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NACO NEWS

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The Third Wave

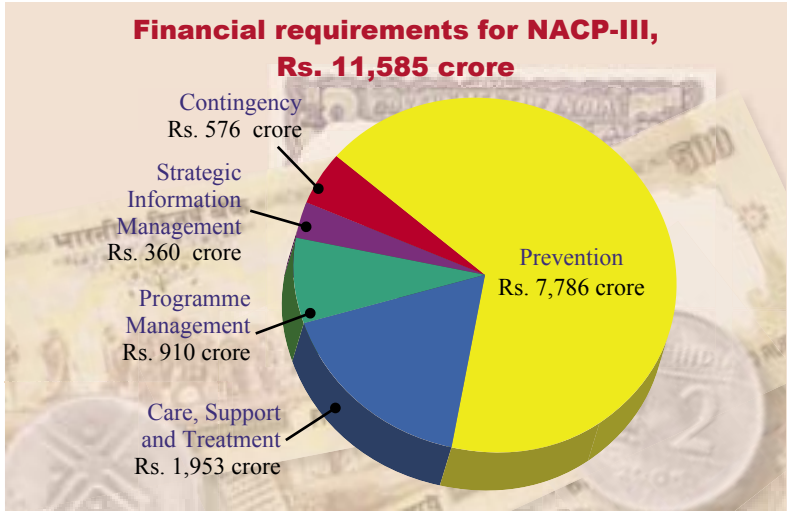
Taking the Next Step Forward in the **Battle against HIV/AIDS**

NACP III

The Third Wave – NACP-III

Taking the next step forward in the battle against HIV/AIDS

The year 2007 is another important year in the history of the country's fight against HIV/AIDS, with the third phase of National AIDS Control Programme (NACP-III) beginning this year.



As soon as the first case of HIV was detected in Chennai, the Government of India swung into action and took a series of initiatives. The initial response was setting up of an AIDS Task Force and a National AIDS Committee. The response was characterised by the implementation of a Medium Term Plan (MTP 1990 - 1992) which in turn had evolved into a national level programme. In 1992, India demonstrated its resolve to control the HIV epidemic by launching the National AIDS Control Programme Phase I (NACP-I). Based on the lessons learnt from NACP-I and the emerging scenarios at the state level, the Government of India had formulated the NACP Phase II in 1999 and implemented the programme in all states over the next seven years. The NACP-II also focused on the need for effective involvement of non-governmental organisations and the civil society to create an enabling environment for the prevention and control initiatives.

Based on the lessons learnt from and achievements of Phases I and II, India has now developed the Third Phase of the National AIDS Control Programme (2007-2012). The design of NACP-III implementation plan has gone through a very wide range of consultations at national, state and district levels.

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The Journey so Far: Meeting the HIV/AIDS Challenge (NACP - I & II)

In 1986 an AIDS Task Force is set up by the Indian Council of Medical Research, and a National AIDS Committee (NAC) under the Secretary, Ministry of Health. In 1990, a Medium Term Plan (MTP 1990-1992) is launched in four states and the four metros.

In 1992, the government launches the first National AIDS Control Programme (NACP-I) with an IDA Credit of USD 84 million. NACP-I is implemented during 1992-1999 with an objective to slow down the spread of HIV infections. The National AIDS Control Board (NACB) is constituted and National AIDS Control Organisation (NACO) is set up.

In November 1999, the second National AIDS Control Programme (NACP-II) is launched with World Bank credit support of USD 191 million. The focus shifts from raising awareness to changing behaviour, decentralisation of programme implementation and greater involvement of NGOs.

Policy initiatives taken during NACP-II include: adoption of National AIDS Prevention and Control Policy (2002); National Blood Policy; a strategy for Greater Involvement of People with HIV/AIDS (GIPA); launch of the National Adolescent Education Programme; provision of Anti-retroviral treatment (ART); formation of an inter-ministerial group for mainstreaming; and setting up of the National Council on AIDS, chaired by the Prime Minister.

At the operational level, NGOs are involved in the implementation of 1,033 Targeted Interventions (TIs) among HRGs, and setting up 875 Voluntary Counselling and Testing Centres (VCTCs) and 679 STD clinics at the district level.

As a result of NACP-II efforts, HIV prevalence seems to be stabilising. States like Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra and Nagaland have started showing declining trends. The sentinel surveillance results of 2005 also reinforce the stabilisation trends.

From the Desk of the Director General

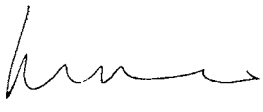
The year 2007 has started on an important note for us at NACO with all of us gearing up for the third phase of National AIDS Control Programme (NACP-III). This programme builds on the attainments of NACP-II, which has led to a relative stabilisation of the HIV/AIDS epidemic in the country. It is a process of continuity and calibrated strengthening.

At the cusp of NACP-III, where have we reached? Despite fears and doomsday scenarios, HIV/AIDS incidence in India is still quite low. This is a tribute to the efforts of countless social workers, NGOs/CBOs, medical personnel, political leaders, public and private partners along with national and international organisations. With this satisfaction, however, also comes responsibility. The guard can never be lowered.

Indeed, eternal vigilance is the watchword of NACP-III. With more than 99 percent of the population of the country being HIV negative, the thrust of NACP-III is on prevention. Along with prevention, treatment and care & support for those living with HIV/AIDS will be the focus of the new programme. To meet the treatment needs of PLHA, the expanded roll out of ART centres will continue. Another important area which requires concerted efforts is the fight against stigma & discrimination associated with HIV/AIDS.

To bring desired behavioural changes, the first step is to break the silence surrounding the issue of sex and sexuality. We have to make sure that the message reaches every nook and corner of the country, in the most effective manner, particularly, in the rural and inaccessible areas. This, I am sure, will be achieved through the de-centralised approach adopted in NACP-III, with the district being the basic unit of implementation. I hope NACO, with your support, will be able to act as a catalyst to render a safer, healthier society, one that has doughtily withstood the AIDS challenge.

The NACO newsletter is a window to how the HIV/AIDS programme is implemented on the ground. Through NACO's newsletter we are telling you numerous stories that are tales of courage and hope, of fortitude and determination. Each of these is, essentially, a human drama. In the end, this is how HIV/AIDS will be conquered not just by science and medicine but by the grit and drive of ordinary men and women who refuse to let it vanquish them. This issue is dedicated to our 'Never Say Die' spirit.



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

Let's make our newsletter participative, with your inputs!
You can send us a variety of contributions:

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

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– Editor

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The process involved experts from various subject areas, NGOs, PLHA networks, civil society, development partners, academia, public and private sector representatives and a host of researchers and analysts. The goals, objectives and the overall framework of NACP-III were developed through a very detailed and constructive consultative process.

NACP-III's priorities and thrust areas draw heavily from its experience in the previous two phases, in particular, the process underscored the need for consolidation of gains and addressing the programmatic gaps and weakness. With the total proposed financial requirement of Rs 11,585 crore including budgeting and extra budgetary support, the overall goal of NACP-III is to halt and reverse the epidemic in India over the next five years. A detailed break-up of the proposed financial requirement may be seen in the graph (on page 2).

The specific objectives of NACP-III are to reduce the estimated new infections:

- By **60 percent** in the first year of the programme in high-prevalence states, so as to obtain reversal of the epidemic.
- By **40 percent** in the vulnerable states so as to stabilise the HIV/AIDS epidemic.

The goal, objectives and strategies of NACP-III will be informed by eight guiding principles

1. Three Ones – one Agreed Action Framework; one National HIV/AIDS Coordination Authority; one Agreed National M&E System.
2. Equity as monitored by relevant indicators, such as percentage of people accessing services disaggregated by age and gender.
3. Respect for the rights of PLHAs.
4. Civil society representation and participation in planning.
5. Enabling environment for PLHAs to live in dignity.
6. Scaled up efforts for HIV prevention, care, support and treatment.
7. An HRD strategy based on qualification, competence, commitment and continuity.
8. Evidence-based and result-oriented interventions, with scope for innovations.

NACP-III

The overall goal of NACP-III is to halt and reverse the epidemic in India over the next five years by integrating programmes for prevention, care, support and treatment. This will be achieved through a four-pronged strategy.

1. Prevention of new infections in high risk groups and general population through:
   a. Saturation coverage of high-risk groups with Targeted Interventions (TIs).
   b. Scaled-up interventions in the general population.
2. Providing greater care, support and treatment to a larger number of PLHAs.
3. Strengthening the infrastructure systems and human resources in prevention, care, support and treatment programmes at the district, state and national level.
4. Strengthening the nationwide Strategic Information Management System.

Programme Components

Prevention

Scaling up investment on prevention activities among high risk populations, with special focus on ART coverage and positive prevention measures, NACP-III will be able to halt and reverse the epidemic. The process will involve:

- Saturation of coverage of high risk groups through greater involvement of community based organisations and extensive network of institutions both in public and private sectors;
- Greater focus on changing attitudes and behaviour of vulnerable sections of the general population to prevent transmission;
- Comprehensive care, support and treatment with adequate follow up measures;
- Providing high quality HIV related services to those who need it, at various levels; and
- Creation of appropriate mechanisms and capacities at national, state and district levels to implement and monitor the interventions.

Level of Interventions

NACP-III envisages expanding the coverage of high-risk groups (HRGs) to 80 percent, from the stipulated 50 percent in NACP-II, during the programme period. The programme will target sub-populations of commercial sex workers (CSWs), men having sex with men (MSM) and injecting drug users (IDUs). The ART scale-up will see integration of care, support and treatment with prevention.

NACP-III would entail a substantial increase in the budgetary allocation to programme activities, with an increased emphasis on prevention.

It aims at a complete targeting of the four million HRGs (CSWs, MSM and IDUs) and the estimated 12 million highly vulnerable populations, such as migrants, truckers and the large number of young women and men in the general community who constitute 40 percent of the country's population with prevention messages.

Care, Support and Treatment

NACP-III's defining principle is of a continuum of care. Given the low levels of coverage, focus will also be on assuring universal access to first-line ARV drugs. To ensure drug adherence, the community care centres will be positioned as bridge a between patients and ART centres, to provide psycho-social support, counselling through outreach services, referrals and palliative care. Home-based care will also be an important feature.

Impact Mitigation

In some ways, NACP-III seeks to redress the gaps in the previous plans. For instance, issues relating to an enabling environment receive greater attention. Specific projects will be designed to empower communities to provide crisis intervention services – mobile helplines, services of a lawyer and field supervisor and so on. A review and reform of structural constraints, legal procedures and policies that impede interventions among marginalised groups will be actively pursued. The theme of Greater Involvement of People living with HIV/AIDS (GIPA) will see NACP-III facilitating establishment of PLHA networks and civil society forums in each district by 2010.

Decentralisation of Implementation

Given the spread of HIV infection into rural areas, NACP-III will decentralise its organisational structure. Programme roll-out will now devolve to the district level. The basic unit of implementation will now be the district. This will fine-tune the efforts of State AIDS Control Societies and also address

Scale up plan under NACP-III

Categories	2006	2011-12
Existing and core group targeted interventions	700	2100
Number of ICTCs	3324	4955
Number of pregnant women to be covered by PPTCT services (in million)	2.15	7.5
Number of HIV positive pregnant women to be covered by PPTCT services	16600	75600
Target for patients to be put on ART in public sector (excluding 40,000 children)	55473	300000
Estimated number of children for treatment on ART	1860	40000
ART centres	100	250
Condom use (pieces in billion)	1.6	3.5
Condom outlets (in lakh)	6	30
Voluntary blood donation (% population)	56	90

variations between districts and regions in the same state.

Monitoring and Evaluation

How will outcomes of NACP-III be measured for success and efficacy? A total of 140 indicators and parameters have been identified, a manual developed and a logframe designed to monitor the progress of the programme. To integrate the needs of NACP-III, the existing CMS will be revamped. Strategic Information Management System (SIMS) units will be set up at national and state levels.

