

NACO NEWS

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National AIDS Control Organisation

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Towards A Drug-free Existence



Strengthening the Injecting Drug Users' resolve to stay clean, NACO steps up intervention sites and services

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Help us in our constant endeavour to make NACO Newsletter more participative by contributing case studies, field notes and experiences, news clips, forthcoming events etc.

For back issues and for information on HIV/AIDS, log on to: www.nacoonline.org or mail mayanknaco@gmail.com

– Editor

In the Mail



Ever since I have been actively associated with an educational institution, my concern has been on increasing the levels of awareness of youth and issues related to sexual health. NACO has done a lot of work with adolescents but, from my understanding, much of it is within the government school space. I would be keen to know how students of private schools, colleges, institutes of higher learning can avail of training modules, self-help literature, videos and other resources to equip our young people with knowledge and information that can lead to their being healthy and STI/HIV-free. Also, who should we contact, in case we want training workshops and lectures on the subject?

Lipi Mohapatra
Director

IILM - Business School, New Delhi



I have land in Rajasthan and Haryana and am very concerned with the increasing level of drug use among my contractual labour. Not only are they erratic in terms of the hours they keep but their addiction is clearly affecting their personal lives too. I recently lost one of my farm hands who died of an overdose. I need to educate myself on drug abuse and on how a person, especially one who is economically disadvantaged, progresses from cheap drugs to pharma drugs and then to injecting drugs and what can people like us, who hire them, do to alleviate their pain and to get them to lead normal lives. There is very little information available and I would be grateful if some helplines or toll free numbers could be set up by the Government of India.

Karan Singh
Farmer
Karnal, Haryana



I look forward to every issue of the NACO Newsletter. Each issue is fresh, current and full of hope. I find the topicality of content interesting as also the style of reporting which brings in voices from the ground and interviews of real people. The layout, colours and presentation too add to its vibrancy.

Dr Ash Pachauri
Director & CEO

Center for Human Progress (CHP), New Delhi



From the Desk of the Director General

The International Day against Drug Abuse and Illicit Trafficking on June 26 was a good time for us to take stock of where we are in terms of our interventions and strategies to combat the spread of injecting drug use. Studies have indicated a marked shift of usage patterns – from the North-east to the Northern belt of the country. This is a cause for concern. NACO has taken a number of initiatives, including increasing the number of interventions, reaching out to partners of IDUs and undertaking capacity building of staff of IDU-targeted interventions. Our cover story illustrates our work and continued efforts.

Young people are going to play a leading role in helping us combat HIV. That they happen to be a significant at-risk population makes this even more meaningful. Through sports, carnivals, music festivals and Red Ribbon Clubs, their involvement is increasing in programme implementation. Our coverage on the observance of the World Blood Donor Day demonstrates a growing commitment among the youth, as they donate blood and organise blood donation camps to ensure that our blood banks are equipped with fresh, safe and healthy blood.

The monitoring and evaluation of the Red Ribbon Express's second innings as it moves through the country, reminds us that we must keep conceptualising and rolling out appropriate advocacy and mass mobilisation initiatives that can reach out, inform, educate and bring people from hard-to-reach

areas into the fold of our interventions. The train is meeting with immense success as it befriends people, establishes a deep connect with them, and provides crucial life saving information, training and services on HIV/AIDS and other health issues. We have provided an update on the Red Ribbon Express in this issue.

A brief report of the South-west Asia Regional Meeting gives an insight into some of the key discussions that were held in Bangkok recently around the new funding of architecture and gender strategy under Global Fund Round 10.

It is an eventful time for us at NACO. Our State AIDS Control Societies as also partners have been working tirelessly to help us achieve NACP-III's targets. Together, we hope to make a difference to the health indicators of the country, by bringing down HIV prevalence and providing awareness, strengthening testing, treatment, care and support services across the country.

*Mr K. Chandramouli
Secretary, Department of AIDS Control and
Director General, NACO
Ministry of Health and Family Welfare
Government of India*



The scourge of drugs is spreading its net, bringing even younger victims into its vicious grip. The world of the IDU is usually grim, lonely and painful. Few break out of the loop and resume a normal life. NACO through its interventions is making a concerted effort to reach timely help through an increasing number of IDU sites and OST interventions.

