8. Tourist infrastructure 9. Training
4.	Human Resource Development	10. Mahila Samakhya Programme 11. Kendriya Vidyalaya Sangathan 12. National Council for Teachers Education
5.	Women and Child Development	13. Rashtriya Mahila Kosh 14. NIPCCD 15. Rajiv Gandhi National Creche Scheme for Children 16. Integrated Child Development Scheme 17. Swayamsidha
6.	Social Justice and Empowerment	18. Machinery for Implementation of Protection of Civil Rights Act 1955 and Prevention of Atrocities Act 1989 19. Deendayal Disabled Rehabilitation Scheme 20. Education Work for Prohibition and Drug Abuse Prevention
7.	Housing & Urban Poverty Alleviation	21. Swarna Jayanti Sahari Rojgar Yojana
8.	Urban Development	22. JNNURM
9.	Youth Affairs	23. National Service Scheme 24. Nehru Yuva Kendra Sangathan 25. Financial Assistance for Promotion of Youth Activities and Training

offices and networks to cooperate with and disseminate the message drafted by NACO.

On March 8 and 9, 2008, a stall on HIV/AIDS and a testing facility were set up at the Health Mela in Delhi organised by the Ministry of Women and Child Development. The initiative was taken by NACO and given shape by the Delhi State AIDS Control Society (DSACS).

A variety of satellite news channels were approached to carry NACO's spots on women's vulnerability to HIV/AIDS. Leading newscasters like DD News and Times Now were happy to do so throughout March 8.

Cyberspace was used judiciously. As part of the Web-based campaign,



Whether it is in working towards women-centred new prevention technologies or in integrating concern for women into NACP-III, NACO's resolve is undiminished.

women-specific music videos (featuring film personality Mandira Bedi) were used to highlight women's vulnerabilities. The home pages of indiatimes.com and yahoo.com

com were booked exclusively by NACO to focus attention on the interplay of HIV and women's issues.

Using more traditional methods, a special kit was put together for ANMs, ASHA and anganwadi workers. The mission continues. Whether it is in working towards women-centred new prevention technologies or in integrating concern for women into NACP-III, NACO's resolve is undiminished. The spirit of International Women's Day will continue to guide us.

■ Ritu Shukla, Deputy Director (IEC, NACO) and Dr Gita Bamezai, Lead Consultant (IEC)

A woman's touch

In Jharkhand, March 8 was a busy day

The Jharkhand SACS organised a host of state and district level programmes to observe International Women's Day on March 8, 2008. The overall theme was encouraging women to play a leading role in promoting safe sexual behaviour in society, and motivating men to abide by mores of sexual fidelity and HIV prevention.

On March 7, at Ranchi's Capitol Hill, JSACS hosted a media orientation workshop on "HIV/AIDS and Women". The chairperson of the Jharkhand State Women's Commission, Ms Laxmi Singh, was the chief guest at the workshop. It also saw participation of senior government and railway officials, JSACS and NGO representatives. It was pointed out that there were 2,713 People Living with HIV/AIDS (PLHA) in Jharkhand and 40 percent of these were women.

The media's help was sought to spread messages that would help safeguard women. As the chief guest, Ms Singh put it, "the media should be instrumental in urging society to make HIV testing mandatory at the time of seeking a marriage certificate". An HIV positive person, Ms Damayanti Devi, also shared her experiences and spoke of the discrimination she faced from people at large. Her story, in particular, seemed to move the participating journalists, who represented leading English and regional language newspapers, Doordarshan, AIR and private radio stations.

On March 8 itself, a "Mega Awareness Campaign on HIV/AIDS and Women" was unveiled at the Jaipal Singh Stadium in Ranchi. It was inaugurated by Chief Minister Madhu Koda, who made a striking intervention and urged women to take on the lead role in the struggle against HIV/AIDS. He said, "Women should not follow the steps of men but take their steps along with men – in order to become equal partners, not followers".

The stirring words and the outlining of government policies to empower women to take on HIV/AIDS had an impact on the 10,000 strong audience. It comprised women from colleges and educational institutions, NGOs and SHGs, *anganwadi* workers and volunteers working in villages and urban clusters.

A variety of stalls were put up by JSACS, ICDS, the National Rural Health Mission, CARE, Population Services International, Jharkhand Shiksha Pariyojana and other agencies. They highlighted a variety of issues and their resource persons provided guidance on social and health factors that would help battle HIV/AIDS. Special emphasis was placed on combating stigma and discrimination faced by positive women, and the need to integrate them into mainstream populations.