Taking into account the experiences gained in best practices, the TIs will be appropriately tailored to be more comprehensive. Clarity in approach will be emphasised so that it is easier to scale-up interventions to achieve universal coverage. Older and more mature TIs will be assisted to adopt a rights-based approach and, in effect, become CBOs so as to ensure community empowerment.

Accordingly, developing leadership skills and management capacity among such NGOs will be a primary priority of NACP-III. Linking HIV related care, support and treatment with other services will be an important addition to the TI menu of services.

Roadmap: What NACP-III will do

- Considering more than 99 percent of the population is free from infection, NACP-III will place the highest priority on preventive efforts while, at the same time, seeking to integrate prevention with care, support and treatment.

- Sub-populations that have the highest risk of exposure to HIV will receive the highest priority of intervention. These would include CSWs, MSM and IDUs.

- All persons who need treatment will have access to preventive measures and management of opportunistic infections. Persons who need access to ART will also be assured first line ARV drugs.

- Prevention needs of children will be addressed through universal provision of PPTCT services. Children who are infected will be assured access to paediatric ART.

- Efforts will be made to address needs of persons infected and affected by HIV, especially children. This will be done through sectors and agencies involved in child protection and welfare.

- There will be investment in community care centres to provide psycho-social support, outreach services, referrals and palliative care.

- Socio-economic determinants that make a person vulnerable also increase the risk of exposure to HIV. NACP-III will work with agencies such as women's groups, youth groups and trade unions to integrate HIV prevention into their activities.

Integrated Counselling and Testing Centres

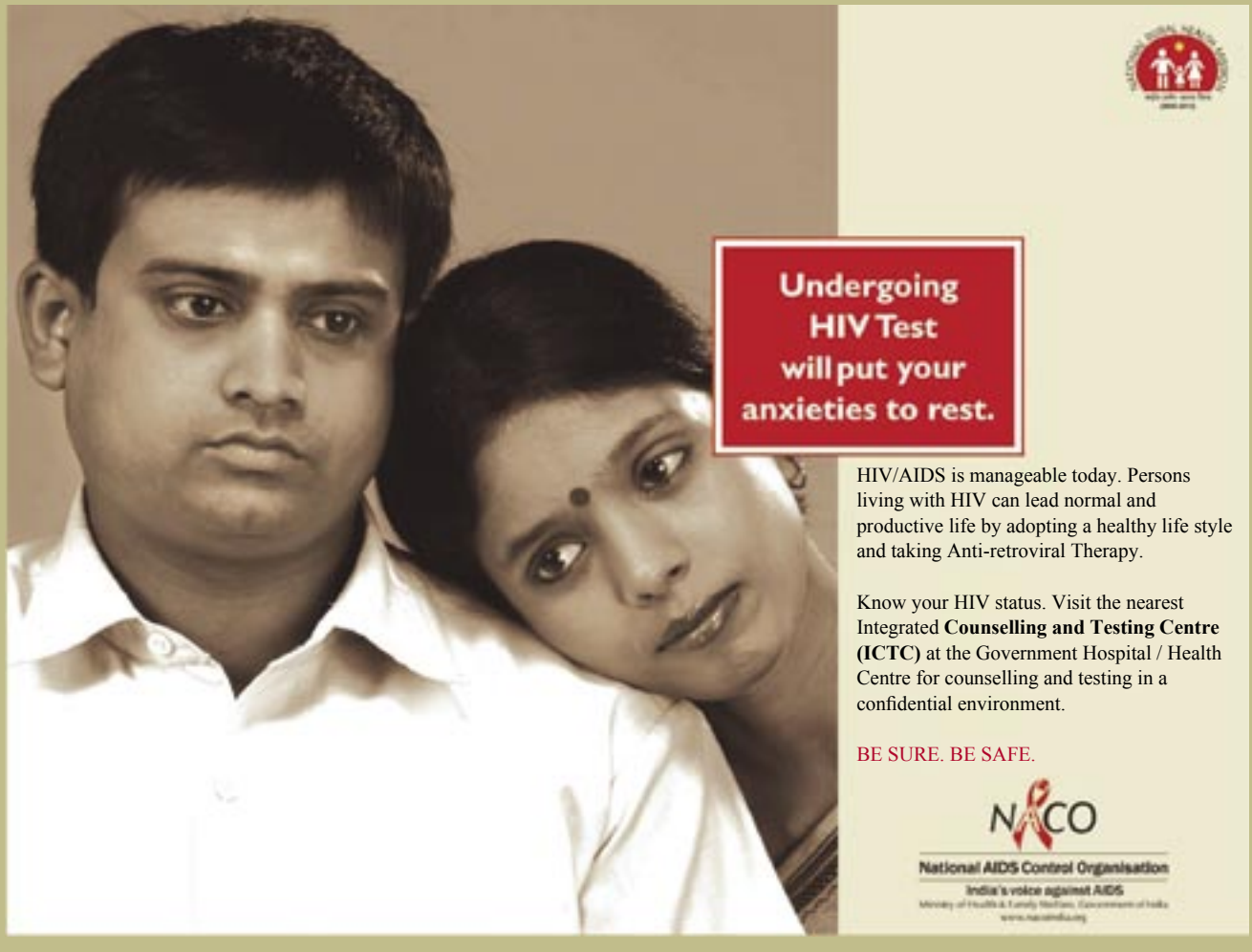
As of today only 13 percent of the people who are HIV positive in the country are aware of their HIV status. The challenge before us is to make all HIV positive people in the country aware of their HIV status. To achieve this, the major thrust of NACP-III will be on expansion of Integrated Counselling and Testing Centres (ICTCs), these services were started in 1997. Today, there are more than 4000 Integrated Counselling and Testing Centres across the country, mainly located in government hospitals.

An ICTC is a place where a person is counselled and tested for HIV, of his own free will or on the advise of a medical provider. The main functions of an ICTC include:

- Early detection of HIV
- Provision of basic information on modes of transmission and prevention of HIV/AIDS for promoting behavioural change and reducing vulnerability
- Linking people with other HIV prevention, care and treatment services

It is not the mandate of an ICTC to counsel and test everyone in the general population. There are sub-populations which are more vulnerable or practice high-risk behaviour and HIV prevalence levels are generally higher in them. These sub-populations are the target group for counselling and testing services in the country.

Dr Suresh K Mohammed, National Programme Officer (ICTC), NACO



Checking TB, Tackling AIDS

On World TB Day, a resolve to strengthen links between the HIV/AIDS and TB programmes

March 24 is World TB Day, and a date circled with a red pen on the NACO calendar. TB, of course, is a big public health challenge in India. While globally, 8.8 million new cases of TB occur every year, 1.8 million occur in India.

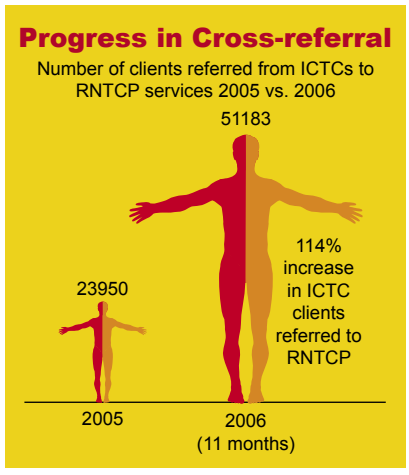
Active TB disease is also one of the most common opportunistic infection amongst HIV infected individuals. An estimated 40 percent of India's population is infected with mycobacterium TB, and there is an annual 10 percent breakdown rate of TB disease amongst those co-infected with HIV. Given this backdrop, there is a strong case for HIV-TB coordination. An optimal synergy between the two programmes – AIDS Control and TB Control – is a desirable goal. As of 2006, an integrated approach for HIV/TB coordination was in place in 14 states across India. This is being scaled up to all states and UTs now.

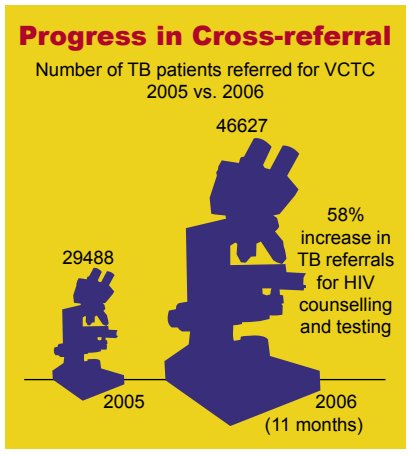
Yet, unlike for HIV/AIDS, a low cost cure for TB exists. Under the Revised National TB Control Programme (RNTCP), the DOTS regimen, particularly if supervised properly, can improve survival rates and ensure a better quality of life for PLHA with TB disease.

The overall goal of the TB/HIV collaborative activities is to decrease the burden of tuberculosis and HIV in population affected by both diseases. Its immediate objectives are to establish the mechanisms for collaboration between RNTCP and NACP at all levels; decrease the morbidity and mortality due to tuberculosis in PLWHA (people living with HIV/AIDS); decrease the burden of HIV in tuberculosis patients and provide access to HIV related care and support to HIV infected TB patients.

Collaborative mechanisms have been established at the national, state and district levels. Service delivery coordination and cross-referrals are taking place between, ICTC, ART centres and RNTCP designated Microscopy centres & DOTS centres. Comprehensive use of community outreach by the programmes, and joint advocacy, communication and social mobilisation is already taking place.

With monthly meetings of technical working group at the national level among technical officers in charge of the HIV/AIDS programme (of NACO) and the TB programme (at RNTCP), better coordination is expected to yield better results.





Dr Rahul Thakur, WHO-RNTCP, National Consultant (TB/HIV), NACO

HIV's Impact on TB Control Programme

- An HIV positive person is 6 times (50-60 percent life time risk) more likely to develop TB once infected with TB bacilli, as compared to an HIV negative person, who has a 10 percent life time risk.
- Increased morbidity in TB patients due to HIV related opportunistic infections.
- Increased death rates leading to low cure rates.
- HIV stigma may lead to delay in seeking care by TB suspects.
- Over-diagnosis of sputum smear-negative Pulmonary TB.
- In a developing country like India, the potential extra burden of new TB cases attributable to HIV could overwhelm budgets and support services, as has already happened in countries most heavily affected by the HIV epidemic.

TB's Impact on AIDS Control Programme

- Increased case load of active TB disease among PLHAs.
- TB accelerates the progression of HIV related immuno-suppression.
- Increased morbidity and mortality from TB among PLHAs.
- Increased burden on HIV services.

The Chennai Pledge

State Medical Chiefs vow to tackle AIDS

NACO called a meeting of the Directors of Medical Education (DMEs), Directors of Health Services (DHSs) and selected Principals/Deans from medical colleges in the states of Maharashtra, Tamil Nadu, Andhra Pradesh, Karnataka and Gujarat, in Chennai on January 12, 2007. The purpose was to brainstorm on how best to use the resources of medical colleges in prevention and control of HIV/AIDS, particularly in training, operational issues related to ART, lab services, surveillance, operational research and monitoring.

The participants were seen as major stakeholders in the HIV service delivery mechanism. It was therefore vital to sensitise them, and through them their institutions, to ensure support for the rapid scale-up of the ART programme that is on the anvil. In a sense, the roles and responsibilities of these administrators would be essential for the roll-out of NACP-III.

This workshop was attended by the DMEs and DHSs of participating states and by the Principals/Directors of 13 medical colleges. Dr D. Bachani, JD (Trg) NACO, and Dr B.B. Rewari, PO (ART), NACO, Dr K. Karthikayen, WHO consultant (training), Dr Shatish Raja, WHO consultant (ART) -TN, were part of the day-long meeting. The workshop started with a brief introduction by Dr Bachani, who also outlined the objectives for the workshop. He made a presentation on the current status of the HIV epidemic in India, highlighting the roles and goals of NACP-III. The Tamil Nadu State AIDS Control Society provided administrative support for the meeting, while financial support came from WHO.