Towards a Drug-free Existence

Strengthening the Injecting Drug Users' resolve to stay clean, NACO steps up intervention sites and services

As per the secondary data analysis carried out in strategic planning for National AIDS Control Programme Phase III (NACP-III), the number of Injecting Drug Users (IDUs) in the country is anywhere between 96,463 and 189,729, which is 0.02 percent of the country's total population. This figure was also reflected in the article in the Lancet Journal on estimates of IDUs globally.

Until recently, the popular perception was that the North-East, with its proximity to the Golden Triangle, was the reason for the youth to succumb to using a cocktail of readily available drugs, including injectables. However, drug use has moved to metropolitan cities and

What begins as an experiment for most, with social drinking, smoking marijuana, trying party drugs, or even having opium, slowly envelops and traps them into injecting themselves, turning them into regular IDUs.

towns in the North and West, thereby changing the demography and dynamics forever.

What begins as an experiment for most, with social drinking, smoking marijuana, trying party drugs, or even having opium, slowly envelops and traps them into injecting themselves, turning them into regular IDUs.

The Double Jeopardy-IDU and HIV

The reason for the rise in IDU prevalence is not clearly known. The drug users remain a silent, secretive and vulnerable population, treated as unlawful and highly stigmatised. Reports show that about 40 percent of the IDUs share their injecting equipment as well as indulge in high risk sexual behaviour, leaving them open to possible HIV infection. In high prevalence IDU-HIV areas like Manipur, transmission of HIV from IDUs to their spouses is a well-established trend. One study found 45 percent of the wives of the HIV infected IDUs to be HIV positive.

Their vulnerability is further compounded, as emotionally too they remain alienated from families who reach breaking point, coping with their lies, broken promises and constant theft to support the habit. Society too sees them as a burden, and employers can rarely trust them. With no safety nets to lean on, fatalism and cynicism become a way of life. Furtively supporting their drug habit, the IDUs straddle a world between reality and drug haze.

According to the sentinel surveillance carried out in 2009, HIV positivity among IDUs was 9.2 percent, which is the highest rate among high risk groups (others being FSWs, MSM and truckers). Equally alarming has been the silent shift from the North-East to the northern belt of Punjab, Haryana and Rajasthan. A study conducted by UNAIDS in 2008 at five sites in the two states of Punjab and Haryana for the first time acknowledged the widespread prevalence of drug use. In Punjab, the five districts mapped were Gurdaspur, Faridkot-Moga, Ludhiana, Patiala and Ropar. In Haryana, the five districts mapped were Ambala, Jind, Kurukshetra-Kaithal, Narnaul-Rewari and Sonapat-Kharkoda. It also included Chandigarh and Panchkula.

The study estimated 18,148 IDUs in Punjab; 1,170 in Panchkula, Chandigarh and Mohali, and 15,858 in Haryana. The green revolution of the 60s that brought immense prosperity to Punjab and Haryana has

Key Findings from United Nations Office on Drugs and Crime (UNODC) Report:

- Majority of the IDUs are 18-30 years of age, with most having transitioned to injecting drugs in the last 3-7 years.
- Common injectables are pharmaceutical preparations like buprenorphine, pentazocine and sedatives (diazepam, promethazine, pheniramine).
- About 50-90% are frequent injectors (daily, multiple or 3-4 times a week), while 34-94% shared injecting equipment.
- There was not much awareness on OST; many had never sought any medical or psychological help for addiction.
- A small minority reported receiving needle syringe exchange services and in-patient treatment at an NGO.

been assiduously preying on its own, strapping young men in their prime, turning them into IDUs.

