



National AIDS Control Organisation

Ministry of Health and Family Welfare,
Government of India

www.naco.gov.in

news

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Launch of National Toll Free AIDS Helpline



National Aids Control Organisation
India's Voice against AIDS
Ministry of Health & Family Welfare, Government of India
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Ministry of Health & Family Welfare, Government of India.

WORLD AIDS DAY

1st December, 2014

Talkatora Stadium, New Delhi



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- ❖ National Sensitisation Workshop for Industries on Employer Led Model, 29th April 2015, New Delhi
- ❖ Celebration of World Blood Donors' Day on 14th June 2015
- ❖ Review meeting of SACS BSD & STI team on 28th & 29th May 2015

Welcome to the Secretary Ministry of Health & Family Welfare, Government of India

NACO takes great pleasure to welcome Mr. Bhanu Pratap Sharma, as the Union Health Secretary, Ministry of Health and Family Welfare, Government of India. An officer of Indian Administrative Service of the 1981 batch (Bihar Cadre), he has served at number of key positions in government departments including Union Health Ministry, as a Joint Secretary from October 2001 to January 2007 and has rich experience in administrative and health areas. We look forward to his leadership towards the successful implementation of National AIDS Control Programme.



Mr. Bhanu Pratap Sharma, IAS
Union Health Secretary,
Government of India

Number of patients on ART (as on March 2015)

Number of ART centres functional	470
Number of link ART centres functional	970
Number of PLHIV receiving ART	8.45 lakh
Number of CLHA on ART	45 ,000

From the desk of the Additional Secretary



Dear Reader,

Over the years, the National AIDS Control Programme has done commendable work in keeping the HIV epidemic under control; and has achieved measurable success on various parameters – decline in the number of new infections, decline in prevalence and decline in number of AIDS-related deaths.

However, these achievements do not mean that we can afford to be complacent. There are reports of the epidemic's emergence in areas that were hitherto low prevalence. Migration from these areas to high prevalence States is a major factor in this regard. Strategies for interventions among migrants at destination and source as well as transit halts, have been rolled out and need to be strengthened.

Apart from geographical spread, the emergence of new vulnerabilities e.g. rise in HIV among IDUs in Punjab and Delhi also pose a formidable challenge.

On the financial side, the growing treatment needs and the high cost of treatment mean that more resources are needed to maintain the coverage and quality of programme. The Government of India is fully committed to provide these resources. It is, however, felt that the States too need to assume greater involvement and ownership of the programme through contribution of their own resources towards strengthening the national response. Additionally, the States need to ensure that the funds released by Government of India are promptly forwarded to the State AIDS Control Societies. There have been delays on this account leading to deterioration in the quality of services as well as attrition of staff – situations best avoided!

I call upon all stakeholders to come together and ensure due participation in the programme so that we continue to move ahead towards attainment of the desired objectives.

N.S Kang

Additional Secretary, NACO
Ministry of Health & Family Welfare
Government of India

From the desk of the Joint Secretary



Dear Reader,

The National AIDS Control Organisation is moving ahead on its march to control and prevent HIV infection in the country during the last decades. We now pledge to reduce it to the bare minimum level in coming decades. However, it is a challenging task considering the HIV Epidemics dynamics.

Correct and easy availability of information on HIV/AIDS from the authentic sources is a challenge for the General people, especially vulnerable population, including youths and High Risk Groups Population. In this context, on 1st December, 2014 NACO has launched a toll free National AIDS Helpline to facilitate information related to HIV/AIDS to general public in the regional languages and English. It provides information, tele-counselling, and referral services related to HIV/AIDS to the people. I hope this will create awareness and knowledge among the people who otherwise are not able to get it.

India is committed to work towards elimination of new HIV infections among children. To deal with this situation, India has rolled out Life Long ART to HIV +ve Pregnant Women, irrespective of CD4 count and Clinical stage. I hope this will eliminate new infections among children, transmitted through their mother.

Supply chain management of drugs and other commodities has been a challenge for the National AIDS Control Programme. To overcome the challenges, National AIDS Control Organisation (NACO) has developed an Inventory Management System (IMS) for tracking inventory at every point of supply chain and establishing a robust supply chain Management system. This will strengthen the supply chain management system of Anti Retroviral Drugs and other commodities to enhance efficient use of the drugs and minimise wastages across the country.

Annual Action Plan for 2015-16 has been prepared; NACO is committed for implementing services for PLHIV, HRGs and General Population. I am sure, we shall attain great heights this year.

K.B Agarwal

Joint Secretary, NACO
Ministry of Health & Family Welfare
Government of India

Editorial



Whose children are they anyway?

Losing a parent is terrible for any child, but children living in India who lose parents to AIDS face unthinkable hardships. Not only have they watched their parents die, but they are stigmatised for being associated with HIV and AIDS and are often forced to fend for themselves and their siblings. As a result a growing number of infected & affected by HIV/AIDS children are **facing a cycle of abuse, neglect, stigmatisation, malnutrition, poverty and disease.**