In his session, Dr Bachani highlighted various surveillance activities and spoke on the NACP-III. Participants raised many issues, including those of confidentiality in testing practices – the individual rights of marriage vis-à-vis public health rights; whether mandatory testing can be done and impact on the infant mortality rate due to the HIV epidemic.

Dr Rewari made a presentation on operational guidelines for ART centres, covering the institutional role, staff appointment, job responsibilities of the ART team and financial guidelines. He solicited the support of participating stake-holders by raising the issue of augmenting human resources.

The National Training Plan presented by Dr Karthikeyan (WHO) covered the various national training institutions and the training methodology of NACO that incorporates adult learning methods and follow-up refresher courses and mentoring.

In the afternoon, participants were transported to the facilities at the Government Hospital of Thoracic Medicine (GHTM), Tambaram, Chennai. They were taken on a tour of the ART centre, HIV wards (adult and paediatric) and the laboratory.

They were briefed here by Dr S. Rajasekaran, superintendent, GHTM. After the field visit, *Jyothi's Hope* – an acclaimed video film on a family that loses their child to AIDS and then is among the first to be introduced to Anti-retroviral therapy at the Tambaram centre – was screened. It proved an emotionally moving experience for its viewers. At the end of the field visit, the participants committed themselves to replicating the GHTM model in their own institutions.

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

Story of Grit and Determination

Kousalya Periasamy, President of Positive Women Network

Living with HIV today is a lot easier than it was a decade ago, when awareness was low and myths and misconceptions abounded. But Kousalya saw every obstacle that she faced then as a new challenge, and that is what makes her different from the rest. She is well known for her contribution in creating some acceptance for HIV positive women by establishing a Positive Women Network. New Concept's *Sophia Lonappan* brings you excerpts from a chat with this gritty woman from Tamil Nadu, who refused to bow down to HIV.

When did you discover that you were HIV positive and what were your initial feelings?

Within months of my marriage in 1995 at the age of 21, I found out that I was HIV positive. My husband knew he was carrying the virus prior to the marriage but choose not to inform me. My reaction, was of anger and disbelief. I returned to my maternal grandmother's home. He came home to tell me that his parents were arranging his second marriage. But thankfully, that did not happen for he died soon after. I was going through a lot of turmoil. At that age I had only heard of the term AIDS, I had no clue as to what it was. It took me a lot of time, but I finally forgave him. Through this traumatic period, my resolve to educate people became even stronger.

How did you get involved with the Positive Women Network (PWN+)

Once I overcame the initial hesitation and learnt to put up a brave front, I realised how gratifying it was to reach out to people in similar situations, who were perhaps not as fortunate as I was. I started educating other girls in my hometown of Namakkal, Tamil Nadu, where HIV prevalence among women attending pre-natal care clinics

was quite high. Initially, none of them were willing to reveal their status and join the campaign to raise HIV/AIDS awareness. I then decided to move to Chennai. In 1998, four of my friends who were also HIV positive realised that if we want to be heard we need to form a group and voice out our opinion. It was then that we decided to start the Positive Women Network (PWN+), the first support organisation for women living with HIV in South India. We initially did face a lot of opposition from the community, but TNSACS was of great support to us. It got our grant sanctioned within a month. Presently, we have a peer-educator working full time with TNSACS.

What are your pressing concerns?

I found that many women in PWN+ have similar stories. Many of them married men who were HIV positive and who, often knowingly, infected their wives with HIV. Most of them are now widows and have suffered stigma from their families and community. We are also approached by a lot of young women who are infected either by their boyfriends or as a result of rape. In such situations, PWN+ plays a role by showing them hope, involving them gainfully and even educating their families. Treatment, support and care are the most crucial elements that we try to take up and provide

Contd. on page 12

Meet the Condom Vending Machine

Too shy to ask for a pack across the counter? Try the 24-hour condom machine

At the simplest level, accessibility to condoms is measured in terms of the time taken by a person to be able to procure a condom. Easy access to condoms is crucial to the HIV prevention programme.

Having said that, the main problem of accessing quality condoms at late, evening hours was never successfully resolved. Most outlets that tend to store them stay open till only 10 or 11 pm. During the day, diffident and shy people are simply too embarrassed to walk into a shop and ask for condoms. So how could this circle be squared? Condom Vending Machines (CVMs) were conceived as the answer.

Taken up as a National Programme by the Ministry of Health and Family Welfare, Government of India, and NACO in 2004-05, the GoI CVM Phase-I was successfully completed with the support of Hindustan Latex Ltd (HLL). It led to the installation of 11,025 CVMs in six HIV high-prevalence states and four EAG states.

The specific objectives of the CVM programme

- To reduce the time taken for accessing condoms.
- To increase the availability of quality condoms to people in high-risk areas.
- To provide access to quality condoms, especially in high-risk areas.
- To provide a non-embarrassing condom purchase situation for the consumers.

In April 2007, Phase-II of the programme is being kicked off, in partnership with Hindustan Latex Family Planning Promotion Trust (HLFPPT). It will cover the metros, and other large towns across India. Only subsidised and commercial brands are being promoted through the CVMs to make it a sustainable programme. Vending machine users will look for either cost-effective condoms or well-known ones.

In CVM Phase-I, 11,025 condom vending machines were installed in carefully selected locations such as pay-and-use-toilets, railway stations, bus stations, petrol pumps, bars, STD booths and parks in urban areas in 42 districts of six HIV high-prevalence states and 24 districts of four EAG states. Depending on estimated volume of condom sales, three types of machines were used – low, medium and high traffic dispensing outlets.

To gauge the awareness and effectiveness of CVMs, a market research agency was asked to conduct a survey in India. Its findings are educative:

1. Close to 80 percent of CVMs were found to be in vending condition.
2. As much as 54 percent of the general public and truckers had come across or seen CVMs in their day-to-day life.
3. About 15 percent of the general public had used CVMs.
4. 96 percent of CVM users felt CVMs were "easy to use".
5. About 60 percent of users felt CVMs provided them the necessary anonymity and ensured "safe sex".

Phase-II is a follow-up of its predecessor. It aims at the installation of another 11,025 CVMs in all metros and major towns. Starting April 2007, the phased procurement, installation and activation of CVMs will be carried out by HLFPPT. The process will be completed in 12 months.

Actual machine installation will call for help from agencies such as NHAI, Sulabh International, petroleum companies, Indian Railways, State Road Transport Corporations and NGOs. There will, of course, be constant support from the State AIDS Control Societies. NACO will facilitate this process. Eventually, machine ownership will be transferred to the partner agencies, to ensure a degree of responsibility and, therefore, sustainability.

Mr Mathew Joseph, PO (SM), NACO

Operational guidelines for ART Centres

NACO sets benchmarks for ART centres

From a small beginning on April 1, 2004 – eight government hospitals in six high prevalence states – the Government of India's ART roll-out, implemented by NACO, has gathered momentum. Today, there are 127 ART centres providing free ART to 63,000 people living with HIV/AIDS (PLHAs). By 2010, the numbers should go up to 250 centres and 300,000 PLHAs.

As the ART programme has been scaled up rapidly, it has sometimes appeared overwhelming. Maintaining infrastructure, ensuring a continuous supply of ARV drugs, adhering to quality care: the hurdles have been many. The biggest challenge has been ensuring very high levels of patient adherence so as to increase efficacy and, more important, prevent drug resistance.

Given all this, NACO has released operational guidelines for ART centres to ensure uniformity in patient care across India. The guidelines will help the centres work towards meeting administrative, financial and operational benchmarks.

The guidelines describe the function of the ART centres, outline the requisite infrastructure, medical equipment and human resources. Roles of various health-care providers are defined. Mechanisms for maintaining drugs and patient records, and financial management have been delineated. The entire process to be followed for a patient – from first visit to diagnosis to provisioning for ART to follow-up – has been spelt out.

In the best traditions of NACO, the operational guidelines are the result of a bottom-up approach. Officers in charge of different ART centres as well as Project Directors in different states sent their inputs before the final drafting was done by a team of officers at NACO.

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

Contd. from page 10

Story of Grit and Determination

linkages for those infected. Lack of information with regard to these can be painful. We try to bridge this information gap.

How do you provide support services?

With the support of social workers, doctors, and volunteers who are all part of this system, we offer counselling, education on issues affecting women living with HIV, income-generation training, legal support and referral services. We have now set up an income generation unit with the support of UNDP. This is run by HIV positive women. Also, we have now expanded our work on the issue of drugs and HIV to seven states. We have initiated work in two states in terms of other schemes of the government so as to make women more educated and empowered in terms of their rights in accessing widow pension schemes, widow marriage and forming SHGs. Although most members of PWN+ are originally homemakers, they are encouraged to seek employment, and many have become breadwinners for their families. Aside from giving them financial independence, the ability to earn income increases women's confidence and self-esteem. The network focuses on motivating its members with positive messages.

Do you see any change?

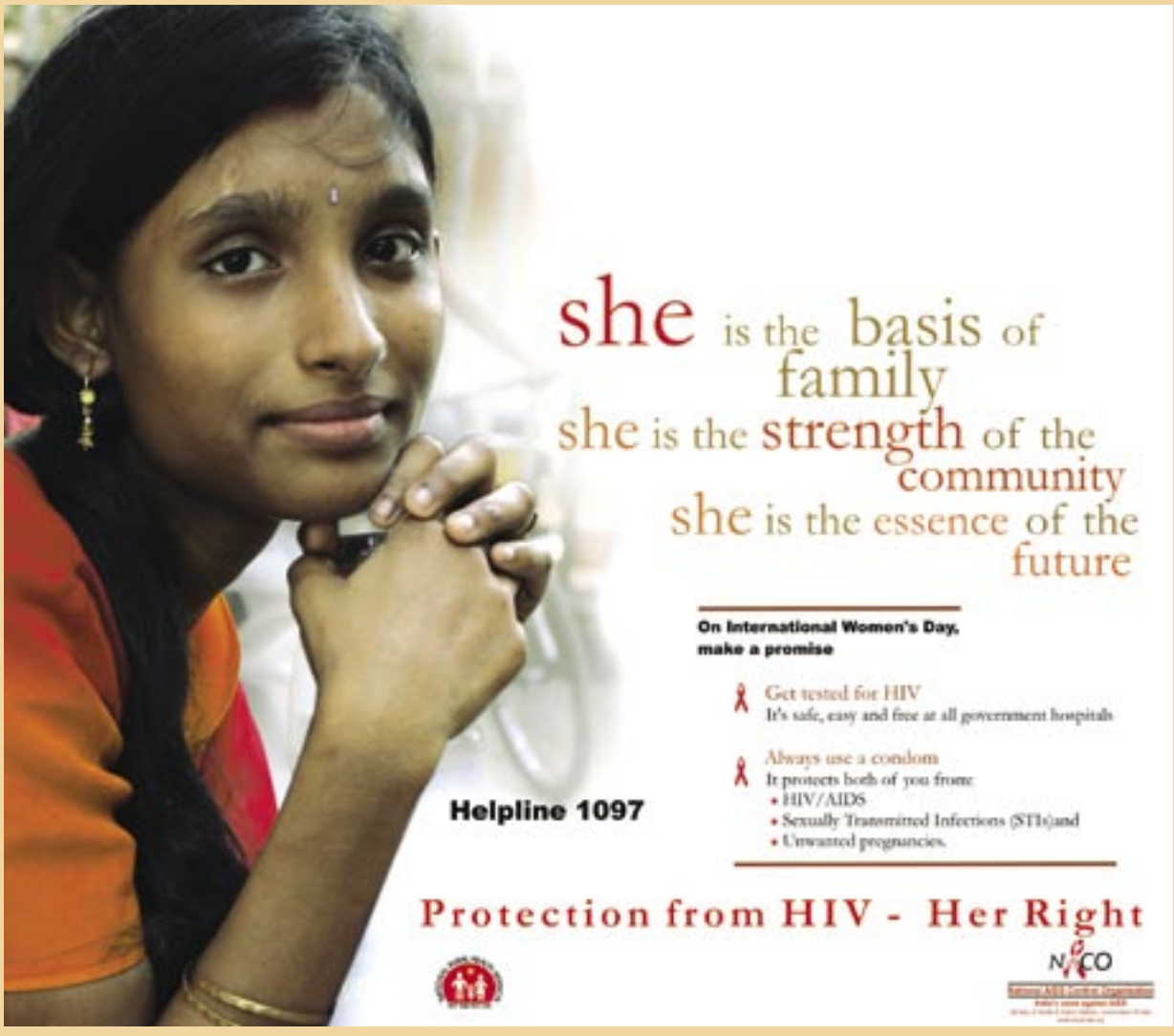
Pre marital counselling and testing are now being talked about and we may see a change in the coming years. Women continue to be marginalised whether it is about reproductive rights, safe sex, property rights or abuse within the marital home. But with awareness increasing, more and more women are standing up and demanding to be treated fairly. NGOs and organisations like ours can be reached in case they need guidance and help. We are positive that before 2010 we would be able to bring down the rate of new infections amongst women.