NACO's Commitment

As a nodal agency working on HIV/AIDS, NACO has been in the forefront to address the problem of HIV among IDUs. The Government of India (GoI) has endorsed 'harm reduction' as a policy to prevent HIV among IDUs. It is a framework in which effective HIV prevention is carried out among IDUs and their sexual partners. As the name suggests, harm reduction aims to prevent transmission of HIV by reducing damage associated with unsafe sex and high risk behaviour (sharing needles, syringes and other equipment for preparing and injecting drugs). Currently, two such programmes are running successfully on the ground:

- Needle and Syringe Exchange Programme (NSEP)
- Oral Substitution Therapy (OST)

The NSEP forms a major component of the strategy while the OST, which has been recognised the world over as an effective strategy to prevent HIV among IDUs, is helping bring more people into treatment, improving compliance to treatment and follow-up, and increasing adherence to Anti-Retroviral Treatment (ART) medicines (in case of HIV positive IDUs). This plays a major role in improving the IDU's overall health, besides providing hope that s/he can move towards a drug-free existence. Currently, there are 230 targeted interventions (TIs) catering exclusively to IDUs.

This has resulted in increasing NACO's TI coverage to 1,30,000 IDUs (72%). Efforts are on to establish new TIs to reach a wider audience. The greatest challenge TIs working with IDUs face is providing regular coverage, since many are homeless and mobile.

Undeterred, they work through an army of non-governmental organisations (NGOs) funded by NACO through state AIDS control societies (SACS) and by using current and ex-IDUs as peer educators who reach out, befriend fellow IDUs, and provide them with HIV preventive messages. Slowly, as they gain confidence of the IDUs, they get them to visit the Drop-in Centre (DIC), where they are provided assistance like the needle syringe exchange, condoms and a host of medical services.

Prevalence of IDUs in Haryana



Source: UNDAIDS 2008

Prevalence of IDUs in Punjab



Source: UNDAIDS 2008

It was like relearning everything in life, starting all over again.

Salim made it to the next step of moving into OST where he was given Buprenorphine, an opioid substitute that is clinically administered to stabilise drug dependence and gradually reduce the individual's need to inject. For the first time, Salim admits, he felt he wanted to beat the habit.

A Journey of Hope and Possibility

When 33 year old Salim from Jama Masjid staggered into the DIC in Yamuna Bazar, he was sullen, unkempt and living on the streets. "I was in class eight when I started cigarettes and charas. I dropped out of school and would work as a labourer. The money I earned went to doing *nasha* (drugs). *Nasha sagoon deta tha*" (Drugs gave me peace). He shakes his head and admits he cannot recall when drugs took over his life. His brothers threw him on the streets, too poor and overburdened eking a daily existence to care for an IDU who had hurtled himself into a fast lane of self-destruction. For nearly 15 years, Salim lived on the streets, fading in and out of consciousness, buoyed by drugs he begged, and even became the look out boy for a pick-pocket gang.

The 15 years as an IDU living on the periphery of social conscience, Salim admits his life was "no better than a dog." Six months ago in his clear moments, he came across an outreach worker from Yamuna Bazar

DIC. "One day I went to the DIC just to see. They told me that they would give me a fresh needle and syringe every day. It was fine by me. By then I was fed up with my life. I liked the people in the DIC, and I felt encouraged so I kept going back."

Salim made it to the next step of moving into OST where he was given Buprenorphine, an opioid substitute that is clinically administered to stabilise drug dependence and gradually reduce the individual's need to inject. For the first time, Salim admits, he felt he wanted to beat the habit. Counselling and with a calmer frame of mind, Salim went in for HIV testing, only to know he was HIV positive. It wasn't easy to accept as he felt he had lived "a wasted existence." There were others like him so he coped and moved into rehabilitation programme. "It was like relearning everything in life, starting all over again." He admits that he is lucky he is alive, many of his friends never made it, succumbing to drug overdose or latent illness compounded with drug use and poverty.