The Time is Now

On National Youth Day, NACO reaches young India



A quarter of India's people are aged between 15 and 29 years. However, an alarming 31 per cent – almost a third – of India's PLHA fall in this category. It is clear that India's young are among the most vulnerable to HIV. As such, National Youth Day (NYD) on January 12 – the birth anniversary of Swami Vivekananda – is an important occasion to mobilise and educate youth in the larger battle against HIV/AIDS.

This year too NACO and the SACS marked NYD with a series of events that ran not just on January 12 but

for the entire week. Awareness and blood donation camps, workshops and seminars, quiz and slogan writing competitions, setting up ICTC facilities and screening short, pointed films on HIV/AIDS, using traditional cultural idioms such as street theatre and puppet shows – all of these were deployed.

Targeting both urban and rural youth, school and college students as well as those out of school, NACO and the SACS took the help of youth organisations, clubs, educational institutions, NGOs, faith-based leaders

and hospitals in the NYD endeavour. Nationally, 38,818 youth were accessed and sensitised directly. About two-thirds of them were male, the remaining 12,600 odd being female.

In the states, NYD followed individual, location-specific trajectories. In Orissa, for instance, the state-level programme was organised in Berhampur (Ganjam, a Category A district). In collaboration with the Nehru Yuva Kendra Sangathan (NYKS) and the National Service Scheme (NSS), Orissa SACS also brought into the ambit the Berhampur University and Ganjam Zila Vikas Mancha.

A mass rally, a cultural event built around the theme of AIDS and a blood donation camp were highlights of the day. A 60-minute live phone-in programme was also conducted through AIR.

Overall, nine states and Union territories – Andaman & Nicobar Islands, Andhra Pradesh, Tamil Nadu, Gujarat being other than those already mentioned – reported NYD commemorations.

NYD observed by States

In four states, Karnataka, Haryana, Uttar Pradesh and Delhi, MAMTA Health Institute for Mother & Child - an NGO - collaborated with the State AIDS Control Society for organising the NYD.

In **Karnataka**, on NYD, young people from various slums of Koramangala were involved for awareness, knowledge-sharing, information as well as counselling sessions for about 700 youth. It all commenced with a street play at Austin Town Girls High School. Through effective use of comedy, mimicry and humour, the team covered a variety of aspects of HIV/AIDS. The 400 participants ranged from class VIII pupils to college students. After the street play, Karnataka SACS conducted a question and answer session on HIV/AIDS issues.

In **Haryana**, NYD was observed in Bawal block of Rewari district. Capacities of 32 peer educators, volunteers and counsellors were bolstered on up-to-date HIV/AIDS issues.

The initial orientation was conducted at the Youth Information Centre in Nangal Ogra.

In **Uttar Pradesh**, NYD was marked at the Janpad Inter College in Harchandpur in Rae Bareilly district. The college provided a catchment area of 2,000 young people (classes VIII to XII), both boys and girls. They were educated about HIV/AIDS, sensitised in terms of prevention and transmission and discrimination issues. They were also told about ICTC services and how and where these could be accessed.

In **Delhi**, a meeting of peer educators and, boys and girls in the JJ Colony in Tigri was organised. The peer educators were divided into four groups to facilitate direct interaction with the youth. Each group meeting was attended by about 20 participants from the neighbourhood. After the sessions, 10 selected peer educators travelled into the colony and its interiors and conducted more meetings, educating youth on HIV/AIDS issues.

■ Preeti Mahajan, PO (Youth) and Dr Payal Sahu, TO (NACO)

The Prevention Panacea

At Microbicides 2008, Health Minister Dr Ramadoss affirms India's hopes for an effective gel

Between February 24 and 27, the Ashok Hotel in New Delhi hosted the fifth International Microbicides Conference. Much had changed since the previous conference in Cape Town, South Africa, in 2006, in terms of worldwide and Indian HIV prevalence estimates. There had been a transformation too in the research environment for new prevention technologies such as microbicides. The conference took stock of all these developments and affirmed its belief that a microbicial product would soon be available for use by women.

The conference was a multi-sectoral enterprise with representations from national and provincial/local governments, NGOs, industry and pharmaceutical specialists, officials of funding and research organisations, community and

advocacy groups and public health professionals.

The objectives of Microbicides 2008 – as the conference was called in short – were to provide all participants, stakeholders and the media with updates on recent microbicide research. It served as a forum for discussion on new developments in the field – ranging from basic science to clinical and research science, to community and advocacy issues. All in all, it was a large-scale knowledge-sharing exercise.