International Women's Day 2007

Women seemed to be at the periphery of the HIV epidemic a decade ago; today they are at the epicentre. Over the past two years, the number of women and girls infected with HIV has increased in every region of the world. Women in India are highly vulnerable to HIV infection. They are vulnerable largely because of the behaviour of others, through their limited autonomy and external factors, including social and economic inequities beyond their control. Many women who are infected or at risk of becoming infected do not practise high-risk behaviours but are married women with just the husband as the sexual partner. Change is possible — factors that make women and girls more vulnerable to HIV infection can be changed — if sufficient attention, commitment, and resources are invested.

NACP-III will be covering all women in the reproductive age group of 15-49 under targeted/ prevented interventions among general population. The overall outcomes envisaged are

- *reduction in the rate of growth of HIV infection among women and girls and mitigating its impact among the infected and the affected, and*
- *increased access of women and girls (including widows of positive men, survivors of trafficking and violence, partners/spouses of migrant and mobile population/long distance truckers, single women, etc.) to accurate and comprehensive information related to HIV/AIDS prevention.*



Touching the lives of women

The growing prevalence of Sexually Transmitted Infections (STIs) and HIV among women is a health concern that needs to be addressed urgently. Access and availability of correct information, health education, knowledge and skills are essential for behavioural change, and to ensure STI and HIV prevention. The flip book on "Sexual and Reproductive Health & HIV and AIDS" – published by Alliance India with technical support from the Tamil Nadu, Andhra Pradesh and Punjab SACS – attempts to assist outreach workers and other health educators in communicating with women's groups, support groups and self-help groups. The flip books are available in English, Hindi, Manipuri, Tamil, Telugu and Punjabi.

For more information contact:
India HIV/AIDS Alliance, Third Floor, Kushal House,
39 Nehru Place, New Delhi - 110019
www.aidsalliance.org

E-training the trainer

Women account for about 39 percent of India's HIV infected population. A range of factors – early marriage, illiteracy, limited access to information and services, high STI prevalence, and a culture of silence due to fear of violence – increases female vulnerability to HIV. To this end, the United Nations Development Fund for Women (UNIFEM), under the aegis of Coordinated HIV/AIDS Response through Capacity Building and Awareness (CHARCA) has prepared a CD-based, interactive training manual on HIV and gender for master trainers. The e-manual provides tools for building capacities at the local level. It stresses implications of HIV on women, youth and other vulnerable groups.

For more information contact:
UNIFEM South Asia
D/53, Defence Colony, New Delhi - 110024
www.unifem.org.in

HAAPy children

India has a sizeable population of children who have at least one parent who is HIV positive, or have been orphaned by HIV/AIDS. The figure is expected to rise in the coming 10 years. Supported by DFID, the NGO Plan India has developed an innovative, child-friendly HIV/AIDS Awareness Package (HAAP) to generate awareness and fight stigma. The HAAP package contains IEC material in the form of puppets, comics, computer games, animation films and a multimedia CD-Rom. The HAAP kit is being disseminated at community-level meetings in 20 locations of five project states.

For more information contact:
Plan India
E-12, Kailash Colony, New Delhi - 110048
www.planindia.org

Growing up, learning right

To sensitise young children to HIV/AIDS and to inculcate a positive attitude among them towards people living with HIV/AIDS, a set of four panels have been developed by NACO. For the pilot project, the panels are being disseminated at selected schools. The panels stress basic issues of health, including HIV/AIDS. Each set of panels focus on staying healthy, emotional and physical changes, attraction to the opposite sex, coping with peer pressure, and basics of HIV/AIDS.

The premise behind the panel campaign is that children, being the torchbearers of tomorrow, must get the right message and correct nuances about HIV/AIDS, and not see it in bleak terms. All the panels have referral/contact numbers and addresses that can be accessed for further information.

Mr Bilal Ahmed, TO (M-1), NACO

Giving her a choice

To create wider awareness, IEC material on female condoms has been developed for the NACO-FC programme in association with HLFPPT, UNFPA, HLL and FHC. This material includes flash cards, flip book, infosheet, user booklet and FAQs. It has been developed in consultation with the community and the implementing organisation. A local flavour and context has been added wherever necessary, to make the message relevant. The material is available in English, Hindi, Bengali, Gujarati and Telugu.

For more information contact:
C-32, Panchsheel Enclave, New Delhi 110 017
www.hlfppt.org

Taking the message to the youth

Young adults aged 15-24 account for half the five million new cases of HIV worldwide each year. While efforts are on to find an HIV vaccine, protection is the only cure for the moment. Knowledge and awareness about HIV/AIDS alone can arrest its spread. To emphasise this, APSACS has collaborated with the Satyam Foundation and Jawaharlal Technical University, Hyderabad, in a series of interventions in colleges.

The campaign seeks to raise awareness levels of youth. As the first step, a handbook – My Future, My Choice – has been developed for engineering students. The handbook is an adjunct to an HIV/AIDS workshop for youth in universities. At the workshop, the students are presented medical facts, research data and preventive messaging with respect to HIV/AIDS.

For more information contact:
1-2-17, Challa Office Complex, 1st Floor, Gagan Mahal Road, Hyderabad - 500029
www.satyam.com

Reaching Out

NACO's campaigns on mass media

The potential of mass media is unparalleled when it comes to reaching out to the maximum number of people at minimum cost. Mass media has been extensively used by NACO in the financial year 2006-07, particularly the past three months. As per TAM reports, NACO campaign has been rated as the third largest campaign among the Government ministries, departments and PSUs, just after NRHM and Sarva Shiksha Abhiyans campaign.

After going all out for World AIDS Day on 1st December, the IEC team at NACO again rolled out an intensive campaign beginning in the last week of December and continuing till the end of March 2007. NACO utilised all the three vehicles of mass media — TV, radio and print during its campaign. Messages on HIV/AIDS were disseminated through both terrestrial and satellite TV channels. So, whether it was a rural household in Bihar with the good old Doordarshan or an urban home with access to cable and satellite channels (C&S), NACO's message was there for everyone. The potential and popularity of private FM radio channels, along with that of AIR, was also fully tapped. The focus of the campaign was on condom promotion, women and youth, stigma and discrimination and on services such as ICTC, ART and voluntary blood donation.

The four-phase campaign launched on C&S channels from 21st December, 2006 to 28th February, 2007 and the campaign on DD have been quite successful. According to the campaign delivery report, based on TAM figures, it has delivered more than 80 percent reach at a frequency of 12, reaching out to an estimated 100 million people in the target audience of 15+ (See Table 1)

The campaign has been well received in all regions and across sections. The progression is clear from the reach figures of different phases. In the first phase, the overall campaign delivery was approximately 45 percent reach at frequency of 3, while in the second phase the overall campaign delivery was 60 percent reach at 5 frequency. In the third and fourth phase put together, the campaign delivered 54 percent reach at 3 frequency. The overall delivery in the various TGs in the different

Table 1: TG – All Adults, 15 years+, All SEC

Markets	TG Population (000s)	GRP	Avg. Freq.	Reach 1 +
Six Metros	41657	1031	13	83
Hindi Speaking Market	66868	1404	17	89
South India	17996	754	10	78
All India	100800	960	12	82

Table 2: TG – All Adults, 15-34 years, All SEC

Markets	TG Population (000s)	GRP	Avg. Freq.	Reach 1 +
Six Metros	22585	916	12	81
Hindi Speaking Market	36738	1257	15	87
South India	9689	693	9	77
All India	54793	869	11	80

Table 3: TG – All Adults, 34 years+, All SEC

Markets	TG Population (000s)	GRP	Avg. Freq.	Reach 1 +
Six Metros	19071	1167	14	85
Hindi Speaking Market	30129	1578	18	91
South India	8307	829	11	80
All India	46007	1068	14	83

* TG (Target Group), GRP (Gross rating point), Avg Frequency (Average Opportunity to see)

"NACO's campaign: the third largest in the government sector"

Phase 1 (21st Dec, 06 – 6th Jan, 07); Phase 2 (12th Jan, 07 – 28th Jan, 07; Phase 3 & 4 (29th Jan, 07 – 28th Feb, 07)

regions will make the picture clear (see tables 1, 2,& 3; Source: Mediaedge, TAM)

Besides general awareness through nationwide campaigns, special campaigns on HIV-TB, PPTCT and ART were also launched. A one-month special campaign on HIV-TB linkages was carried out in the six high-prevalence states of Andhra Pradesh, Karnataka, Tamil Nadu, Maharashtra, Manipur and Nagaland. A new video spot and an audio spot on HIV-TB were developed by NACO and used during the campaign.

Special campaigns were launched on PPTCT in the six high-prevalence states. From January to March, these campaigns ran on both AIR and DD as well as on C&S and private FM radio channels. This was supplemented by press advertisements.

To generate more demand for services, a special campaign on ART was launched in February on All India Radio (on Primary, Vividh Bharti and FM Channels). Awareness about ART has been the focus of NACO's campaigns and this has been beautifully presented through two new video spots created by USAID/ JHU. The spots feature HIV positive couples and pertain to free availability of ART and its adherence. Read what Umesh who featured in the spot has to say *(in the box above)*.

Understanding the importance of Cricket in India, NACO used the World Cup as a platform to propagate awareness about HIV/AIDS. During the Champions Trophy in October 2006, NACO's campaign reached 139 million viewers during the tournament (*see graph*ic).

Learning from this experience, NACO used the world cup to telecast its spots on HIV/AIDS to reinforce the idea of having fun – but with responsibility. In a delightful twist to a cricket metaphor, it cautioned viewers: "Don't let your wicket down without condoms."

As mass media penetration of the country approaches saturation point, the only feasible strategy seems to be a multi-media one, focusing not only on mainstream audiences, but also niche segments through diversified campaigns. Truly, as Marshal Mcluhan said, "The medium is the message."

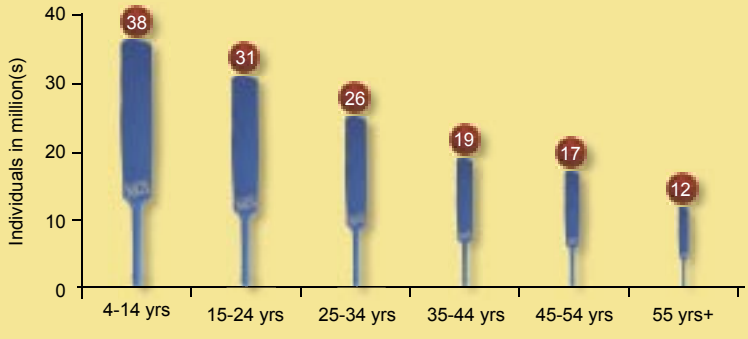
Ms Ritu Shukla, DD (IEC), NACO

"In the last decade of working in the field of HIV/AIDS, I have lost many of my HIV positive brothers and sisters who were unable to afford and access ART. Now that ART is available free in selected government hospitals, it was important that the good news be spread. When I got the opportunity of featuring in the TV spot being developed by NACO for announcing the free availability of ART, I saw it as an opportunity to reach out to PLHAs with this important information. The experience has been new and interesting for me and I feel satisfied about having contributed to the cause of HIV/AIDS in India, in addition to proving that the PLHAs have an important role to play in the society."