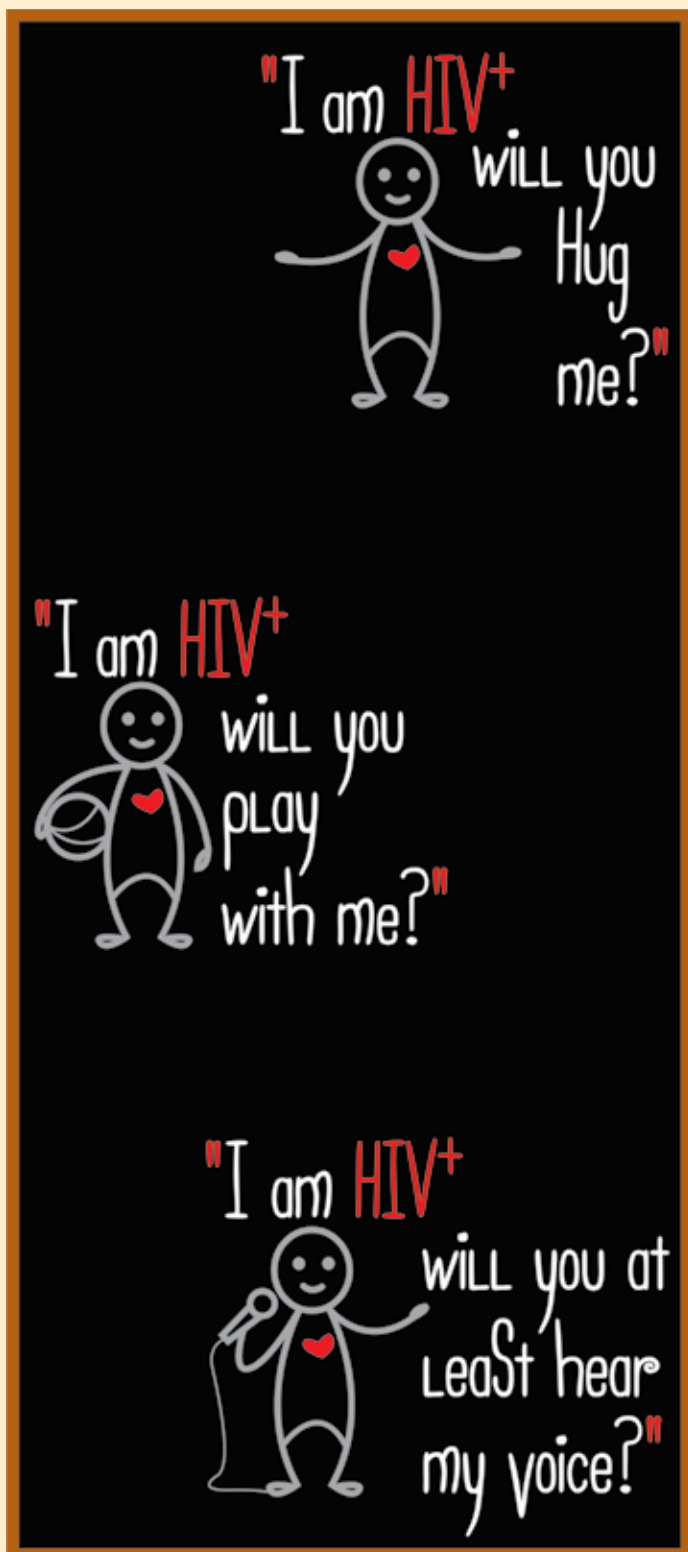
One of the harsh effects of the global AIDS epidemic is the number of orphans it has created, and continues to create. In India, children less than 15 years of age account for 7% (145,000) of all HIV infections and around 45,000 of them are on ART. Deaths among HIV infected children account for 7% of all AIDS-related deaths. Children orphaned by AIDS have less chance of gaining an education and getting access to healthcare. Their poverty and vulnerability to exploitation also significantly increases their likelihood of contracting HIV themselves. While the advancement in prevention and care of HIV/AIDS gives a glimmer of hope, absence of accurate data on Children Affected by AIDS (CABA) poses a challenge to effective outreach.

As part of an attempt to help children living with HIV/AIDS, USAID India funded OVC project is being implemented in three states of Maharashtra, Karnataka and Tamil Nadu. The learning from this effort will help in scaling up the response across the country. **The issues of CABA are also prioritised in Mainstreaming Annual Action Plan of all the SACS for the financial year 2015-16.**

A multi-pronged holistic approach which operates simultaneously on micro and macro level is the need of the hour. There is a need to monitor the impact of HIV/AIDS on children, estimate the number of all affected and finally to design child centred prevention and social protection schemes. If we don't act now, it may have profound impact on the lives of children in times to come.

Let us join hands for a better future of these children.

Dr. Naresh Goel
DDG (LS) & JD (IEC)



Launch of National Toll Free AIDS Helpline '1097'



Hon'ble Union Health & Family Welfare Minister, Government of India, Mr. J.P Nadda, inaugurating the Toll free National AIDS Helpline on World AIDS Day, 1 December 2014

On World AIDS Day, December 1, 2014, National AIDS Control Organisation (NACO) launched the National Toll Free AIDS Helpline '1097' number to answer queries related to HIV/AIDS from anywhere, anytime. Hon'ble Union Health & Family Welfare Minister, Mr. J.P Nadda, inaugurated this HIV/AIDS National Helpline.

Although there were existing helplines for HIV/AIDS across the country managed by NGOs and state run systems, accessible through various paid/toll-free numbers, but these helplines were using multiple technologies, such as - from a standalone desk phone to a simple EPBAX system. These helplines had many shortcomings too.

Understanding these gaps, NACO felt a need to establish a National AIDS helpline utilising latest technologies and infrastructure that would provide uniform coverage and accessibility.

This National helpline will be a unique opportunity for all types of callers, be it People Living with HIV/AIDS (PLHIV), High Risk Groups (HRG), migrants, truckers or general population. Callers will be able to make anonymous calls to '1097' and seek answers to their queries on HIV/AIDS, or seek counselling, get information on Integrated Counselling and Testing Centres (ICTC), Anti-Retroviral Therapy Treatment Centres (ARTCs) and other service delivery centres. Besides, as and when required, the information will also be sent as a text message to the caller's mobile phone.

Key Features of the Helpline



Call centre will be operational 24X7, & 365 days

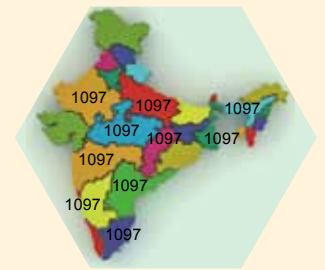


Anonymity & confidentiality will be maintained throughout the process

Well trained & experienced counsellors will respond to all calls



Counsellors will answer calls in Hindi, Telugu, Kannada, Marathi, Tamil, Assamese, Bengali & English. As per call load it will be expanded



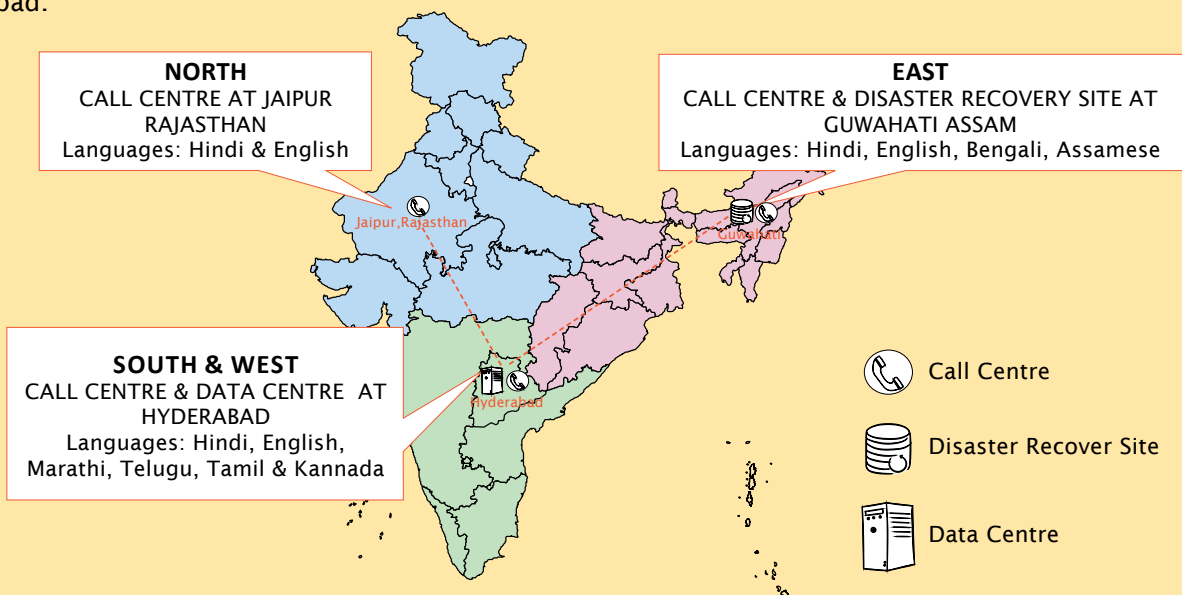
Toll free 4-digit number '1097' will be accessible from any landline/mobile phone of all major operators