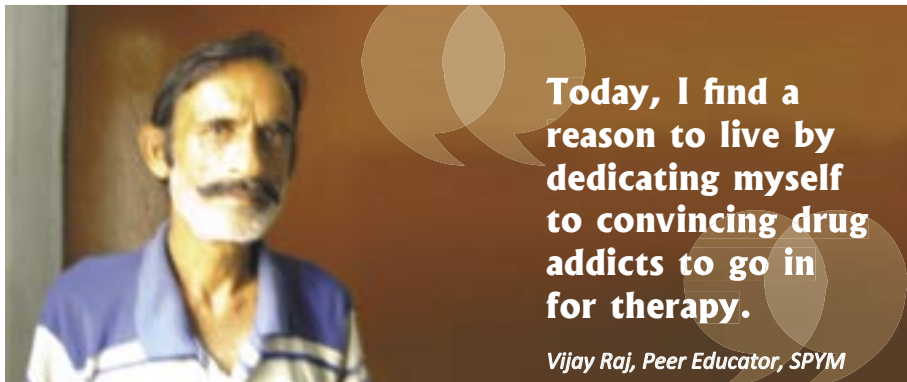
Six months ago, he finished his rehabilitation and has joined an NGO, where he works and earns a living. He grins and says shyly, "Earning money makes me feel proud. I can't explain that feeling each time I hold my salary in hand."

Four months ago, Salim got a phone call. It was his father, who was making contact after 15 years after he had been thrown out of the house. "It was such a long time ago, I had forgotten how he sounded." Quiet for a while, he adds, "My brothers who had thrown me out had thrown out my 70 year old father as well. I had earned money so I got him a place to stay. Now whenever he has a problem he calls me. I like it, it makes me feel wanted. I want to help my family. I regret all the years I wasted in doing drugs. I tell everyone who will listen to me to leave drugs, don't be like me. If I can do it, so can you."

■ Dr Neeraj Dhingra
DDG (TI), NACO

“One Day at a Time” – The Guiding Mantra of Two Recovering Addicts

Snippets from the lives of two Injecting Drug Users who emerged from the labyrinths of hopelessness and learnt to carve out a normal, healthy and meaningful existence



Fifty year old Vijay Raj was introduced to smack at the age of 17 by a Nigerian. His progress on the drug trail was swift. He switched to injecting drug use the moment quality of smack deteriorated and he failed to get the kind of high he was used to. Seven years of injecting drugs everyday led to deadening of most of his veins and convinced him that he would die like many of his friends – of drug overdose or abscess.

The turning point came when his sons who were in their 20s one day turned around and asked him if he even so much as recognised them, leave alone know the kind of individuals they had grown up to be – since he had gone through life in an induced haze. It jolted him out of his drug-induced complacency and he decided to try kicking the habit. He came to the centre run by the Society for Promotion of Youth and Masses (SPYM), a 27-year old youth-based NGO and was put on OST. He responded to the switch and stayed on OST for 18 months. Two years ago, he weaned himself off OST but one

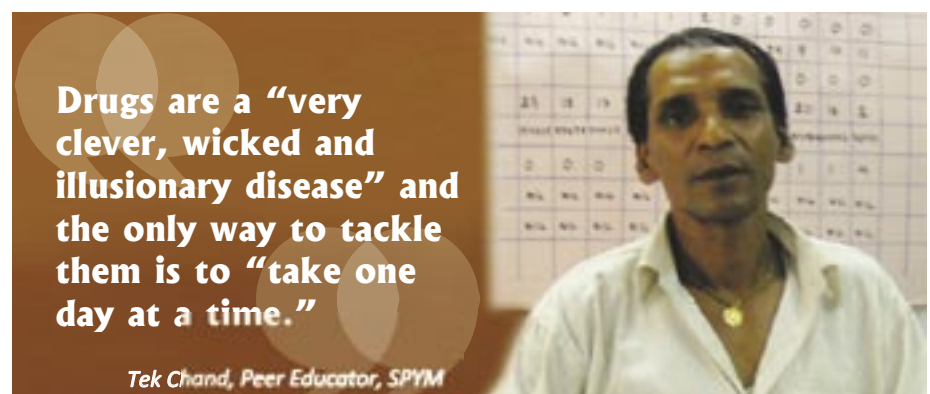
day at a time. Today, he triumphantly claims that he is “clean.”