- Umesh Patel, Regional Coordinator (Western Region), INP+

"Don't let your wicket down without condoms."

Champions Trophy – NACO's Campaign Reaches 139 Million



Gross exposures - 574 million Average exposures - 4 times

Better reach in SECs - C, D, E

Status of ART Roll-out: Jan-Feb, 2007

Number of patients on ART as on 28th February 2007								
S.No.	State	Name of the Centre	No. of Patients					Total Currently on ART
			Male	Female	TS/TG	Children	Total	
NACO Supported ART Centres:								
1	Tamil Nadu (14)	GHTM, Tambram, Chennai	2291	1665	16	319	4291	13588
2		Madras Medical College, Chennai	519	269	3	11	802	
3		Government Medical College, Madurai	1220	599	2	108	1929	
4		Government Hospital, Namakkal	930	734	2	103	1769	
5		Kilpouk Medical College, Chennai	162	121	3	70	356	
6		Medical College, Salem	513	409	1	43	966	
7		Medical College, Tirunelveli	213	108	1	18	340	
8		Medical College, Coimbatore	268	180	3	35	486	
9		Medical College, Theni	293	219	0	61	573	
10		Medical College, Thanzavur	229	136	4	46	415	
11		Medical College, Vellore	333	201	0	65	599	
12		Medical College, Kanyakumari	108	59	0	21	188	
13		Medical College, Trichy	418	260	0	11	689	
14		IOG, Chennai	86	86	0	13	185	
15	Maharashtra (13)	JJ Hospital, Mumbai	2507	1200	0	132	3839	13349
16		KEM Hospital, Mumbai	690	358	0	84	1132	
17		Nair Hospital, Mumbai	399	226	0	22	647	
18		Sion Hospital, Mumbai	358	195	4	81	638	
19		Government Medical College, Sangli	938	678	0	120	1736	
20		B.J. Medical College, Pune	1032	761	0	220	2013	
21		Government Medical College, Nagpur	875	352	0	125	1352	
22		NARI, Pune	112	60	0	0	172	
23		Medical College, Aurangabad	277	104	0	21	402	
24		Medical College, Dhule	209	74	0	14	297	
25		Medical College, Akola	123	41	0	12	176	
26		Medical College, Yawatmal	69	56	0	10	135	
27		Medical College, Ambejogai	521	283	0	6	810	
28	Andhra Pradesh (13)	Osmania Medical College, Hyderabad	1431	630	0	97	2158	7982
29		Government Medical College, Guntur	976	602	0	173	1751	
30		Government Medical College, Vizag	887	353	0	26	1266	
31		SVRR GGH, Tirupati	83	33		3	119	
32		GGH, Ananthapur	224	133	0	0	357	
33		GGH, Vijayawada	262	138		1	401	
34		RIMS, Kadapa	103	40		9	152	
35		Goverment Distt. Hospital, Prakasam	422	244	0	22	688	
36		GGH, Kakinada	220	126	0	26	372	
37		Gandhi Medical College, Secunderabad	140	71	0	12	223	
38		Medical College, Warangal	118	63		13	194	
39		Medical College, Karimnagar	63	38		0	101	
40		Govt. Gen & Chest Hospital, Hyderabad	130	70		0	200	
41	Karnataka (13)	Lady Curzon Hospital, Bangalore	1011	479		77	1567	5682
42		Mysore Medical College, Mysore	449	247	0	8	704	
43		VIMS, Bellary	235	133	0	28	396	
44		KIMS Hubli	688	421	0	91	1200	
45		District Hospital, Raichur	65	29	0	0	94	
46		District Hospital, Davengere	204	170	0	17	391	
47		Wenlock Distt. Hospital, Mangalore	200	101	0	45	346	
48		District Hospital, Bijapur	160	82	0	0	242	
49		District Hospital, Gulbarga	106	56	0	4	166	
50		District Hospital, Belgaon	171	109	0	25	305	
51		District Hospital, Kolar	74	31		4	109	
52		District Hospital, Bagalkot	71	61		0	132	
53		IG Inst. of Child Health, Bangalore	0	0		30	30	
54	Manipur (4)	RIMS, Imphal	636	284		29	949	2534
55		Jawaharlal Nehru Hospital, Imphal	719	462		134	1315	
56		Ukhrul	63	62		13	138	
57		Churachandpur	77	51		4	132	
58	Nagaland (3)	Naga District Hospital, Kohima	120	79	0	10	209	348
59		Dimapur	54	33	0	4	91	
60		Tuensang Civil Hospital	26	20	0	2	48	
61	Delhi (8)	RML Hospital, New Delhi	937	357	9	141	1444	3216
62		LNJP Hospital, New Delhi	510	179		22	711	
63		AIIMS, New Delhi	517	158	0	79	754	
64		DDU Hospital, New Delhi	71	31	0	4	106	
65		GTB Hospital, Delhi	68	39	0	1	108	
66		LRS Institute of TB, New Delhi	51	14	0	4	69	
67		Safdarjung Hospital	9	4		0	13	
68		Kalawati Saran Children Hospital	0	0	0	11	11	
Total Patients on ART in GFATM States:			**28044**	**15667**	**48**	**2940**	**46699**	**46699**

S.No	State	Name of the Centre	No. of Patients					Total Currently on ART
			Male	Female	TS/TG	Children	Total	
69	Chandigarh (1)	PGIMER, Chandigarh	557	339	0	109	1005	1005
70	Rajasthan (2)	SMS Hospital, Jaipur	645	303	0	69	1017	1462
71		SNMC, Jodhpur	305	122	0	18	445	
72	Gujarat (2)	B J Medical College, Ahmedabad	815	353	2	50	1220	1536
73		B J Medical College, Surat	230	85	0	1	316	
74	West Bengal (2)	School of Tropical Medicine, Kolkatta	987	293	0	52	1332	1469
75		North Bengal Medical College, Siliguri	93	40	0	4	137	
76	Uttar Pradesh (3)	Banaras Hindu University, Varanasi	924	373	0	43	1340	2231
77		KGMC, Lucknow	537	195	0	34	766	
78		LLRM Medical College, Meerut	87	34	0	4	125	
79	Goa (1)	Government Medical College, Bambolim	228	116	0	20	364	364
80	Kerala (5)	Medical College, Thiruvanthapuram	247	86	0	33	366	1699
81		Medical College, Kottayam	107	59	0	6	172	
82		Medical College, Kozhikode (Calicut)	325	162	0	31	518	
83		Medical College, Thrissur	338	165	0	38	541	
84		Medical College, Allepy	53	43	0	6	102	
85	Himachal Pradesh (1)	IGMC Shimla	63	54	0	11	128	128
86	Puducherry (1)	GGH, Puducherry	104	64	0	20	188	188
87	Bihar(2)	PMCH, Patna	168	44	0	9	221	477
88		SKMCH, Muzaffarpur	203	48	0	5	256	
89	Madhya Pradesh (2)	Medical College, Indore	470	225	1	57	753	812
90		MC, Jabalpur	47	12	0	0	59	
91	Assam (2)	Medical College, Guwahati	87	32	0	4	123	135
92		AMC, Dibrugarh	9	3	0	0	12	
93	Arunachal Pradesh (1)	General Hospital, Naharlagun	4	6	0	0	10	10
94	Mizoram(1)	Civil Hospital, Aizwal	28	19	0	0	47	47
95	Punjab(2)	GMC, Amritsar	154	69		20	243	414
96		Civil Hospital, Jallandhar	92	68		11	171	
97	Sikkim(1)	STNM, Gangtok	2	0		0	2	2
98	Jharkhand(2)	RIMS, Ranchi	96	16		5	117	141
99		MGM Medical College, Jamshedpur	18	6		0	24	
100	Haryana	PGIMS, Rohtak	158	83	0	4	245	245
101	Uttarakhand	Doon Hospital, Dehradun	41	14	1	7	63	63
102	J&K(2)	Medical College, Jammu	85	65	0	12	162	192
103		SKIMS, Srinagar	20	10		0	30	
104	Orissa	MKCG Medical College, Behrampur	66	14	0	0	80	80
105	Chhattisgarh	Medical College, Raipur	8	0		0	8	8
106	Tripura	Agartala	4	0		0	4	4
107	Meghalaya	Shillong	6	0		0	6	6
Total Patients on ART in non-GFATM States:			**8411**	**3620**	**4**	**683**	**12718**	**12718**
A) Total Patients on ART in all NACO supported Centres			**36455**	**19287**	**52**	**3623**	**59417**	**59417**
ART in Intersectoral Health Sector								
1	Railways		730	229		21	980	
2	SAIL		13	0		0	13	
3	ESI		791	0		0	791	
4	Defence		695	0		0	695	
B) Total Patients on ART in Intersectoral Centres							**2479**	
ART in GFATM Round II Centres								
1	Mumbai	ARCON, Mumbai	176	74		0	250	
2	Maharashtra	ARCON Centre, Pune	485	227		0	712	
2	Karnataka	Freedom Foundation, Bangalore	44	17		20	81	
3	Karnataka	Freedom Foundation, Bellary	7	0		0	7	
4	Karnataka	Freedom Foundation, Udipi	1	3		0	4	
5	Andhra Pradesh	Freedom Foundation	80	36		10	126	
6	Tamil Nadu	GRMH Thanjavur	37	27	0	2	66	
C) Total Patients on ART in GFATM Round II Centres							**1246**	

Grand Total of Patients on ART as on 28th February, 2007

NACO Supported ART Centres	59417
Intersectoral Partners	2479
GFATM Round II Centres	1246
Grand Total	63142

A 'Prahari' to Secure BSF

Protecting paramilitary troopers from HIV

In the year 2000, six armed personnel in uniform tested HIV positive in the School of Tropical Medicine, a regional VCTC in Kolkatta; the next year they numbered eight, year after the number further increased. This increased prevalence provided a certain trend of HIV/AIDS spread among the jawans. In the wake of this, West Bengal State AIDS Prevention and Control Society (WBSAPCS) began to conduct awareness sessions for uniformed personnel.

During the course of WBSAPCS awareness sessions with the BSF staff posted in West Bengal, a number of factors that heighten the cadre's vulnerability to HIV/AIDS came to the fore. WBSAPCS and BSF, with financial assistance from UNAIDS and others, launched a comprehensive programme – Project Prahari – to raise the cadre's awareness about the epidemic in order to control its spread in the cadre, their families and the community. The programme included all stakeholders and established a dialogue on HIV/AIDS among them.

Why are BSF cadre at risk?

- Tender age of recruits, around 18 years.
- Lack of awareness about safe sex.
- Stressful work environment.
- Distance from family for long durations.
- Non-availability of family accommodation until they reach 25 yrs of age.
- High mobility from one boarder post to another.
- Affordability of paid sex.

The project also institutionalised training and practices within the BSF to curtail the risks of cadre acquiring HIV/AIDS. However, this task was fraught with challenges as it required to assess information gaps in the cadre and the community; designing communication to address the ignorance; integrating the HIV/AIDS prevention in the learning at BSF schools, training centres and academies; addressing stigma and discrimination against HIV/AIDS affected cadre; building capacity of health care providers and effecting a positive change in their attitude towards PLHAs; and providing health care for HIV/AIDS affected cadre and their families, etc.

To overcome these challenges, the project involved the BSF command officers, families of bordermen and their communities at all levels. The project received good support from the PLHAs as peer educators. Even the films, IEC and BCC material created under the auspices of the project were well received in sensitising the community.