On request, the information will be sent through SMS to the *callers' mobile numbers*

Location of call centres

Call centres have been setup in 3 different locations viz. Jaipur for North Region, Guwahati for Eastern Region and Hyderabad for South & West Region. Central data centre will be located at Hyderabad.



The data and voice infrastructure and technology has been designed using the 'hub and spoke' model, with Hyderabad acting as a hub. Periodic reports generated from the helpline will provide statistical data on call volumes, quality and caller demographics.

Call flow

- ❖ Beneficiary/caller dials 4-digit short code toll free number from any part of India.
- ❖ Call will land to switching server located at central data (Hyderabad) through PRI lines and will be forwarded to application server.
- ❖ Strategies for identification of caller's location. As DoT has allotted 10-digit MSC code to Indian mobile numbers, first four digits of the

mobile number are sufficient to identify the state and the service provider of the beneficiary/caller. This will be used to identify the regional language of the caller.

- ❖ Counsellor will register the beneficiary by capturing limited demographic details (to ensure anonymity) such as age, gender, location, etc. and generate an unique ID, thus creating electronic medical records.
- ❖ Based upon request from caller, information on HIV/AIDS, counselling services, grievance redressal and referral services will be provided.
- ❖ Once the service is rendered to the beneficiary, the call will be transferred to the IVRS to gather feedback on the quality of services provided.

IEC Team, NACO

SERVICES OFFERED BY '1097'

INFORMATION

Provides general information on HIV/AIDS, mode of transmission and prevention, symptoms, testing, risk behaviours, treatment and healthy lifestyle etc.

COUNSELLING

Addresses issues on stigma & discriminations, depressions etc.

REFERRAL (INCLUDING INFORMATION ON SMS)

Provides Referral to ICTCs, ART centres, counselling specialists. Also to special outreach programmes as and when they happen.

FEEDBACK ESCALATION

Complaints or feedback about specific incidents, ICTC Centres, reports dissatisfactory services.

SAARC Regional Meeting of Programme Managers in Bhutan



During the SAARC Programme Managers' meeting, Dr. Ashok Kumar, DDG (BSD) NACO (2nd from left) with the Health Minister, Royal Government of Bhutan, who inaugurated the meeting

The SAARC regional meeting of Programme Managers on TB and HIV/AIDS control was held in Thimpu, Bhutan on 5th and 6th December, 2014. The meeting was inaugurated by the Health Minister, Royal Government of Bhutan. Dr. Ashok Kumar, DDG (BSD) NACO chaired the meeting. A detailed presentation was made on HIV/TB collaborative activities and their achievements. Dr. Kumar also facilitated the discussions on formulating the major recommendations of the meeting.

BSD Team, NACO

MoU signed between Department of Empowerment of Persons living with Disabilities and NACO

Mainstreaming and partnerships is recognised as a key approach in National AIDS Control Programme to facilitate multi-sectoral response engaging a wide range of stakeholders. It is visualised as an opportunity to upscale the dissemination of HIV prevention messages and expand services. The epidemic pattern in the country also firmly establishes the need for an expanded and broad-based response mechanism to address various vulnerabilities and lessen its devastating impact on virtually every sector of society.

Recognising the above, NACO has identified 28 key Ministries of Government of India for convergence and mainstreaming. NACO is collaborating with the objective of joint action on activities related with vulnerability reduction, integration of HIV/AIDS related services in existing health services, reduce stigma and discrimination and facilitating social protection for people infected and affected with HIV/AIDS.

NACO has been successful in putting HIV/AIDS on the agenda of several other relevant departments and ministries of Government of India, through strong main streaming initiatives. NACO has already entered into a Memorandum of Understanding (MoU) with 11 key Ministries and Departments of Gol.



Mr. Lov Verma, Secretary MoHFW signing the MoU with Mr. Sudhir Bhargava, Secretary MoSJE

In continuation, one more MoU was signed between Department of Empowerment of Persons living with Disabilities and National AIDS Control Organisation on 27 January 2015. This partnership aimed at spreading awareness and HIV/AIDS prevention activities through:

- Reaching large number of persons with disabilities with information on STI/HIV/AIDS and related services
- Strengthening HIV and AIDS prevention initiatives for persons with disabilities
- Reducing social stigma and discrimination against persons with disabilities living with HIV/AIDS and their family or other affected groups
- Reaching out to large number of persons with disabilities with the messages on safe blood transfusion and voluntary blood donation.

MS Team, NACO



Officials from NACO, MoHFW, MoSJE and DEPD on the occasion of signing of MoU

Launch of Strategy and Guidelines for the Elimination of Congenital Syphilis



The launch of the National Strategy on "Elimination of Congenital Syphilis" February 25, 2015.

From left – Dr. S. D Khaparde, DDG-STI (NACO), Dr. Nata Menabde, WHO Representative to India, Mr. N. S Kang, AS & DG, (NACO), Dr. Jagdish Prasad, DGHS, Mr. C. K Mishra, AS & MD (NHM), Ms. Vijaya Srivastava, AS (FA) and Mr. K. B Agarwal, JS (NACO)



The STI/RTI Division under NACO, in collaboration with RMNCH+A under Ministry of Health and Family Welfare and WHO, led an initiative of developing a National Strategy toward elimination of congenital syphilis.



There are many adverse outcomes due to maternal syphilis like spontaneous abortion, still birth, low birth weight, congenital syphilis and even neonatal mortality. Congenital syphilis is a serious but preventable disease, which can be eliminated proactively through effective screening of all pregnant women for syphilis and treatment of those infected, including their partner and newborn. The syphilis seroprevalence among the pregnant women in India was reported as 0.38%, the annual burden of syphilis among pregnant women was about 1,03,960 and cases of congenital syphilis were 16,324. Considering the low prevalence of maternal syphilis and rare reported cases of congenital syphilis in India, elimination of parent to child transmission of syphilis seems easily achievable in India.