He works as a peer educator at the SPYM and prides himself on the fact that he can “sniff out an IDU from a maze of people”. Ask him about his life and he admits, “I lost my youth and have no recollections of any happy moments spent with friends and family. Today, I find a reason to live by dedicating myself to convincing drug addicts to go in for therapy and help them in not relapsing.”

Fortynine year old Tek Chand sports a crisp pair of white jeans and shirt,

flaunting his ring adorned fingers, couple of gold pendants and a smile that reveals his flamboyant demeanour. A writer in the present and a budding film maker in the future, his past which he would much rather erase but cannot, is that of a well known drug peddler and toughie of South Delhi. His turning point came when his daughter died and he blamed himself for her tragic end. For, his wife refused to listen to his fervent pleas of taking her to the hospital and insisted on getting her treated by local quacks since she had little confidence in his parental responsibilities. He says, “Had I not been a drug addict, she would have listened to my sane piece of advice and my daughter would have been alive.”

It is not that he did not try to give up the habit. In fact, he did that at least eight times, by getting into rehabilitation, often by himself, without even telling his family members. But the moment he came back to his familiar environs and interacted with his cronies, the



The Duo's Wishlist for NACO and Gol

- Provide novel ways of counselling the addict and his family.
- Provide employment opportunities in mainstream careers and office places.
- Make available funds to DICs for advanced treatment, especially where the person is likely to lose a limb in the event of infection and advanced abycss.
- Increase salaries of peer educators and outreach workers who are on government-run projects.
- Make available more day shelters and night shelters.
- Provide nutritious food since most are denied this basic right.
- NACO to work closely with Ministry of Social Justice and Empowerment, Ministry of Women and Child Development and Ministry of Health.

needle was back in his hands. It was a vicious cycle he could not beat.

His daughter's death and his succumbing to the habit within a fortnight of being clean left him feeling constantly guilty. It also helped him resolve to find the tools that would help him give it up yet again and more importantly, stay off it. He was a regular visitor at the DIC run by SPYM in Kotla Mubarakpur in South Delhi, where he came to exchange his used needle for a new one every day. There he met a counsellor who helped him follow simple steps that involved OST and a final weaning off pharmacological combinations. Soon, he saw the link between a drug-free and non-violent existence. His constant run-ins with his wife, neighbours and local cops ceased and he gradually found the excuses which earlier led him towards drugs, diminishing.

Both Vijay Raj and Tek Chand are of the opinion that an IDU is not a bad person. He steals because of his all consuming obsession with the next dose of drugs. Petty thefts like chain snatching, stealing car rear-view mirrors, iron drain covers and even things like shoes outside a *gurudwara* are done in sheer desperation. Had it been with the motive of making a bargain, they

would negotiate on prices while disposing them off. Instead, they are quickly sold, usually at 1/100th the price to have some hard cash to buy their shot. Which is why the moment they quit drugs, they also stop their criminal activities. Another positive fallout, of which they are acutely aware is, that fights at home become a thing of the past. While initially the family is skeptical, taking their "off drugs" commitment with a pinch of salt, when a few months go by, small skirmishes over little things come to an end.

According to him, drugs are a "very clever, wicked and illusionary disease" and the only way to tackle them is to "take one day at a time". A drug addict cannot make grandiose plans or brag about quitting it and staying clean forever. He can always go back to it. Recovery is painful, slow and often rife with the person relapsing repeatedly. "So unless you take one day at a time and rejoice at the end

Both Vijay Raj and Tek Chand are of the opinion that an IDU is not a bad person. He steals because of his all consuming obsession with the next dose of drugs.

of the day for not succumbing to the vicious pull and pressure of the drug, there is every likelihood of sinking back into that vortex", he says, adding with pride that he has stayed clean for five years and there was no way he would go back to it.

He feels that counselling and family support are key to a drug addict's recovery. Equally important are activities like meditation, yoga and experience sharing sessions. Both agree that group behaviour and peer pressure contribute immensely to a person getting hooked to any drug. To break the cycle, post detox, the family has to make an effort to change the company of the person who is in recovery, helping him to rely on them more and being supportive throughout.