Within BSF, the HIV/AIDS awareness created under the project lead to certain policy decisions to mitigate the factors that predispose the cadre to the risks of acquiring HIV/AIDS. This included leave twice a year to visit their families and better provision of family accommodation for the cadre, among others. Apart from this, it brought about attitudinal shift in the healthcare providers' attitude towards the bordermen affected by HIV/AIDS. The project also established health seeking behaviour among the community and jawans. This was indicated with the increase in the number of people visiting VCTCs for counselling and testing.

The project benefited not only the BSF cadre, their families and the immediate community, but also children in BSF schools and neighbouring villages. In fact, the project offers a successful model for HIV/AIDS awareness.

Dr Pallav Bhattacharya, WBSACS

A Positive Signal from Hyderabad

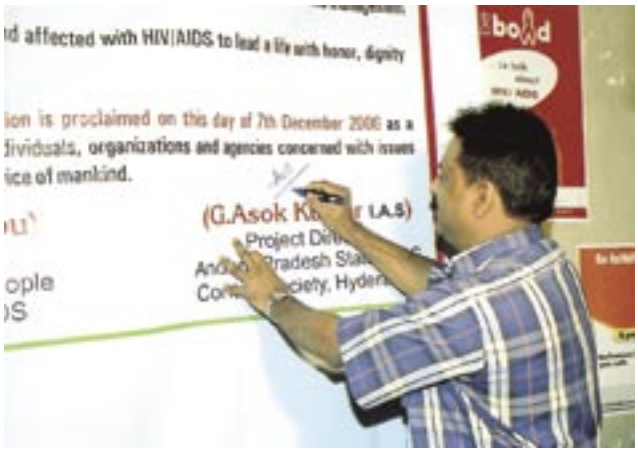
In Hyderabad, the Positive People's Network makes a determined statement

The Telugu Network of Positive People (TNP+), a collective of people living with HIV/AIDS, organised a day-long event on December 7, 2006, at Shilparamam, Hyderabad. It was aimed at motivating the community and fighting stigma. About 3,000 PLHAs – including 300 HIV affected children – from 23 districts attended the event, which was part of the "Be Bold" campaign and, of course, one of the functions connected to the week of World AIDS Day, December 1.

The message from TNP+ to civil society was clear and forthright – join PLHAs in their mission to fight HIV/AIDS by working on prevention and care and support programmes. The motto of the event was movingly effective: "Togetherness". Together, we make a better world.

Supported by the Andhra Pradesh State AIDS Control Society (APSACS), UNICEF, Family Health International and Satyam Foundation, the function saw the active participation of Mr Abraham, the chief secretary of Indian Network of Positive People (INP+), Mr Ramesh, President, TNP+, Hyderabad, Mr G. Asok Kumar, Project Director, APSACS, and the presidents of 23 district networks.

Together they validated and signed the Hyderabad Declaration, which began as follows: "At this moment of our tryst with our own destiny, through this Hyderabad Declaration by People Living with HIV/AIDS, partners and concerned citizens give ourselves a sense of direction, commitment, hope and promise to strive in unison for minimising the spread of HIV infection, provide access to treatment, support services and create an environment conducive lead quality life with self-respect …"



Among other things, the Declaration focused on assisting healthcare providers in facilitating treatment and distribution of medicines, committed itself to dispelling myths and misconceptions relating to HIV/AIDS and extending support to people to fight against stigma and discrimination, ensuring all pregnant women were tested for HIV, and helping people in distress with HIV/AIDS to know their legal and human rights to live, work and generally lead a life of dignity and respect.

The "Be Bold" campaign has been an innovative outreach and advocacy initiative. Over the past few months, it has moved gradually and surely into the public eye:

- On October 31, 2006, leading by example and acutely conscious that behaviour change requires exemplary action by leaderships, the project director and staff of the APSACS took the HIV test. They were joined by representatives of UNICEF and the Heroes Project, staff of the Satyam Foundation and other partners. This was a pre-test of the "Be Bold" campaign.
- On December 1, 2006, came the health minister's gesture. The "Be Bold" campaign was formally launched by Health Minister K. Rosaiah, who made a signature statement by getting himself tested. The then DG of Andhra Pradesh Police, Mr Swaranjeet Sen, and Mr P.K. Agarwal, Principal Secretary, Health, followed suit. This set the stage for the legislators' move, led by the chief minister. (*see accompanying article*).

ANDHRA PRADESH

The Bold Message

From cities to villages, from the chief minister in Hyderabad to the humble commercial sex worker in Vijayawada, across all sections of society, the "Be Bold" campaign has galvanised Andhra Pradesh. The success of the campaign owes much to the gesture by the chief minister, Dr Y.S. Rajasekhara Reddy, to undergo an HIV test himself and send a strident message against stigma and discrimination and social taboos. Among Indian states, Andhra Pradesh has the largest population of people living with HIV, and the "Be Bold" campaign is of excruciating importance to it.

The "Be Bold" campaign has attracted over 100,000 people. Apart from the chief minister, Mr K. Suresh Reddy, speaker of the Legislative Assembly, Mr K. Rosiah, minister for finance and health, six other cabinet ministers, and 75 MLAs have had themselves tested for HIV. The campaign started on December 1, 2006, World AIDS Day. It reached the Legislative Assembly on December 18, 2006. Within two days 85 senior legislators, including the chief minister and the speaker, and representatives of all major political parties – such as the Congress, Telugu Desam, BJP, MIM – had got themselves tested.

The idea behind the campaign was to expand the universe of testing. The point being that as more and more people come forward for testing, this stigma associated with testing gets reduced, and the sample size for more accurate data grows.

HARYANA

Condoms at Ration Shops

Cooperative banks, PDS outlets join AIDS war

"Stop AIDS – Keep the Promise": the slogan is short, crisp and inspiring and it defines the effort by the Haryana AIDS Control Society (HACS) to focus on condom promotion. The campaign is an innovative inter-sectoral partnership with the Department of Food and Supplies and the Haryana State Cooperative Apex Bank. Condoms will be freely distributed/social marketed at ration depots and fair price shops under the public distribution system (PDS). Similarly, the Marketing Primary Cooperative Societies (MPCS) and Primary Agricultural Co-operative Societies (PACS) will extend the distribution network for condoms in, respectively, urban and rural areas.

The idea behind the inter-sectoral experiment is to build and create more and more non-traditional condom outlets. They will be stocked with IEC material related to "proper use of condoms". This, in turn, will disseminate information on HIV/AIDS and, empower people with knowledge that will keep them safe and healthy.

In a joint statement, Ms Urvashi Gulati (Financial Commissioner and Principal Secretary, Department of Health, Government of Haryana), Mr Naresh Gulati (Financial Commissioner and Principal Secretary, Department of Food and Supplies, Government of Haryana), and Mr Rattan Singh (Managing Director, Haryana State Cooperative Apex Bank) emphasised: "This will be an effective way of reaching different age-groups and even remote rural areas of the state with key messages for condom promotion."

Dr N.K. Sharma, Director-General of Health Services, Haryana, and Project Director of HACS, outlined the larger context of the mission: "The state will be setting up its second ART centre very soon for PLHAs … HACS is concentrating on condom promotion through an inter-sectoral programme. MLAs, MPs, members of panchayati raj institutions and officers of different departments in the public and private sectors are being sensitised through workshops and orientation sessions."

New Life, New Skills

Sex workers pick up the camera

In collaboration with the Orissa State AIDS Control Society (OSACS), UNDP invited 31 commercial sex workers from across the state to a four-day photography training workshop in Bhubaneswar. The programme ended on February 1, 2007, unveiling the hidden talent behind the camera, and, in the words of the Project Director, OSACS, Mr Raja Kishore Choudhury, giving the participants a new, hopeful start in life.

Prizes were distributed to the winners, but not before very hard work. The instructor, Mr Lalatendu Rath, likened making his students learn the nuances of photography to "teaching them Latin". Most of them had never stepped into a school and were strangers to the written word. Yet, the enthusiasm and end-result was beyond expectations, he said.

For both organisers and participants, the experience was overwhelming. A similar workshop was also organised at Angul on February 4, for commercial sex workers from western Orissa.

In other initiatives, OSACS had a big presence at the Annual State Adivasi Exhibition hosted at the state capital Bhubaneswar to commemorate Republic Day. Each of the seven days of the exhibition saw tribal participants and visitors being informed and educated on HIV/AIDS.

Another IEC measure has been the setting up of HIV/AIDS information desks at three railway stations in Ganjam and Khurdha districts, both of which have a high prevalence of HIV/AIDS.

Faith Based Initiatives

Religion lends a helping hand to AIDS warriors

In the first week of March, Punjab State AIDS Control Society (PSACS) organised an AIDS awareness, counselling and testing camp in the holy city of Anandpur Sahib, where people had thronged for the Hola-Mohalla celebrations. Thousands of people visited the camp, 250 men and women opted for the voluntary counselling and, finally, 123 agreed to testing. Five persons were found to be HIV positive. They were handled sensitively. The district authorities and civil surgeons of the district hospitals were asked to follow the cases of the five individuals who were tested positive and provide them with necessary care.

In another initiative, verses from the Guru Granth Sahib and the teachings of Sikh religious leaders have come to play a supportive role in the battle against HIV/AIDS. Publicity material carrying holy verses from the Guru Granth Sahib was prepared by the Punjab SACS after due

consultation with the Jathedar of the Sri Akal Takht Sahib. Stickers depicting these messages will be placed at religious places and on buses and trucks all over the state.

From conducting a seminar on HIV/AIDS at the P.P.S. Nabha Public School to using 500 buses of the State Transport Corporation for an awareness campaign, PSACS has been trying to give a fresh momentum to IEC campaign.

DELHI

Everybody's Friend

How MITWA made Delhi safer

As part of the Mobile Integrated HIV Testing and Wellness Access (MITWA) campaign, 33 Targeted Intervention (TI) partners and ICTC staff used mobile vans, over six days, to visit all 70 Legislative Assembly constituencies in Delhi and help enhance awareness about HIV/AIDS. The focus was on slums, jhuggi-jhopdi clusters, and high-risk areas.

The objective of the campaign was to promote voluntary testing among the vulnerable population, disseminate information on HIV/AIDS and ensure outreach of ICTC and IEC services. The success can be assessed from the number of participating people – a whopping 48,567.

The ambit of the MITWA outreach campaign was wide-ranging. It covered the following IEC activities:

voluntary pre-test counselling; collection of samples; testing of samples; distribution of IEC material; distribution of condoms; distribution of reports after tests on second visit; post-test counselling; and referrals. In the campaign, 13 pre-existing MITWA vans visited areas inhabited by vulnerable populations, where voluntary counselling and testing facilities were required the most.

Pre-test counselling was conducted by counsellors from the ICTCs, NGOs and blood samples were collected by lab technicians. Samples were stored and were transferred by the NGO to concerned ICTCs. The consumable and non-consumable items were provided to the team by the Delhi State AIDS Control Society (DSACS).

The community was mobilised by the NGO workers through a variety of instruments – from street plays to pamphlets and banners. The vans were decorated with IEC material provided by DSACS.

Feedback on the campaign was very good. It was found that 12,178 people were counselled for HIV testing and 4,327 (35.53 percent) people came forward for voluntary testing and gave blood samples at their very doorsteps. HIV/AIDS related information was also disseminated during the campaign.

PUDUCHERRY

Mobile Motivators

An AIDS awareness rally

The Pondicherry AIDS Control Society, Puducherry conducted a mass awareness campaign on HIV/AIDS in the Yanam region. Coinciding with Republic Day, the campaign saw a rally, cultural programmes and community meetings. The local Administration Minister, Mr Malladi Krishna Rao, presided, while the Deputy Director (IMM), Government General Hospital, Yanam, was also present.