The key for elimination is to universalise the syphilis testing and treatment amongst the ante natal women and their partners across all health facilities and use of newer and low cost technology –like point of care test–for enhancing accessibility

of testing in the field. The elimination effort will also require collaborative effort from the NHM functionaries and physicians in private practice.

Since the disease burden of congenital syphilis is low, elimination is easily achievable. A National Strategic Plan for elimination of parent to child transmission of syphilis has been prepared and was launched on 25th of February, 2015 by Hon'ble DGHS.

Meeting objective



The objective of the National Workshop was to launch the National Strategy and Operational Guidelines for the elimination of congenital syphilis in India.



The meeting brought together a wide range of stakeholders from the government–Ministry of Health, National Health Mission, Directorate General of Health Services, National AIDS Control Organisation, various State health department representatives, Technical Partner agencies viz. WHO Country Office, US CDC, UNICEF, BMGF, PHFI, academicians, clinical experts, private sector and NGO representatives–to discuss the content of the national strategy and operational guidelines for elimination of congenital syphilis and define

cont....page 10

Review of Basic Service Components of National AIDS Control Programme

The Basic Services Division (BSD) organised an in-depth National Review of the Basic Services component of National AIDS Control Programme with all the State AIDS Control Societies in the country from 17th to 19th December, 2014 at New Delhi. The more than 70 participants included State BSD in-charges, PPTCT Focal Points/Consultants from the State AIDS Control Societies (SACS) in India and experts from development partners, donor agencies and NACO

officers. The National meeting focussed on ICTC, HIV-TB, PPTCT and Counselling/Training components. The main agenda was to review physical and financial achievements relating to ICTC, HIV-TB, PPTCT and Counselling/Training during the current financial year as well as to prepare for Annual Action Plan 2015-16 for each State/UTs in the country.

BSD Team, NACO



Participants from State AIDS Control Societies and NACO officials during the two-day National Review of Basic Services Component Programme

Elimination of Congenital Syphilis... *cont from....page 9*

how to plan and implement the strategy in a standardised manner.

The Welcome Address was given by Mr. N.S Kang, Additional Secretary, NACO. WHO Country representative to India, Dr. Nata Menabde, mentioned in her speech that the elimination of congenital syphilis had larger implications because of a large number of pregnant women in India and if the elimination was achieved, it would bring down maternal and infant mortality and morbidity and contribute towards achieving Millennium Development Goals (MDGs). Mr. C.K Mishra, Additional Secretary, National Health Mission, expressed a desire to provide services to all beneficiaries through public health facilities by using the NHM platform. Dr. Jagdish Prasad, Director General of Health Services, remarked that since the prevalence of syphilis was very low, this was the

right time for the launch of the strategy and to eliminate the same. The epidemiological situation and the burden of syphilis in pregnancy and the adverse outcomes—both globally and in India—was presented by Dr. Nicole Seguy and Dr. S.D Khaparde respectively. Two technical sessions related to elimination of congenital syphilis and its operationalisation in the field were presented by Dr. T.L.N Prasad and Dr. Aman Kumar Singh; group work discussions were also organised. The group prepared a plan of action for universalisation of access to testing and treatment of pregnant women, partners and new born, supply of commodities, capacity building and preparation of an action plan for documentation, recording and reporting. The meeting was well represented and was ended with vote of thanks by Dr. Shobini Rajan (ADG).

STI Team, NACO

Enhancing Partnership between Law Enforcement, Health and Civil Society Organisations for HIV Prevention in India



Dignitaries present during the regional workshop

In India, as per Narcotics Drugs and Psychotropic Substances (Amendment) Act 2014, consumption of drugs continues to be punishable which prevents people from accessing the HIV testing and treatment services they require. ***Interference of law enforcement agencies through arbitrary arrests and detention and unfair targeting of people who use drugs is further hampering NACO's intervention efforts. NGOs providing harm reduction services are often not adequately equipped to communicate and advocate with police for uninterrupted access to HIV services for key affected populations. Currently harm reduction services are being provided to Injecting Drug Users (IDUs) in a very restricted environment.*** To address these operational issues, NACO planned a series of regional sensitisation workshops.

The first Workshop was held in Chandigarh on 6th February, 2015 under the chairmanship of Mr. N.S Kang, Additional Secretary & DG, NACO, MOHFW. ***The aim of the workshop was to enhance the partnership between Law Enforcement and Health and Civil Society organisations that brought together around 90 representatives from Punjab, Chandigarh and Haryana.*** The workshop was inaugurated by Mr. Kang, who, in his opening remarks emphasised that IDUs who are convicted for drug abuse may be dealt with compassion and be provided access to harm reduction services.

Addressing the participants, Mr. Jagpal Singh Sandhu, Additional Chief Secretary (Home), Government of Punjab, said that the police forces enforcing the law in the State required playing an active role in referring the IDUs for HIV prevention and treatment services.

Mr. Kaustubh Sharma, Zonal Director, Narcotics Control Bureau said that NDPS Act provides immunity from prosecution to addicts volunteering for treatment under section 64A. He said any addict, who is charged with an offence punishable under section 27 or with offences involving small quantity of narcotic drugs or psychotropic substances, who voluntarily seeks to undergo medical treatment for de-addiction from a hospital or an institution maintained or recognised by the Government or a local authority and undergoes such treatment shall not be liable to prosecution under section 27 or under any other section for offences involving small quantity of narcotic drugs or psychotropic substances.

Mr. Kang, in his closing remarks, said ***that NACO is looking for long term partnership with law enforcement agencies in order to bring down the HIV prevalence among IDUs.*** He also suggested to the respective State AIDS Control Societies to take a lead role in strengthening the partnerships both at state and district levels.

The key recommendations that emerged during the regional workshop included:

- ❖ *States to designate an officer at the level of IG/ Dy. IG at the state level and SP/Addl. SP/Dy. SP rank officer at district level as Nodal Officers*
- ❖ *SACS to share the list of NGOs with LEAs to refer IDUs for HIV prevention and treatment services*
- ❖ *Police to extend supportive environment for needle syringe programme*
- ❖ *SACS in collaboration with LEAs to organise district level sensitisation workshops*
- ❖ *SACS to organise joint field visits to Police personnel working at beat level to understand harm reduction services*
- ❖ *State prison department to provide necessary approval to initiate prison HIV intervention*
- ❖ *Haryana and Punjab police academies to incorporate drug use and HIV topics into their training curriculum.*

TI-IDU Team, NACO

Workshops – 'Knowledge Sharing Policy & Leadership' and 'KS System & Platform'

National AIDS Control Organisation (NACO) has established the South-to-South Knowledge Exchange Initiative on HIV/AIDS with support from various development partners. With the purpose **to contribute to the improvement of the “Global AIDS Response” by showcasing India’s success and transfer the learning to the key partner countries.** Under this initiative, NACO established a Secretariat for the South-to-South (S2S) Knowledge Exchange Initiative to coordinate Knowledge Sharing (KS) related activities through different approaches in partnership with other development partners.