Fortunately, most programmes run by NACO and Gol have a strong component of safe injecting practices which train drug users on techniques of injecting which are less harmful. Both feel that very soon, the population of child injecting drug users will increase exponentially. There is need to step up counselling at school level where most are unaware of the consequences of drug abuse and that it takes them virtually to a point of no return.

No Toxic Reactions in Phase I of Trials of Indian AIDS Vaccine

Phase I of the trials will be completed by December 2010; Phase II will roll-out with a larger volunteer group in early 2011; and Phase III will be with HRGs

Of the 33.4 million people living with HIV/AIDS in the world, 2.7 million are in India. Though the prevalence is still less than 0.3 percent, there are as many as 1.7 lakh fresh cases reported every year. These people, living with HIV/AIDS, have been hopeful of medical science making sufficient advancement to ensure their good health and longevity. Now, with a new indigenous vaccine completing its Phase I trials successfully and bracing itself for Phase II trials, that hope is slightly more buoyant.

Vaccine Background

Scientists from the Tuberculosis Research Centre (TRC), Chennai, and National AIDS Research Institute (NARI), Pune, have been working on developing an indigenous AIDS vaccine. The 18-month trial began in 2009 with 16 volunteers in each centre. The groups were further divided into two for a double blind study. While one group was given injections thrice, the other was given injections four times. One of this was a placebo, the other the vaccine. Neither the volunteers nor the scientists knew which group received the vaccine.

All volunteers received injections in the first six months. They were asked to come in the 9th, 12th and 18th month for follow-up. According to NARI Director, Dr R.S. Paranjape, the 12th month follow-up was completed without toxic reactions. The last visit for follow-up would be in December,



which is when the study will be unblinded and results made available by February.

Meanwhile, the scientists are awaiting results that are likely to come, following a new component that aims to boost the immunity of 32 healthy volunteers in a low risk group. A 2008 trial at TRC had proved to be equally safe, but the immunity boosting capacity had not met the desired requirement. Once

Scientists from the Tuberculosis Research Centre (TRC), Chennai, and National AIDS Research Institute (NARI), Pune, have been working on developing an indigenous AIDS vaccine. The 18-month trial began in 2009 with 16 volunteers in each centre. The groups were further divided into two for a double blind study.

the strength of the vaccine is established in the current round, the trial will move on to Phase II, which involves a larger group of volunteers for three years, and then to Phase III, where the vaccine would also be tested on a high risk segment.

Vaccine Update

Lessons from the earlier round of clinical trials carried out by TRC in August 2008, have come handy this time. "It was significant because the vaccine passed the safety test. Yet, it was not as strong as we expected it to be."

The scientists then evolved a strategy to boost the immune response and added another vaccine candidate called the DNA vaccine, which was tried by scientists in the USA with the hope that the combination would produce better results.

It will be a while before the vaccine can be launched. Phase II, which is likely to take at least three years, will be a larger study with a sample size that may extend up to 500. Once that is completed, the vaccine will be upgraded for the next level of trial, where volunteers would be drawn from HRGs. This would be the most crucial stage, since it would help determine how the vaccine responds in stopping the virus from entering the body.

■ Dr Sandhya Kabra
ADG (Lab Services & Quality Assurance)
NACO

The RRE Gathers Momentum and Speed

The RRE enters its ninth month of journeying through India's hinterland, reinforcing messages on HIV/AIDS and on being healthy

The Red Ribbon Express (RRE) is India's largest social mobilisation campaign that will cover 25,000 km across 152 districts, including 10,000 villages, in the span of a year. Containing a mobile, interactive exhibition, it will increase visibility on HIV/AIDS and raise people's self-risk perception, encourage them to adopt safe behaviours, reduce stigma and discrimination, and increase demand for services.