In another function, a motor-cycle rally drawing attention to safe blood donation practices and involving 100 volunteers who rode on their two-wheelers was organised in Puducherry. The Health Minister,

Mr E. Valsaraj, flagged off the rally.
Mr S.P. Sivakumar, MLA, and Dr Sri Devi, Chairperson, Pondicherry Municipality, Puducherry graced the occasion.

Building Capacities, Combating AIDS

Imparting HR skills to take on HIV

The Rajasthan State AIDS Control Society (RSACS) has had a busy season. It has held training programmes for counsellors, organised awareness activities, hosted a capacity development workshop for positive people and begun final steps towards building another community care centre in Jodhpur, to twin the one in Jaipur.

RSACS hosted a two-day convergence workshop for IDU services on January 15 and 16, 2007, in Jaipur. It was organised by Society for Promotion of Youth and Masses (SPYM) in partnership with National Institute of Social Defence (NISD), Ministry of Social Justice and Empowerment.

The workshop was inaugurated by the Union Minister of Social Justice and Empowerment, Ms Meira Kumar. She addressed the workshop, and also released a set of informative posters prepared by SPYM to generate awareness among youth.

Next, the newly appointed counsellors of ICTC/PPTCT were imparted training in a six-day programme between January 15 and 20, 2007, at the regional training centre, Jaipur. The aim was to add to their knowledge base about HIV/AIDS and inform them of the facilities being provided by RSACS all over the state. They were also educated as to the qualities of a good counsellor, how to dispel myths and misconceptions about the disease and so on.

In Jaipur on January 24 and 25, a two-day workshop on "Personality Development and Capacity Building" for positive people was organised by RNP+. The workshop received financial and technical support from RSACS. As many as 55 participants (male and female) from 27 districts of Rajasthan attended the workshop.

Efforts were made to inculcate a positive spirit and outlook and help the participants lead better and more purposeful lives. Specialists on a range of subjects delivered lectures. Inaugurating the workshop, Dr B.L. Choudhary, Project Director, RSACS, asked the participants to avail the optimum benefits of the services being provided by the RSACS, and spread the word to other positive people as well.

Kalyani Courage

A women's-own programme takes on the feminisation of HIV

Given the status of women in large parts of Indian society, the low priority accorded to women's health and the fact that biologically women are more vulnerable to HIV, the impact of HIV/AIDS on the women is much severe.

Kalyani health magazine, a joint initiative of the Union Ministry of Health and Family Welfare and Development Communication Division of Doordarshan was conceptualised as a need based, participatory and entertaining programme aimed at behavioural change and social action. It was started in nine most populous states of the country in May 2002.

How has Kalyani fared? We provide you snapshots from across the country. On December 1, 2006, World AIDS Day, the Kalyani Clubs of Rajasthan were particularly active. The Kalyani Club of Suratgarh, for instance, organised an HIV/AIDS Chetna Rath Yatra with the participation of students of the local college. A number of girls took part, going to colonies and markets all over the city, microphones in hand, to find out how much people knew about HIV/AIDS. This was not some cosmetic exercise; they spoke to truck drivers, visited prisoners, talked to soldiers, urged the people living in slums, speaking fearlessly wherever they went, helping people to gain correct information on HIV/AIDS.

It seemed to be a big change from the days when the Kalyani team first visited a village called Amlaha in Madhya Pradesh in 2002. When they talked about HIV/AIDS they encountered a stony silence from diffident people. Some men attacked the team with sticks. Six months later, the woman sarpanch of Amlaha invited the team back, and today even young, unmarried girls in Amlaha are open about sexual health issues. They understand that unquestioning silence can lead to death.

One feature of the Kalyani intervention is the courage with which young women are now coming out openly on camera, telling the world that they have a problem but have not given to despair. This has been made possible by the awareness brought out by the initiative and the rapport which it has created with the viewers. "I look after my health, eat nutritious food, keep my surroundings clean and visit the doctor immediately if I have any illness," says Swati, coming across as just another vigilant and sensible human being.

Mamta (name changed) was infected by HIV both unknowingly and in emotionally-fraught circumstances. This Lucknow-based woman needed blood transfusion while delivering her baby. The blood she received was contaminated. Even so, Kalyani found Mamta happy and content, looking after her child as any mother would: "Infection does not mean that my life has come to an end. I just have to be careful and I am sure I will be there for my child for many years."

Sweta Gupta (name changed) got married at a young age and was infected with HIV by her husband who she later lost to AIDS. To her, lack of knowledge appeared to be the worst hurdle. "Why this silence?" she asks, "why don't issues around HIV come into the open? Why don't people talk about the fact that there is life after HIV. Why are centres for people who have HIV/AIDS not well known?" Today when people around her practise discrimination, she is happy to give support to others like her. "Courage is the best medicine to fight AIDS with," she says, crediting her strength to the counselling she has received.

In a social environment where to be a women is to be coy and submissive, Meena (name changed) from Lucknow strikes a refreshing note. She's not aggressive, just open and forthright. Meena had no hesitation in telling Kalyani what a girl should do to ensure that she doesn't get infected if her life partner is positive. "If I were to get married, I would ask my husband-to-be to get an HIV test done. That way I'll get to know if he has HIV or not. If it turns out that he does, I may still decide to marry him – or I might not. It will be my choice." That is the power of Kalyani.

Knowledge as Vaccine

In a small town, school-children combat HIV

"*Chingpa* (Yes)." Pat came the reply from a villager in response to the question: "HIV/AIDS *ngam no ching-payee*? (Do you know about HIV/AIDS?)" Asking the question was Yowa Thomas, NSS volunteer at the Government Higher Secondary School, Doimukh. This class XI pupil was part of a door-to-door survey cum campaign during January and February that covered 98 percent of the total 9,964 households in the Doimukh Circle of Papumpare district through skits, songs and slogans.

With "Know AIDS for No AIDS" as the basic theme, the campaign, supported by Arunachal Pradesh SACS, involved 100 trained NSS volunteers from classes XI and XII. Divided into 20 groups, they covered almost every household, identifying themselves with the local community. Appreciating the efforts of the volunteers, the NSS Programme Officer, Mr J. Mishra, who coordinated the campaign, hailed their mission as a role model.

Besides this, a five-day, intensive training programme on HIV/AIDS for team members of the Integrated Counselling and Testing Centres (ICTCs) and Prevention of Parent to Child Transmission Centres

(PPTCTs) in the state was inaugurated by Mr Tako Dabi, Minister, Water Resource Development and Panchayati Raj, in Naharlagun on February 18, 2007. The 40 participants included specialist doctors, counsellors and lab technicians.

Mr Dabi made a very simple and yet telling point: since there was no definite cure for HIV/AIDS, every individual should be "vaccinated with knowledge" about HIV and how to prevent it. He urged people not to be shy of talking about sex and sexuality since this was necessary to prevent HIV.

A League of her Own

A campaign where positive women inspire each other

One doesn't meet women like Shafira or Bindu George every day. They didn't wallow in self-pity when they found out they were HIV positive. Instead, they drew courage from their experience and resolved to fight for other HIV positive women. Shafira, Bindu and their sisters are the torchbearers of 'Tejaswini', a campaign launched by the Kerala State AIDS Control Society (KSACS) and the Kerala Positive Women's Network to create HIV awareness at the grassroots and to fight stigma.

Formally inaugurated at the Karakulam gram panchayat on February 7, 2007, Tejaswini will be implemented in 990 Gram Panchayats across the state. About 30 HIV positive women from across Kerala will be the foot soldiers of Tejaswini. They will talk about their HIV positive status and share their life experiences at public forums.

Of the one lakh HIV positive people in the state, about 40 percent are women. Many of them are widows with children, left to fend for themselves and face ostracism. "I had the support of my family after my husband died. But the bitter experiences of many other women made me help them," says Shafira from Thrissur. She further adds, "today, I am a full-time HIV positive speaker and activist for HIV support groups."

Tejaswini aims at fighting stigma and myths about positive people. It appeals to the community, especially to home-makers, to do away with prejudice.

KARNATAKA

Positively Yours

The Chief Minister stays over with a positive family

January 23, 2007, saw the road to Ingalgi, a tiny village, deep in the interior of Karnataka, 10 km from the taluk HQ, Mudhol, in Bagalkot district, awash with banners and festoons, and throbbing with excitement. The Chief Minister of Karnataka, Mr H.D. Kumaraswamy, and the Health and Family Welfare Minister, Mr R. Ashok, were visiting the village. The two senior politicians – along with the minister for primary and secondary education, Mr Basavaraj Horatti, and the Minister for Food and Civil Supplies, Mr Govind Karjol – visited houses of people living with HIV/AIDS, sat in a meeting with the village community and addressed issues pertaining to prevention and control of HIV/AIDS.

The Chief Minister urged the villagers to overcome the stigma and discrimination attached to HIV/AIDS. With the Health Minister, he then stayed overnight at the house of a PLHA family. This action sent a strong signal to the rest of the village and, indeed, to the rest of Karnataka.

In another event, Mr M.H. Ambareesh, Union Minister of State for Information and Broadcasting and an acclaimed movie actor, inaugurated a multimedia AIDS awareness campaign in Malur town on January 31, 2007. Mr S.N. Krishanayya Shetty, the local MLA, presided over the function. Cultural activities like Yakshagana followed the inaugural.

KARNATAKA

The Prevention Medicine

A new plan to redress greater rural incidence of HIV/AIDS

Samastha, an HIV prevention programme with an outlay of almost Rs 100 crore and supported by USAID, was formally launched in Karnataka on January 10, 2007, by the Chief Minister, Mr H.D. Kumaraswamy, at the conference hall of the Vidhan Soudha in Bangalore. Mr B.S. Yediyurappa, the Deputy Chief Minister of the state, released the introductory brochure for the project. The Health Minister, Mr R. Ashok, presided over the function.

Also present was Mr George Deikun, the USAID Mission Director.

Samastha will be implemented by the Karnataka Health Promotion Trust and the University of Manitoba. It will serve people living with HIV/AIDS in 12 districts and three cities of the state. The programme has a strong rural focus as Karnataka is the only major state where incidence of HIV/AIDS is higher in rural areas than in the urban areas.

From Bellary to Gulbarga, Kolar to Mysore, Samastha will use a multi-pronged approach to offer HIV prevention services to high-risk rural individuals and village communities at large. It will have a particular focus on the young, seeking to mitigate the HIV fear psychosis and build an enabling environment for prevention. It will also help build capacities and strengthen community-based and other healthcare delivery systems.

Lessons for the Young

On Swami Vivekananda's birthday, an AIDS resolve for the young

The Uttarakhand State AIDS Control Society (USACS) and Nav Bharat Sangh, a local civil society institution, observed the 144th birth anniversary of Swami Vivekananda on January 12, 2007, with a function in Dehradun dedicated to AIDS awareness among young people. Dr A.P. Mamgain, Additional Project Director, USACS, said the focus was on youth because, of the 5.2 million HIV positive people in India, about one-third are young. As such it was necessary to run targeted awareness programmes for this age segment.

A quiz competition and a patriotic song contest were held as part of the celebrations. A play on the theme of HIV was also enacted, to much appreciation. The function was sponsored by the Uttarakhand State AIDS Control Society. The President of the Nav Bharat Sangh called for a concentrated effort to check the spread of HIV.

On January 12 itself, Uttarakhand SACS held a workshop on HIV/AIDS in collaboration with the Indian Medical Association (IMA) at the IMA Hall Dehradun. The meeting was chaired by Dr Mamgain, Additional Project Director, USACS. The chief guest was Dr Mohammed Shaukat, Joint Director (blood safety) NACO. Dr Shaukat addressed the audience on blood safety measures and urged voluntary blood donation in Uttarakhand.

The IMA President, Dr Pradeep Kumar, promised that the Association would take the initiative in supporting Uttarakhand SACS in HIV/AIDS awareness programmes, and do its utmost to fight the virus.