As a part of S2S Knowledge Exchange Initiative on HIV/AIDS, delegations from various African and Asian countries have been visiting India to interact with key officials, undertake visits to thematic Knowledge Exchange Sites (KES), experience sharing meetings, dissemination meets, etc. to learn from each other's practical experiences. Till date, over 200 delegates from more than 15 countries have visited to understand India's HIV/AIDS Response.

World Bank Institute has been supporting its clients across the globe to design the knowledge exchange initiative by offering the “know-how” on

ways in which knowledge exchanges can be designed so that they have lasting results through a very systematic process, which they call “The Art of Knowledge Exchange”- a step-by-step guide based on the Capacity Development Results Framework (CDRF). Now, the World Bank Institute has been supporting NACO for establishing the country-led Knowledge Hub in a systematic manner.

As a follow-up to the previous KS Workshop -'Self Assessment, Visioning & Planning', held in September 2014, the World Bank Institute conducted two more workshops viz., 'Knowledge Sharing Policy and Leadership' and 'Knowledge Sharing System and Platform' from January 12th-13th and 14th-15th, 2015 respectively. The leadership and the senior officials of NACO participated in these Workshops and **as an outcome, a draft Knowledge Sharing Policy of NACO was developed and a draft plan for developing KS Systems and Platform was drawn. This comprehensive policy focuses on knowledge sharing at three levels, i.e. within the organisation, at the national as well as the international level.**

Knowledge Sharing (KS) Team, NACO



Participants attending the Knowledge Exchange Initiatives on HIV/AIDS Workshop

Training of DAPCUs/SACS on the Guidelines of DAPCU Led Single Window Model for Social Protection

The Mainstreaming Cell of NACO in collaboration with UNDP India and India Health Action Trust organised 8 regional workshops across India to train the officials of District AIDS Prevention Control Units (DAPCU)/State AIDS Control Society (SACS) on the guidelines of *DAPCU Led Single Window Model for Social Protection for PLHIV, MARPs and Children Affected by AIDS (CABA)* in the country. The workshop was a key step towards facilitation of change in the lives of most disadvantaged communities and people infected and affected with HIV/AIDS.

As many as 365 officials from 159 DAPCUs and 16 SACS were trained through eight regional workshops held during 8-13 December, 2014 at Hyderabad, Vijayawada, Bangalore, Chennai, Ahmedabad, Delhi, Kolkata, and Pune and 159 District level action plans on implementing/operationalising the DAPCU led single window model of social protection were prepared these workshops.

The key objectives of these trainings were as follows:

- ❖ To facilitate scale up of enrollment of PLHIV, MARPs and CABA through enhanced access to social entitlements and welfare schemes of different ministries and departments, by largely modifying existing schemes to make them more PLHIV, CABA and MARPS friendly.
- ❖ To increase the knowledge and skills of the officials to facilitate an enabling environment at the district level where the legal, policy and



Mr. Mohnish Kumar, PO (MS) sharing key objectives of the session during the regional workshop

living environments are conducive for the PLHIV, CABA and MARPS to access services.

3. To increase the knowledge and skills of the officials to facilitate reduction in stigma and discrimination faced by PLHIV, MARPs and CABA at the family, community and services level.

The session on Social Protection for Children Affected by AIDS was included in all the regional workshops. The workshop also focussed on children affected and infected with HIV, various schemes covering the needs of CABA and the role of DAPCUs in social protection of CABA. The session also elaborated upon the challenges faced by children affected and infected with HIV and the need for a coordinated multi-level response to protect these children.

MS Team, NACO

National Workshop on Strengthening HIV response in the "World of Work"

NACO organised a two-day workshop for SACS mainstreaming officers, Regional Programme Manager and officers from IEC-Mainstreaming and TI Division of NACO entitled 'The Earlier, the Better'. The national workshop, on strengthening the world of work response to HIV, was held on 20th and 21st November, 2014 in New Delhi, in partnership with ILO.

Mr. K.B Agarwal, Joint Secretary NACO, Ms. Panudda Boonpala, Deputy Director ILO, Mr. Oussama Tawil, Country Director, UNAIDS India, Ms. Anuja Bopat, Director MOLE and Mr. S.M Afsar, Senior Technical Specialist ILOAIDS, Geneva addressed the workshop.



The panelists addressing the session

Jammu & Kashmir

World AIDS Day was observed on December 1st across the country by the respective State AIDS Control Societies. Activities included rallies and cultural programmes.

World AIDS Day was observed by Jammu & Kashmir State AIDS Control Society in collaboration with School of Hospitality and Tourism management and Department of Psychology, university of Jammu. College students

and members from Red Ribbon Clubs took out a rally to spread the messages on “Getting to Zero, Zero new infections and AIDS related death”. Emphasis was given on “Zero Discrimination”.

IEC Team, J&K SACS



Participants during the WAD function

Madhya Pradesh

Madhya Pradesh SACS celebrates World AIDS Day

The MPSACS observed the World AIDS Day on 1st December 2014 through a variety of activities. The major activities carried out during the day-long programme were: dissemination of HIV prevention messages through big rallies and awareness through cultural activities. Around

700 enthusiastic volunteers from Red Ribbon Clubs, NSS, NYKS, Sports Authority of India, TI and Link Worker groups, participated in the rally, which was inaugurated by Project Director, MPSACS.

IEC Team, MP SACS



Youth participation in the cultural function on WAD

Uttar Pradesh

Uttar Pradesh SACS organised the Voluntary Blood Donation Camp (VBD) Camp in Lucknow

On 1st March 2015, a day-long event was organised by UPSACS at MIRT Business College, Lucknow. The event was graced by Mr. Alok Ranjan, Chief Secretary of Uttar Pradesh and Mr. Alok Kumar, Project Director, UPSACS.

The event comprised of various activities including an HIV/AIDS Awareness Workshop, followed by a Voluntary Blood Donation camp, a Quiz Competition on HIV/AIDS and cultural performances by youth teams from Nehru Yuva Kendras.

The significance of the programme was to spread awareness on healthy living and awareness on HIV prevention. A number of youth came forward to donate blood.