NACO sponsored participation of NGOs, experts, researchers and PLHA representatives in the conference giving them an opportunity to share and understand the global perspectives on Microbicides and its implications for

India. The conference was inaugurated by Dr Anbumani Ramadoss, Minister for Health and Family Welfare. He began by outlining why the HIV/AIDS epidemic had such a debilitating impact, socially and biologically, on women, who now counted for 48 percent of all PLHA on the planet. The most common prevention tool, the condom, was not in the power of a woman to negotiate, leaving her doubly vulnerable.

A 4-day bi-annual conference – International Microbicides 2008 – discussed at length various issues in four simultaneous tracks: A. Basic Sciences, B. Clinical, C. Social Science, and D. Community & Advocacy.

In Track A, new findings in sexual transmission of HIV, innate and adaptive immunity, emerging microbicides candidates were explored. Track B covered empirical findings of Phase I & II clinical trials of new microbicide products, role of STIs in HIV transmission, and barrier method strategies. In Track C, issues like initiation and use of microbicide formulations in different geographical settings, development of adherence related measures, and acceptability of microbicide gel for rectal use were taken up, while Track D discussed about policies that support microbicide development & research, involvement of positive people in developing and implementing policy, microbicides advocacy, ensuring rapid access to proven microbicide products and community mobilisation.

The event ended on a positive note, and hopefully, by 2010, we will have access to safe and effective microbicide which could make a difference to women's lives.

■ Dr Gita Bamezai,
Lead Consultant (IEC)

What is a microbicide?

A microbicide is a compound whose purpose is to reduce the infectivity of viruses or bacteria. The term has come to refer to a potential product which would prevent the transmission of HIV and other sexually transmitted infections (STIs) inside a woman's vagina. A rectal microbicide would act similarly to protect men who have sex with men and women during anal intercourse.

There are different candidate microbicide products currently under research and development; many are in the form of a gel or cream to be applied to the surface of the vagina. Scientists are also exploring other ways of drug delivery such as by a vaginal ring which would be inserted into the vagina and provide controlled release of an effective microbicide.



Source: UNAIDS

Counter set-up by the IEC Division of NACO during Microbicides 2008

Look Back in Wonder

In Bangalore, AIDS takes an educative walk

Located at the well-known St. Joseph's College (Arts and Science) in Bangalore, the Joseph's AIDS Awareness Movement (JAAM) was established about 20 years ago as a student-driven initiative. It focused on spreading awareness about the epidemic, bolstering prevention, battling stigma and broadly working "towards an AIDS free world".

JAAM makes authoritative presentations – both in the classroom and outside the college to disseminate accurate information about HIV/AIDS. One of its key programmatic innovations is "Back for Life" – a backward walk (literally; participants move away from what their eyes see) that symbolically illustrates how we must turn our backs on myths and misconceptions centred



on HIV/AIDS. Conceptualised in 2007, Back for Life was undertaken on March 12, 2008, from the Mayo Hall to the St. Joseph's PU College. It saw 150 participants and went a long way in emphasising the need to fight discrimination and incorrect notions related to HIV/AIDS.

It was a small step for 150 people in Bangalore that day, but a giant leap

for the AIDS stakeholder community. As Elango Ramachandran – coordinator of the Karnataka Positive People's Network (KNP+) and one of the walkers on March 12 – pointed out, "Awareness at any level can be beneficial in terms of reducing stigma." Every little, incremental gain is an achievement and has a knock-on effect.

Back for Life saw support from a variety of institutions – UNAIDS, KNP+, the Infant Jesus Home for HIV positive Children, among others. The walk concluded with a short street play scripted and enacted by the members of JAAM. The play depicted the HIV/AIDS situation and subtly built in messaging related to myths about the epidemic and stigma attached to it. Rarely has a short walk been so packed with meaning.

■ Shravan Acharya
St. Joseph's College, Bangalore

TI Initiatives

The Peer Conference Series - A new platform for Peer Educators!

NACO and SACS organised a series of Regional Peer Conferences to engage peer educators from the Sex Worker and MSM/Transgender (TG) community in organic linkage and group learning. These 3-day conferences took place in Kolkata, Hyderabad and Delhi during the week starting 24th March, 2008, and were attended by over 1300 peer educators from Delhi, Punjab, Haryana, Chandigarh, West Bengal, Orissa and Andhra Pradesh.

The conferences were facilitated by community leaders and facilitators of the participating states. They participated in cross learning about the challenges and opportunities in attaining best practices for Targeted Interventions (TIs). Key issues like barriers to safer sex practices and access to preventive and curative tools to mitigate the impact of HIV transmission were highlighted. In addition, the perceived needs of the community, conflict resolution, violence mitigation and advocacy to reduce stigma and discrimination were addressed.