Governor's Initiative

In Imphal, Raj Bhawan seeks an AIDS audit

It was the first step towards implementing a promise made by the Hon'ble Governor of Manipur, Dr S.S. Sidhu, on World AIDS Day 2006. A review meeting of the activities taken up by Manipur SACS was held on January 16 under the chairmanship of the Governor himself. The meeting was attended by Mr D.K. Korungthang, State Minister of Health and Family Welfare, Mr P. Vaiphei, Secretary, Health and Family Welfare, Dr Pramod Kumar Singh, Project Director, Manipur SACS, and Dr R.K. Nimai Singh, Secretary to the Governor. At the meeting, Mr Vaiphei and Dr Pramod Kumar Singh explained the various activities undertaken by Manipur SACS.

After hearing the two officials, the Governor outlined the issues for follow-up:

- Availability of medicine in ART centres
- Treatment of Hepatitis-C
- IEC on ART in different dialects for better dissemination
- Orphanage for HIV positive orphans
- Strengthening the Facilitation Committee
- Activation of a forum under the Chief Secretary to sensitise all departments and ensure fuller utilisation of available resources.

Less than a week later, on January 22, programme officers of Manipur SACS, under the chairmanship of the Project Director, met and drew up a blueprint to implement the Governor's ideas.

BIHAR

The Positive Candidate

A little village votes for a PLHA ward member

Bimla Devi is a ward representative from Bhiwar, a tiny village in Bihar's Gaya district. She is also a living example of what human courage can achieve. HIV positive for the past six years, Bimla Devi was, as she admits, plagued with doubts and fears when she first heard she had tested positive. She realises now that the source of anxiety was really, ignorance. The grief of losing her husband to AIDS; a shy homemaker suddenly confronting poverty; mother of three children, one of them HIV positive — it must have seemed intimidating.

Yet, Bimla Devi did not give up. She sought medical assistance, going to the Gaya District Hospital where she met members of the Bihar Positive People's Network (BNP+). It was a fortuitous meeting. "The day I was enrolled as a member to BNP+, my life changed," she says. Her new friends encouraged and assisted into accessing services provided by the Bihar State AIDS Control Society for PLHAs in the state. She gained solace from counselling sessions at BNP+, finally mustering the courage to speak on her positive status. She was also urged and motivated to pursue her aspirations of social service, perhaps become a role model with her individual story.

Somebody suggested she contest the local body elections. The idea of a positive person seeking office was unusual. Yet Bimla Devi was determined. She told her associates: "I won't keep people in the dark about my status even if I were to lose … HIV/AIDS spreads faster when we remain silent." She declared her candidature for ward elections.

The voters were taken into confidence. Bhiwar warmed to its new candidate, one with a record of compassion and helping out others. The other candidate, a teacher, was persuaded to withdraw. He agreed and Bimla Devi was elected unanimously as ward member. Bhiwar and Bimla Devi have abolished stigma and discrimination against PLHAs. May all of India learn from this little village.

MEGHALAYA

ART in the Heart of Shillong

Treatment's growing ambit

The Meghalaya AIDS Control Society (MACS) has set up an Anti-retroviral Therapy (ART) centre, located at the Shillong Civil Hospital. The ART centre at Shillong is an important facility in the Northeast and will contribute to the treatment of HIV positive people in the entire region.

Even with the introduction of ART, what remains crucial for the patient is correct diagnosis and care of life-threatening opportunistic infections. The presence of an effective treatment regimen motivates people to access counselling and testing facilities, which are already available at the Civil Hospital in Meghalaya's capital. In a sense, the range of support for a person who is HIV positive has expanded exponentially with the opening of the ART centre.

A team of five doctors is available at the centre, and has been trained to look after different aspects of ART. The patients are given due counselling – and explanation of the purpose of ART and the rigour and discipline it requires in terms of adherance. ART can prolong and improve the quality of life of those living with HIV/AIDS. Like elsewhere, at the Civil Hospital in Shillong, ART is available free of cost.

It Takes a Village

Incorporating Panchayats in the crusade

It's been a busy period for AIDS warriors in Himachal Pradesh. In December, a convention of Presidents of Zilla Parishads and Mayors of Municipal Corporations was held in Shimla, with the Chief Minister in the chair. The meeting resolved that free milk powder would be given to infants with an HIV positive mother, for a period of one year. IEC material and condoms would be distributed through the panchayat offices in all districts. There would be positive discrimination to help children of HIV positive parents get admission in schools.

In January and February, four advocacy workshops were held in the state, with religious leaders from all communities invited to learn of problems related to HIV/AIDS and STIs. Eight more workshops took place in March.

The Workplace Intervention Programme was also kicked-off in Himachal Pradesh. Twenty workshops have been planned in Solan and Sirmour districts, where the bulk of the state's industrial units are located. The first workshops were hosted by Vardhaman Industries and by the Nalagarh Industrial Area in Solan. The workshop at Vardhaman Industries, in collaboration with CII, had participation of 450 workers.

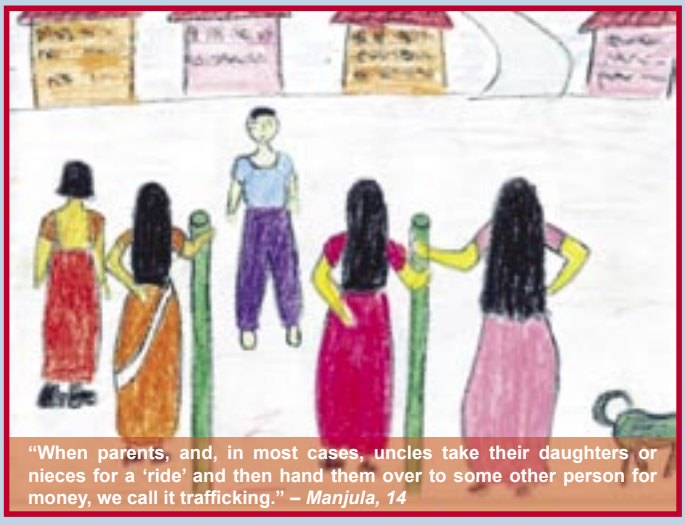
Missionary Zeal

AIDS campaign among indigenous communities

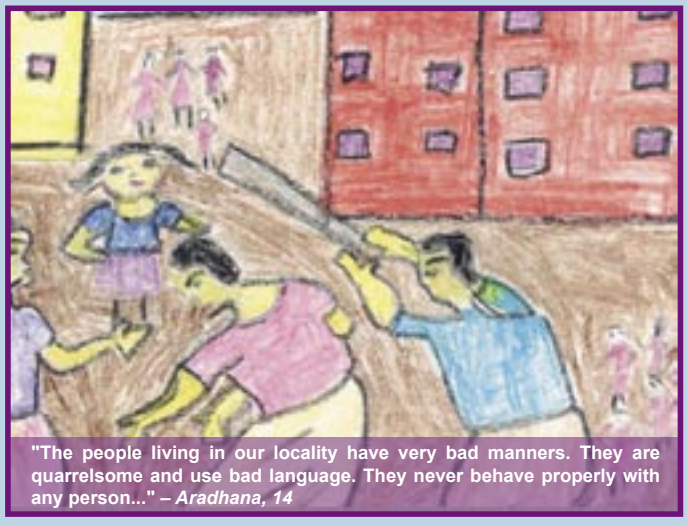
The Dadra and Nagar Haveli State AIDS Control Society's (DNHSACS) attempt to push ahead with an HIV/AIDS sensitisation campaign with self-help group (SHG) members has evoked impressive response. The campaign covers the Catholic Mission-sponsored Adivasi Society, spread across Khanvel block. Bordering Maharashtra, Khanvel block has a predominantly tribal population, the main communities being the Warlies and the Kunkans. Missionaries and nuns belonging to the Pillar Sister Association, headquartered in Goa, have successfully motivated about 200 SHGs. Together, these SHGs constitute over 50 percent of the tribal population of Dadra and Nagar Haveli.

Beginning January 2007, DNHSACS began collaborating with the missionary organisations running the SHGs for extensive HIV/AIDS and STD awareness programmes. As a start, an advocacy effort was undertaken with 500 members of SHGs at three venues – Dudhani, Khanvel and Shelti. Communication material was developed in Marathi language and discussions also carried out in local tribal languages. By the end of March, universal coverage of the SHGs had been achieved in DNHSACS.

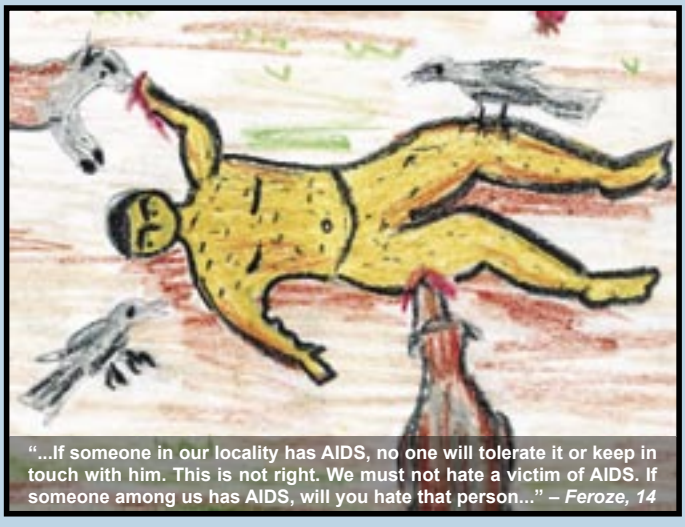
The place where we live is called a red-light area is a unique book supported by WBSAP&CS. The project was undertaken by an NGO "Aapne Aap Women Worldwide". It is a product of several painting and sketching sessions conducted by "Aapne Aap" with the children of commercial sex workers - who are stigmatised, ostracised and highly vulnerable to HIV/AIDS - in the brothels of Kolkatta. Most of the paintings/sketches published in this book portray life in the brothels experienced by these children.



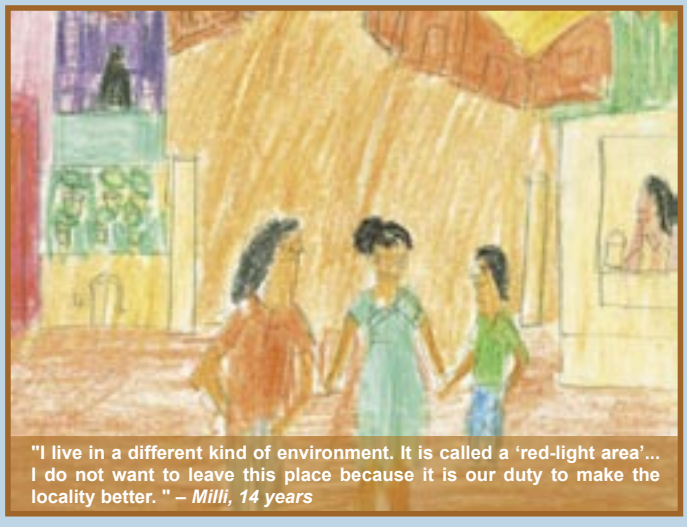
"When parents, and, in most cases, uncles take their daughters or nieces for a 'ride' and then hand them over to some other person for money, we call it trafficking." – *Manjula, 14*



"The people living in our locality have very bad manners. They are quarrelsome and use bad language. They never behave properly with any person..." – *Aradhana, 14*



"...If someone in our locality has AIDS, no one will tolerate it or keep in touch with him. This is not right. We must not hate a victim of AIDS. If someone among us has AIDS, will you hate that person..." – *Feroze, 14*



"I live in a different kind of environment. It is called a 'red-light area'... I do not want to leave this place because it is our duty to make the locality better. " – *Milli, 14 years*

"...I wish I could build a house there and live with my parents and grandparents. There will be large trees with fruits. I will plant saplings in the garden in front of the house...." – *Sunil, 14*

"I wish to live in a house surrounded by trees on all sides. The place would be full of flowers—flowers in brilliant colours whichever way you look" – *Meenakshi, 14*

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