IEC Team, UP SACS



Display during the VBD camp

Arunachal Pradesh WAD



Sensitisation of ITBP under 'Zindagi Zindabaad Campaign' during World AIDS Day function

Observation of World AIDS Day by NE States

Meghalaya



Youth and school children taking the pledge during World AIDS Day function

Mizoram



Children from "Gan Sabra", a school for CABA, perform during World AIDS Day function

Tripura



Hon'ble Health Minister and other dignitaries join the world AIDS rally organised by Tripura SACS



By walking on the sticks (Ran-Pa), a local sport, the youth spread messages on prevention of HIV & AIDS

IMS – Inventory Management System

Ensuring reliable and timely accessibility of HIV commodities for testing and treatment to 800,000 HIV positive patients is of utmost priority for NACO. However, collecting and aggregating the huge volume of data from 20,000 point of care facilities and 38 state level organisations was proving to be a major challenge at the national level.

NACO conducted a supply chain assessment in early 2013 wherein the need for an inventory management emerged as a top priority. It was decided by NACO to build a customised solution for its specific needs. From June 2013, NACO, with the support of Clinton Health Access Initiative (CHAI) undertook strengthening of the national HIV commodities' distribution by designing and deploying the Inventory Management System (IMS) programme across suppliers, state warehouses and 470 CST (also called ART) centres in India. After an extensive pilot in two states from Dec-Feb 2014, NACO decided to implement the solution across the entire supply chain.

In IMS, inventory is tracked starting from the supplier level to dispensations made to patients at POC facility level. Low-cost bar code and web-based technologies have been leveraged to provide a scalable and asset light solution. NACO continues to refine IMS to accommodate user feedback and is poised to upgrade the existing system to a more powerful, versatile and robust system in coming months.

Intended Impact

Stock out and Expiry: IMS provides visibility to inventory positions at every node in the supply chain that enables decisions to prevent wastages due to stock expiry and prevents treatment failure due to stock outs. IMS enables consumption pattern based analytics to prevent such situations.

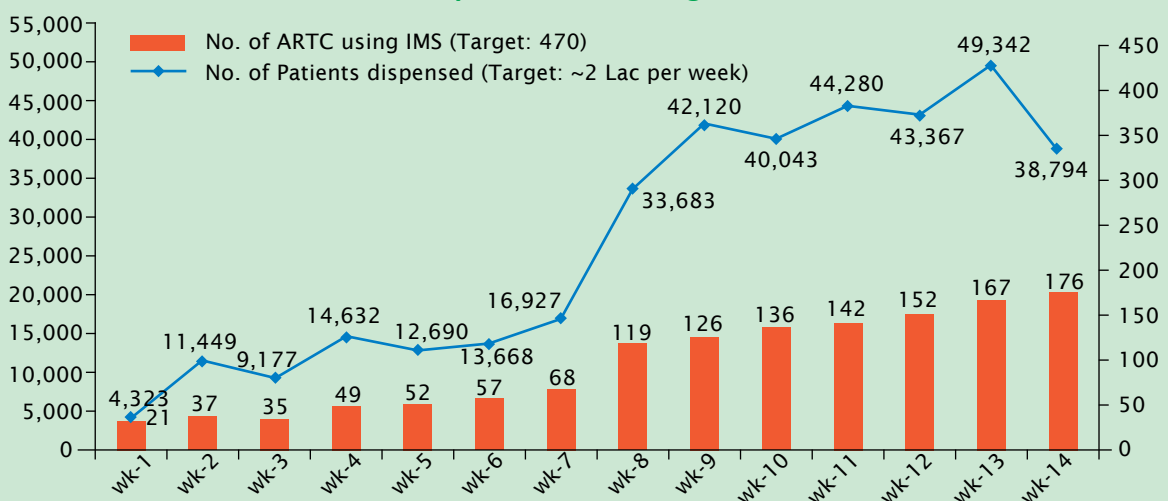
Productivity: Monitoring a large scale programme like the NACP requires comprehensive reporting. IMS eliminates the need to spend time compiling data points and creating reports from manual registers by providing real time reporting at all levels of the NACO supply chain.

Relocations: On an average, NACO performs more than 1,000 planned inventory relocations every month to avert stock outs, expiries and redistribute stock equitably. IMS captures the consumption pattern of every Stock Keeping Unit (SKU) in each facility, district and state, existing and in-transit stock in real time, enabling maintenance of minimum safety stocks and eradicating the need for relocations completely.

Patient Treatment Insights: IMS provides an upto-date view of facility-wise number of patients seeking active care along with drugs dispensed to them. IMS generates reports depicting patient treatment trends across states as well as regimen-wise drug dispensation trends. IMS provides on-demand data aggregation, high data quality, timeliness and detailed reports for making informed decisions impacting patient treatment.

Procurement Team, NACO

Implementation Progress



IMS weekly scale up for 14 weeks starting from January to mid of April 2015

India HIV/AIDS Resource Centre (IHRC)

Online Digital Repository

Over the years, a large number of resources (documents, audios, videos and photos) have been developed on HIV/AIDS and other related issues by National AIDS Control Organisation (NACO), State AIDS Control Societies, development partners, multilateral and bilateral agencies, NGOs and research and academic institutions, working in the field of HIV/AIDS.

In order to ensure that the resources developed are available for professionals working in the field of HIV/AIDS, researchers, community members and general population, NACO has developed a Digital Resource Centre, referred to as India HIV/AIDS Resource Centre (IHRC).

The IHRC will be a one-stop point where all type of updated resource materials on HIV/AIDS will be made available in digital format for access by people from India and across the globe.

Site Features

- Thematic wise resources
- Basic and advanced search
- Video and audio streaming
- Social media
- Print friendly page
- Online community
- News and events
- Useful links to relevant websites
- Sign up for updates



URL: www.indiahivinfo.naco.gov.in

Resource Materials

- Policies and guidelines
- News letters
- Annual reports
- Training modules
- Communication materials
- Research studies
- Baseline surveys
- Evaluation reports
- Fact sheets
- Monographs
- Multimedia gallery
- Films/Documentaries
- TVCs
- Radio spots

IEC Team, NACO

Diwali Celebrations

With zeal and enthusiasm, all the NACO staff celebrated Diwali, the festival of lights and colours with a Rangoli competition. The winners and other participants received gifts and sweets. It was a wonderful experience for all the NACO team members.



Workshop to Address the Needs of Children Infected and Affected with HIV

A two-day workshop was organised on January 29th and 30th, 2015 by NACO, in collaboration with Karnataka Health Promotion Trust (KHPT) under the USAID funded Orphan and Vulnerable Children (OVC) Social Protection Project in Bengaluru.