Consultation for Truckers

Crucial to India's National AIDS Control Programme is the reduction of HIV transmission among high-risk groups and networks. Being a mobile community who spend long periods away from their families, truckers are a target group for NACO and its partners. They are particularly susceptible to HIV/STI. In view of this, NACO held a one-day consultation for truckers on 22 Jan, 2008. The theme of the meeting was "Mainstreaming HIV/AIDS into the Transport Sector to Mitigate Impact by Reducing the Vulnerability of the Workforce".

The consultation saw participation by NACO and the SACS along with officials of the Union Ministry for Surface Transport and State Transport Authorities. It anticipated and discussed collaboration between two arms of the government, one related to health (HIV/AIDS) and the other to transport. The mechanisms for joint action and roll-out of interventions were also emphasised.

■ Aditya Singh, TO (TI Division)

Panchayats Lead the Mission

A workshop brings panchayati raj institutions to the frontline of AIDS control

On February 14, 2008, a validation workshop on the HIV/AIDS training content for panchayati raj institution (PRI) representatives was held in New Delhi. Thirty-five elected representatives from Orissa, Bihar, Rajasthan and Uttar Pradesh took part; besides sector specialists from the Ministry of Panchayati Raj and other agencies, UNDP and UNAIDS were present. Of course, NACO was strongly represented.

There are 2.8 million elected representatives working in PRIs, a million of them women. Even if the core leadership could be trained in HIV/AIDS awareness, prevention, basic treatment issues, sensitivity and combating of stigma, a huge army could be created.

The leadership role of panchayats was stressed. Districts have been categorised on the basis of prevalence, and a panchayat member can ascertain the status of his or her district by visiting the national panchayat portal.

As part of the awareness-building exercise, four short films on the AIDS epidemic were shown. It was emphasised that, being grassroots bodies, panchayats were best suited to battling discrimination and directly helping those living with HIV/AIDS. The meeting drew a roadmap (see box).

The audience was told of the collaboration between the Ministry of Panchayati Raj, the Ministry of Health and Family Welfare, NACO and the PRIs. With 600 zila parishads, 6,000 block panchayats

Meeting HIV/AIDS at the panchayat level

- ♦ HIV/AIDS would henceforth be part of training schemes of PRI elected representatives.
- ♦ Training content of 2.5 hours duration is needed to be fitted into the PRI elected representatives' training regimen.
- ♦ A module incorporating the recommendations of the workshop would be circulated to all training institutions and state panchayat departments.
- ♦ Partnerships between PRIs, SACS and positive people's networks would need to be cemented.
- ♦ A tool-kit, including audio-visual/film aids, would be developed and distributed.

and 240,000 gram panchayats, PRIs represented an astonishingly large network that the AIDS stakeholder community could tap.

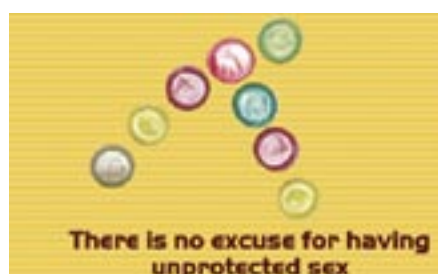
■ Pallav Bhattacharya,
Consultant for NACO,
M/o Panchayati Raj

Casting a Web

NACO's second Internet campaign clicks a chord

On February 12, 2008, the second phase of NACO's Internet-based campaign – aimed at encouraging testing and fighting stigma – was launched. Three portals – rediff.com, yahoo.co.in and indiatimes.com – were brought under the ambit of the project. The interactive nature of cyberspace was suitably deployed to make the campaign both educative and fun. Alluring creatives, video ads, music videos and even games were used to highlight HIV/AIDS related issues.

An appealing "question of the week" format was devised, with celebrities like Urmila Matondkar and Jackie Shroff, in which questions were asked on themes such as condoms,



ICTC, stigma and HIV/AIDS, and general awareness. The responses have created a useful database for NACO's future campaigns.

Valentine's Day – February 14 – came just two days after the campaign was inaugurated and International Women's Day followed less than a month later. On both days, the home pages of yahoo and indiatimes were booked for NACO's messages and

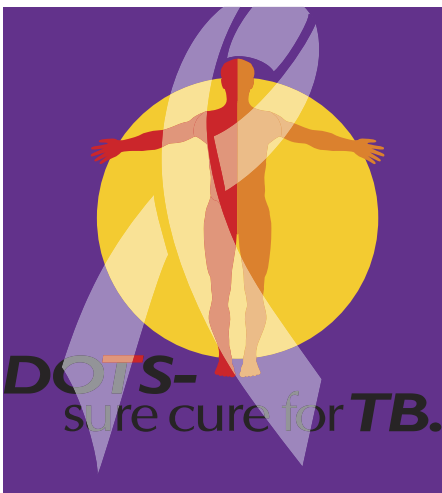
prominent space was set aside at rediff as well. At indiatimes.com, the site architecture made it mandatory for a visitor to first see the NACO ad before proceeding further.

The campaign was aimed at the target group in the 18 years and above segment. It provided good visibility and created appropriate brand awareness on HIV/AIDS issues and NACO's interventions. Till March 5 – three weeks into the campaign – 2.69 million impressions had been delivered and the NACO website had received 2,36,938 hits. This was already a 250 percent increase from the previous campaign, which had lasted one month. The second campaign ended on March 20, 2008. The final figures promise to be even more encouraging.

■ Ritu Shukla, Deputy Director (IEC)

Forging the Partnership

Revised framework for HIV-TB collaborative activities



Tuberculosis is a leading opportunistic infection that threatens HIV positive people. As such, the recent revision of the National Framework for HIV-TB collaborative activities is of crucial importance to the public health sector. The document was revised by the Technical Working Group (TWG) for HIV-TB comprising key officials from NACO and the Central Tuberculosis Division (CTD).

The TWG has adopted the policy of “Intensified HIV-TB Package” for nine states with high estimated seroprevalence of HIV infection. These nine states are Andhra Pradesh, Tamil Nadu, Manipur, Nagaland, Karnataka, Maharashtra, Mizoram, Goa and Puducherry. The expansion of the “Intensified Package” to other states will take place in a phased manner.

National Framework for HIV-TB Collaboration

Six core activities have been identified in the National Framework for HIV-TB Collaboration:

- 1** Establishment of collaborative mechanisms at all levels – the TWG at the central level, State Coordination Committees (SCC) and State Technical Working Groups at the state level and the District Coordination Committees. Training of field staff (at the state and district levels) of both the programmes on HIV-TB, based on training modules jointly prepared by NACO and CTD.
- 2** Cross referrals and service delivery mechanisms – all clients visiting ICTC, ART and Care and Support Centres who have symptoms suggestive of TB, irrespective of their HIV status, would be referred to the nearest facility providing RNTCP diagnostic and treatment services. Similarly, all TB patients with a history of HIV risk factor, or history of present or past STI, or any clinical signs and symptoms of other HIV-related opportunistic infections would be referred to the ICTC for counselling and HIV testing. However, in the above mentioned nine states the policy of routine referral of all TB patients for HIV Counselling and testing would be followed.
- 3** Treatment – in addition to the TB treatment by DOTS, all identified HIV-TB co-infected patients need to be provided care and support, including anti-retroviral therapy as per the guidelines. Thus HIV infected TB patients need to be promptly referred to ART centre, preferably two weeks after the initiation of the TB treatment. However, in the above mentioned nine states, Cotrimoxazole Preventive Therapy would also be provided to all HIV-TB co-infected through the general health system.
- 4** Areas for operational research have been identified so as to improve the implementation of activities being undertaken.
- 5** Administrative and environmental measures to reduce the airborne transmission of TB among HIV care settings.
- 6** IEC activities would continue to create awareness among the patients about TB through ICTC and ART counsellors. Similarly, efforts would be made by key RNTCP field staff and general healthcare staff to make prevention and treatment services available for HIV infection.

■ Dr Vartika Sharma, TO (HIV-TB)



Destination Dimapur

The Red Ribbon Express keeps its date with Nagaland

It was on the morning of March 10 that the RRE formally arrived at Dimapur railway station and was received by state and district officials, workers of the Nehru Yuva Kendra Sangathan (NYKS) and the Nagaland State AIDS Control Society (NSACS). The IEC exhibition bus – which complements the RRE and travels to villages in the hinterland of the train station where it has halted – had arrived the previous day. On March 9, it had been welcomed into the state at the Assam-Nagaland Gate by NSACS functionaries.

The RRE campaign in Nagaland saw a complex matrix of state agencies coming together for three days of deeply meaningful and successful

advocacy and communication work. NYKS cultural troupes, officials from the Ministry of Health and Family Welfare, artistes of the Song and Drama Division (SDD) were all deployed for the period, and reached out to thousands in Dimapur and Kohima in the largest HIV/AIDS communication exercise of its kind in Nagaland.