The Workshop was inaugurated by Dr. Naresh Goel, DDG (LS) and JD (IEC) NACO. The other dignitaries present during the inaugural session were Dr. Melissa Freeman, USAID, Dr. Khushal Singh R. Pardesi, PD MSACS, Dr. Pankaja Keskar, PD MDACS and Dr. Reynold Washington, KHPT.

The participants were from the National, State and district level AIDS control programmes officers, USAID supported OVC Project staff.

The objective of the workshop was to assist in building the perspectives of participants on Orphan and Vulnerable Children and their needs. A technical brief on the OVC project was released during the workshop. The USAID supported project on OVC was presented, which will cover 16 districts across three States -Karnataka, Maharashtra and Tamil Nadu.

During the session, some of the major issues discussed in details were:- the current challenges like lack of robust data on OVC, mainstreaming the OVC needs and getting support from cross-sectoral departments, lack of clear guidelines which could focus on psycho social and disclosure related issues etc. It was also agreed that to address the OVC, a comprehensive and integrated approach was needed. The programmes were to be 'child focussed and family centred'; strategies for integrating the child within the family and community were also discussed.



The inauguration ceremony of the Workshop

Referring to the first day's discussions in Snehadan Campus, Sarjapur Road, helped the participants to get an exposure to OVC children and their experiences in Sneha Care Home. The participants experienced the best practices of flexible curriculum developing child leaders and providing holistic care and support to children infected with HIV.

Best practices and programmes across the country for addressing OVC issues and their challenges were also discussed. The children, who were infected and affected by HIV had shared their experiences and expectations from programmes for OVC. The children also expressed the need for a 'positive approach to disclosure' which could take away their fears and build their confidence.



A technical brief on OVC and the project was released during the workshop

The Workshop concluded with all participating SACS, DACS and NACO teams by making action plans for integrating OVC issues in their respective work fields. It was felt that the OVC programme did not require huge funds but a thought to integrate the special needs of OVC within existing programmes and departments.

Dr. Naresh Goel, DDG NACO, concluded the workshop by reiterating NACO's commitment to OVC issues and thanking all the stakeholders for their initiative and support.

MS Team, NACO

National Meet on Strengthening HIV Laboratories in India

Laboratory Services Division organised a National Meet on December 4th - 5th, 2014 to showcase the efforts during the accreditation journey, synthesise the learning and identify the way ahead

The Laboratory Services Division of National AIDS Control Organisation (NACO) is engaged in institutionalisation of culture of quality in public sector HIV testing across India. As a result of intensive efforts in the past 4 years, the HIV laboratory network has been able to bring **47 HIV laboratories and another 16 are accredited in the accreditation cycle under ISO 15189.**

To showcase these efforts during the accreditation journey, synthesise the learning and identify the way ahead, the Laboratory Services Division organised a National Meet on December 4th - 5th, 2014 at Hotel Eros, New Delhi. For a successful roll-out of this meeting, a Scientific Sub-committee was constituted to provide expert opinion/inputs into various technical themes and review abstracts submitted by various laboratorians for presentation during the National Meet.

Participants included experts in HIV, invited guest speakers, In-charges and technical officers of laboratories that had attained accreditation or were in cycle for accreditation.

The Chief Guest for the function was Mr. N.S Kang, Additional Secretary, Ministry of Health & Family Welfare. Mr. K.B Agarwal, Joint Secretary, Ministry of Health & Family Welfare, Dr. R.S Paranjape, Ex Director NARI and Head, Scientific Committee, Dr. Pauline Harvey, Country

Director, DGHA, CDC, India and Dr. Edward Scholl, Country Director, PCI, India, graced the inaugural function. Dr. Naresh Goel, DDG (Lab services) gave the welcome address in which he charted the path followed in the last three decades by the HIV laboratories under NACP.

The directory of HIV laboratories under the NACO umbrella was unveiled by the chief guest. The launch of Lab-for-Life (L4L) was also announced. Certificates of commendation were awarded to representatives of labs that had achieved accreditation or were in cycle. The Project Directors from SACS were also facilitated.



Experts spoke on various topics like consortium of NRLs for kit quality: past, present and future, developing and implementing EQA under NACP, relevance of HIV incidence in India - an epidemiological approach, promises and perils of detecting early HIV infection etc.



Commendable invited abstracts were displayed while the best five were selected for oral presentation by the Scientific Committee.

The Meet concluded with a vote of thanks by Ms. Smita Mishra, TO, Lab services.

LAB Services Team, NACO



Mr. N.S Kang, Additional Secretary, Ministry of Health & Family Welfare addressing the audience during the meet

Small Initiatives make a Big Difference...

Parbhani is a category A district in Maharashtra as defined during categorisation of districts by NACO in NACP-III. It has a District AIDS Prevention and Control Unit to monitor and coordinate HIV activities in the district. In the month of December '14, TI-NGO informed that FSWs, despite having a valid ration card, were unable to draw their entitled ration from the Public Distribution System (PDS). The DAPCU team met with the District Civil Supplies (DCS) Officer, who was the in charge of PDS in the district to sensitise him about the plight of FSWs and made a formal complaint.

For further impetus to their efforts, the DAPCU team invited the DCS officer to preside over the



Advocacy meeting with District Civil Supplies Officer



District Civil Supplies Officer addressing FSWs during World AIDS Day in Parbhani

World AIDS Day function, creating an interface between the official and the HRGs. Along with him, the concerned fair price shop dealer was also invited to the event. Convinced about the plight of the FSWs, the DCS Officer committed to provision of a separate ration shop which would be run by the Community Based Organisation of FSWs.

Subsequent to this, DAPCU submitted a formal proposal and is now following it up with the district administration.

DAPCU National Resource Team, NTSU NACO

NACO Observes the National Youth Day in Mumbai with SAARC Goodwill Ambassador for HIV/AIDS

National Youth Day (NYD) is observed annually on 12th January, on the birthday of Swami Vivekananda. NACO celebrated NYD in Mumbai as "Young manch" under the slogan 'Hum se hai nayi shuruaat' - on issues dealt by Youth on stigma, discrimination and HIV. The event was organised in coordination with Mumbai District AIDS Control Society and the South Asian Association for Regional Cooperation (SAARC).

Mr. Ajay Devgn, the SAARC Goodwill Ambassador for HIV/AIDS, was the chief guest of the event. The event saw a participation of about 100 colleges from Mumbai. Dr. Naresh Goel, DDG NACO, appreciated Mr. Devgn for his inspiring messages that motivated the Red Ribbon Club Members present in the occasion.



SAARC HIV/AIDS Goodwill Ambassador Mr. Ajay Devgn during an interactive session with youth

On the occasion of National Youth Day function, Mr. Ajay Devgn took a Special Pledge for the youth of Mumbai and senior dignitaries and representatives from the Government of India.