While the 6,035 visitors to the train ranged from school and college students to NGO activists and from migrant labourers to local business people, coach number four of the RRE saw fervent participation by 582 people. These were visitors from the Naga Mothers Association, the Bharat Scouts and Guides and NGO

Between March 10 and 12, the Red Ribbon Express (RRE), three months into its year-long Bharat Yatra, reached Nagaland in the Northeastern tip of India.

Over these three days, the exhibition coach of the train had more than 6,000 visitors, and 257 people volunteered for counselling related to HIV/AIDS services.

and youth workers who were given special, target-specific training on HIV/AIDS counselling and other issues.

Artistes from the SDD used the bus caravan to go deep into the heart of Nagaland, staging AIDS-themed shows in 16 villages, enthralling 8,000 people with street plays, magic shows and songs. They also distributed condoms and relevant IEC material.

On its part, the NYKS bus caravan drove into 72 villages – which, between them, had mobilised people from 252 villages and reached out to a population of 16,000 people. The bus caravan made inroads into far-flung corners of Nagaland and brought within the RRE information ambit a vast network of village leaders, youth and women.

It was exhausting, but it was also an emotional roller-coaster of a journey. On the evening of March 12, as the RRE chugged out of the Dimapur station, Nagaland's tryst with the "AIDS locomotive" drew to a close. As the engine whistled away, it was time to say goodbye, with a smile on the faces and a tear in the eye.

■ Mayank Agrawal,
Joint Director (IEC)

RRE's journey till now

In the last three months, i.e. Jan-Mar '08, the journey of Red Ribbon Express (RRE) has proved to be successful. Wherever it has gone, people have received it with full enthusiasm. Following are the states through which RRE has travelled till date:

Delhi ► Rajasthan ► Madhya Pradesh ► Maharashtra ► Chhattisgarh ► Uttar Pradesh ► Uttarakhand ► Bihar ► Jharkhand ► Assam ► West Bengal



Down the Heartland

The RRE's four weeks in Uttar Pradesh

It was an exhilarating, educative voyage across the heartland of India. For 28 days, the Red Ribbon Express (RRE) made its way all over Uttar Pradesh, halting at stations in 19 district towns. Through visits to the exhibition coaches and courtesy an impressive outreach programme that included cultural troupes, and bus and cycle caravans, the RRE mission touched lakhs of people in the rural hinterland. At each of its halts, the RRE train-based and ancillary programmes mobilised a population of, at an average, 15,000 a day.

The journey across the state began on January 7, when the RRE arrived at Allahabad railway station for a two-way visit. It was received by public officials and a crowd of 8,000 people. After the official ceremonies, the coaches were thrown open to the public, the visitor queues being managed by NCC cadets and policemen. Many of the visitors were school and college going youth, medicos and nursing students. The Allahabad visit set the pace. Whether it was Rae Bareilly and Pratapgarh (both January 9), Faizabad (January

12), Kanpur (January 14) or Agra (January 18-19), Mathura (January 21) and Meerut (January 23), the RRE got the same enthusiastic response wherever it went. It's month-long yatra up and down the Gangetic plains took it from Saharanpur and Moradabad in western Uttar Pradesh to Gorakhpur (where it stayed for two days, February 8 and 9) in the eastern part of the state, almost at the edge of Bihar.

From state government officials to Nehru Yuva Kendra volunteers, from doctors and public health

UP numbers
RRE travelled 28 days through the state, with 116,241 visitors to the exhibition coach. Counselling services were provided to 15,864 people, and 4,931 individuals were trained in 83 sessions.

professionals to youth activists and ordinary rural folk, the RRE experience in Uttar Pradesh was the most massive HIV/AIDS prevention, sensitisation, education and advocacy programme of its kind in the state. It was a journey worth remembering, a public health mobilisation endeavour the likes of which Uttar Pradesh had not seen before.

■ Sheeba Colvine, TO (Communication), NACO



Chugging Along

Jharkhand hosts the RRE

The RRE arrived in Jharkhand on February 16, when it whistled into Ranchi railway station. It was there for two days, before moving to Tatanagar (February 18-19), Chaibasa (February 20-22) and Dhanbad (February 23). Grand inaugural functions were hosted at all four stations by Jharkhand SACS. In Ranchi, the chief guest

was the Governor of the state, Mr Syed Sibte Razi. The Chief Minister, Mr Madhu Koda, was the special guest.

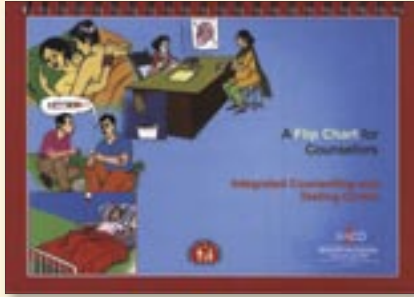
In Jharkhand, the RRE mission was aimed at conquering diffidence and shyness in terms of addressing the HIV/AIDS issue. College and school students, government officers, railway passengers and staff, station vendors and porters, sex workers and other groups were especially targeted during the campaign. RRE proved to be a

mega campaign to break the silence on HIV/AIDS. The inhibition and shyness of people which prevented them from discussing the subject was done away with the help of RRE. Apart from this, various dimensions of the disease, prevention and know-how about HIV/AIDS were addressed by making use of informative posters, display boards, 3D models etc.

■ Report sent by Minakshi Prakash, Jharkhand SACS

Spreading awareness

In order to communicate basic knowledge and understanding of HIV/AIDS to clients in ICTC settings, NACO has developed 'A Flipchart for Counsellors', in 12 languages. It supports risk reduction counselling, positive living counselling and counselling for partner testing and disclosure. It can be used for general population. The illustrations used in the flipchart are well conceived.



Clearing misconceptions

In order to dispel myths and misconceptions related to HIV/AIDS, NACO has come up with a booklet 'Tell me the Truth about HIV/AIDS' in 12 languages, including English. The booklet answers Frequently Asked Questions (FAQs) like What is HIV? How is it transmitted? Are HIV and AIDS different? The booklet has been designed in a user friendly way, so as to have a maximum reach.



Avail services for free



To encourage people for getting tested for HIV, a display board has been prepared to be put up at all ART centres, which informs people about the availability of following services for free – treatment counselling, CD4 testing, anti-retroviral therapy, examination and investigation, drugs for opportunistic infections, condoms, information material, and linkage to positive people's networks, community care centres and drop-in centres.

Jackie joins the force against HIV

Confronting the stigma and discrimination against children living with HIV/AIDS (CLHA), movie star Jackie Shroff has lent his support to CLHA initiative. This initiative aims at raising awareness level and enabling a suitable environment to strengthen HIV children and their families.



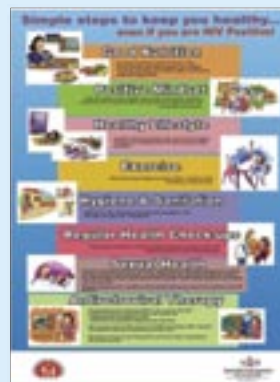
A step towards life

As the title suggests, this campaign – which is not just a poster campaign, but a campaign which has audio/video components, bus panels, etc. – was taken out with the intention of making people realise the need and importance of undergoing HIV/AIDS counselling and testing at ICTC. The campaign targets all sections of the society, who may or may not be at risk of getting HIV. Besides, it also emphasises on the confidentiality of HIV test.



A healthy lifestyle for positive living

We all lay emphasis on healthy living, by including good nutrition, hygiene and exercise in our schedule. But for HIV positive people, this is not all. That is why, NACO, in collaboration with NRHM, has come up with a poster which tells simple steps to keep ourselves healthy, even if we are HIV positive, by laying stress on healthy sexual life and adherence to anti-retroviral therapy.



For more information on the above mentioned campaigns, contact Joint Director (IEC), NACO.

The Body-builder who Beat HIV

Born on the first day of 1971, Khundrakpam Pradipkumar began winning wrestling and power-lifting competitions in his native Manipur while still in his teens. Unfortunately, this was also when he began to use drugs. By 1992, he was a regular injecting drug user (IDU), abusing his body with brown sugar. By 2000, he had been diagnosed as HIV positive. That was also the year he started ART. Three years later, he went back to body building – and in March 2008, competed for the title of Mr India in Meerut. We caught up with Pradipkumar and uncovered the story of his remarkable fightback.

Q. What prompted you to accept the job of Brand Ambassador for HIV/AIDS, for the Manipur State AIDS Control Society?

Manipur has a serious HIV/AIDS problem. It has a 350 km border with Myanmar that poses its own issues, in terms of HIV and movement of drugs. Of the 2.4 million people in the state, some 40,000 are estimated to be HIV positive.

Drug abuse was rampant in the 1990s, many young people died of AIDS without being aware of it.

As a survivor from that period, I felt I had to do my bit to help other people. Hence I jumped when the Manipur SACS gave me the offer.

From a CD4 count as low as 16 in February 2000 to Mr Manipur in the 60 kg category in 2007 is a fascinating journey. How did you do it?