Youth Affairs Team, (IEC) NACO

ART in India – Newer Initiatives

The Government of India rolled out the free ART programme on 1st April 2004. Provision of free ART was a big motivation for people to come forward and get tested as the programme could offer treatment to those who were found positive. Wider access to ART has resulted in a decline in number of AIDS related deaths and has significantly improved quality of life of PLHIV. Currently there are 1,519 sites providing free ART to approx. 8.45 lakh patients.



Some lessons learnt from the roll out in public health programme are:

- *It is possible to roll out ART on a massive scale following public health approach*
- *A new cadre of counsellors has been created and used effectively for improving quality of care*
- *Robust programme monitoring at various levels, simple and standardised guidelines and protocols and linkages with TB and NRHM programme complimented the successful implementation.*



Some of the newer initiatives in the second decade of the journey of ART are as below:

Early Warning Indicators (EWI) and Quality of Care Indicators (QCI): With approach to universal access and increasing number of patients on lifelong ART, systematic analysis of the quality of ART care is very important. One of the important outcomes that require monitoring is the emergence of HIV Drug Resistance (HIVDR). A Quality of care (QCI) tool, based on the WHO early warning Indicators tool, has been developed that can give some early warning signs about the possible emergence of drug resistance and also a help to monitor key indicators. This activity is being implemented with support from WHO Country Office for India.

Pharmacovigilance: For many of the ARV drugs, outcomes on long term use and incidence at the national level are unknown for the Indian population. Pharmacovigilance will provide evidence for effective risk prevention and management; safer use of ARVs, benefit or harm assessment of different regimens or products and hence evidence-based regulatory action. The

activity has been implemented in 2015 with support from WHO Country Office for India.



Third line ART: As over a period of time the patient may develop resistance to first and second line drugs despite good adherence due to mutations in the virus, they require third line ART, which presently is not part of the programme. The Technical Resource Group of ART at NACO has recommended that the national programme should provide third line ART. The process for procurement of these drugs has been initiated and NACO is in discussion with ONGC to support this as a part of CSR.

Viral Load (VL) testing - scale up plan: Monitoring of patients by VL instead of CD4 counts provides an early and more accurate indication of treatment failure and the need for timely switch to second-line drugs. It also improves clinical outcomes as second line ART is initiated earlier thus reducing accumulation of drug-resistance mutations.

The Technical Resource Group on ART at NACO has recommended doing VL for all patients on first line ART once a year in a phased manner. Presently there are 10 VL testing facilities across the country. The options being considered are having more VL labs or have an outsourcing arrangement. For this NACO has proposed for funding in the New Funding Model of Global fund.

Linking PLHIV data to AADHAR: NACO along with Delhi State AIDS Control Society (DSACS) and Unique Identification Authority of India (UIDAI) is piloting a project to link Anti Retroviral treatment with Aadhar at 9 ART Centres in Delhi. This will help to remove duplication and chances of pilferage and will improve portability of ART services in country and access to various financial/social welfare schemes for PLHIV.

NACO is committed to improve the survival and quality of life of PLHIV with comprehensive HIV care package of services in a stigma free environment.

Dr. B. B Rewari, NPO (ART) NACO

Welcome to the Family of NACO

October 2014 to March 2015

October

1st Dr. Sunny Swarnkar
Programme Officer (ICTC)

November

10th Mr. Ashish Kumar
Programme Officer (NPLC)

11th Dr. Manish Bamrotiya
Programme Officer (ART)

December

1st Mr. Mubarak Ali Ansari
Technical Officer (PPTCT)

1st Dr. P Sujith
Technical Officer (M&E-BSD)

3rd Ms. Chhavi Garg
Project Associate-
Administration
(Labs for Life Project)

17th Dr. Jyoti Sharma
Technical Officer (HIV/TB)

January

1st Ms. Paramjit Kaur
DDO

February

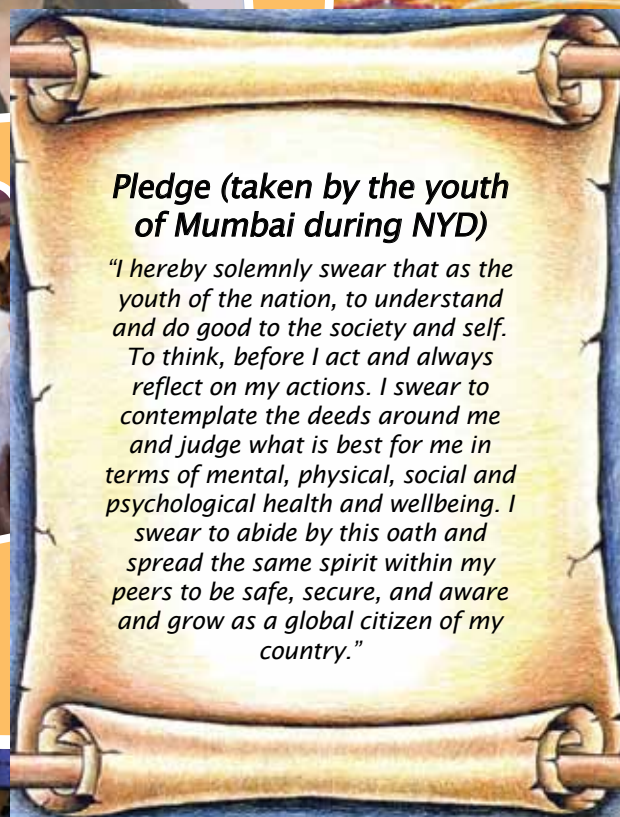
16th Dr. Anu George
Technical Manager
(Labs for Life Project)

27th Dr. Sanjay Kumar Jadhav
National Technical Adviser (BTS)

March

9th Mr. Utpal Das
Specialist (Knowledge Transfer)

Observation of National Youth Day



Pledge (taken by the youth of Mumbai during NYD)

"I hereby solemnly swear that as the youth of the nation, to understand and do good to the society and self. To think, before I act and always reflect on my actions. I swear to contemplate the deeds around me and judge what is best for me in terms of mental, physical, social and psychological health and wellbeing. I swear to abide by this oath and spread the same spirit within my peers to be safe, secure, and aware and grow as a global citizen of my country."



Editor-in-Chief: Mr. N.S Kang, Additional Secretary, Ministry of Health & Family Welfare, Government of India

Editor: Dr. Naresh Goel, DDG (LS) & JD (IEC)

Editorial Panel: Dr. Neeraj Dhingra, DDG (TI), Dr. Shobini Rajan, ADG (STI & Blood Safety), Mr. Ugra Mohan Jha, Programme Officer (Statistics) and Ms. Sanchali Roy, Consultant (IEC)

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