I benefited immensely from ART, which I have been receiving regularly since 2000, shortly after I



Mr Khundrakpam Pradipkumar, man with a strong will.

came to know about my status. In July-August 2007, my CD4 count climbed to 367. It was a miracle compared to February 2000, and for this I must thank the marvels of modern medical science.

Yet, meeting fellow members at the Manipur Positive People's Network (MNP+) and other positive people at the ART centre at the Regional Institute of Medical Science (RIMS) in Imphal helped. We became an inspiration for each other.

I benefited immensely from ART, which I have been receiving regularly since 2000, shortly after I came to know about my status. In July-August 2007, my CD4 count climbed to 367, thanks to modern medical science.

I went back to the gym in 2003 and came second in the Mr Manipur Contest in 2006. The following year I won it, and that is how I got selected for the Mr India meet in Meerut.

Q. Tell us about your childhood.

I was born into a simple family in Imphal West district. I got addicted to tranquilisers and cough syrups fairly early, and by 13 had tried heroin. Even in this period, I came first in a state-level body-building competition in 1987. But it was taking a toll on me. In 1987, I went to Orissa for higher studies and was introduced to brown sugar. By 1992-93, I had graduated in mathematics from Utkal University but had also become a regular IDU.

Q. How did you come to know you were HIV positive?

In 2000, I began suffering a severe throat pain, and underwent treatment for tuberculosis in a hospital in Imphal. Shortly afterwards I was diagnosed with HIV positive and my CD4 count had fallen to a perilous 16. In April 2000, I began receiving ART at my own expense. Gradually, my health recovered. In 2003, I felt ready enough to go back to the gym. It was not just my body but my mind too that took the decision. It willed me to resume body-building.

Q. You are seen as an inspiration for other positive people. How does it feel?

I myself have been inspired by others, and it feels good that I am able to provide encouragement to similarly placed people living with HIV/AIDS (PLHA). It is best to be honest with yourself and face facts. That is half the battle won. That is why I have never shied away from disclosing my HIV positive status to the media.

Mother Courage

Astami's husband left her and their child HIV positive, and in poverty. This is the story of how she fought back.

Astami was born in 1981 to a working class family in Mahisadal village, in West Bengal's East Midnapore district. She was the eldest of four daughters and three sons, all brought up on the single income of their father. Astami's father worked in the nearby port and industrial township of Haldia. He often came home drunk in the evenings. As such the task of bringing up the children was left to his wife. Astami was her natural assistant, as it were, dropping out of school after class VI to take care of her younger siblings.

One day, Astami was carrying lunch to her father at his work site. This was 1998 and she was 17, blossoming into youth. She met Sukumar (then 25), a truck driver, and was attracted to him. Soon they got married. Sukumar's job would keep him away from home for 15-20 days at a stretch. Nevertheless, Astami lived happily with her in-laws and, in December 2000, became the mother of a boy, Debanjan.

Four months later, Astami's little world began to crumble. Sukumar developed unexplained diarrhoea that lasted months. He visited a range of doctors and, eventually, it was at CMC, Vellore, that he was diagnosed HIV positive. He began being treated for opportunistic infections, and was put under treatment for tuberculosis at the SD Hospital in Haldia. Gradually, he grew depressed and, in January 2002, simply fled from his family.

Poverty now stared Astami in the face. There was more distressing news ahead. Staff at the Vivekananda Education Society (VES) in Haldia met Astami and Debanjan and took them to Midnapore Medical College in February 2003. Mother and child were detected HIV positive. Her

in-laws refused to support her and turned her away. It was only after extensive counselling by VES staff that the family agreed to support her.

Mother and son were registered at an ART centre in Kolkata in 2006. Astami began to develop links with the BNP+, the state positive people's network. Gradually, she discovered her inner strength and started working as a cook at an anganwadi centre of an ICDS project based in Haldia. Her colleagues began appreciating her work and Astami's caring attitude towards the children at the centre made her popular.

In 2007, she was found to have a CD4 count of 150 and started on ART at the School of Tropical Medicine, Kolkata. Gradually, she began to put on weight and became free of symptoms. Her son is seven years old now, has reported similar progress and visits the ART centre regularly.

All through, Astami maintained her links with her friends at the VES. In April 2007, she began working as a peer educator at the VES' Mahisadal clinic. She is bold and courageous enough to introduce herself as a positive person. Today, Astami is one the best peer educators at the VES. She has also joined a self-help group for income generation, using micro-finance schemes at local banks.

The community has come to recognise Astami as a woman of rare spirit, cheerful and optimistic in the most trying circumstances. As she says, "I am a PLHA. I am happy with my life. Every PLHA has the right to live till the last minute of his or her life."

(Names have been changed to protect confidentiality)