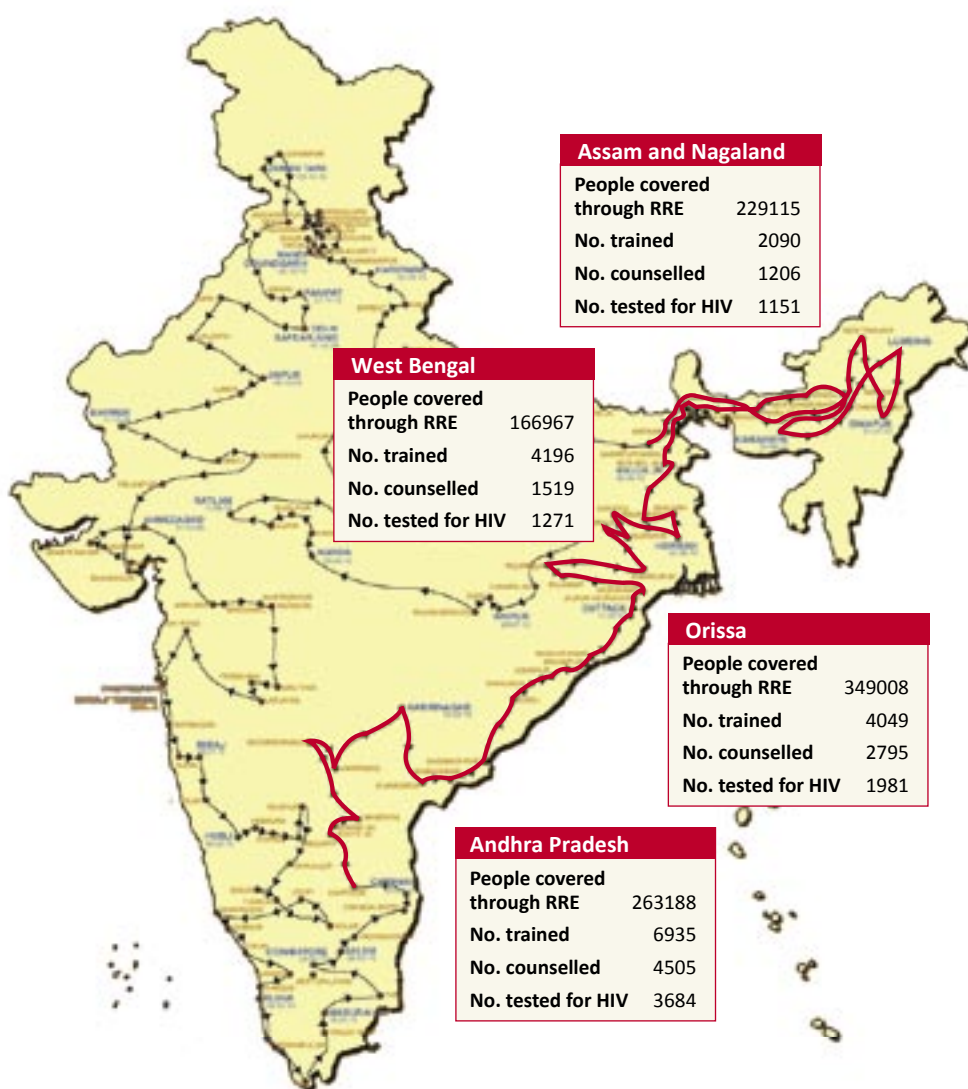
As the train completes seven months of journey, NACO News reviews some of its activities and impact. A comprehensive concurrent monitoring was conducted by the Centre for Operations Research and Training (CORT) and supported by UNICEF to analyse the profile of persons who visited halt stations, the extent and impact of outreach, and the ability of beneficiaries to absorb and recall messages. This was done through interviews with visitors, outreach monitoring in collaboration with SACS, and quick assessment through sample household surveys.

According to an assessment carried out to evaluate the difference in various indicators in the pre and post RRE phase conducted by UNFPA through AC Nielsen, knowledge of transmission of HIV,

awareness on condom use and information on ways of protecting oneself from HIV had all shown substantial increase.

Certain common trends were observed in all states. The number of female visitors was as high as 40 percent. Almost 10-20 percent of

The highlights of RRE-II coverage (till June 30, 2010)



the young people who visited were motivated to go in for counselling and services. A few state-specific indicators, in terms of number of visitors and trainings conducted, are given below:

In Andhra Pradesh, the train halted at 11 stations over 25 days, covering 2,64,490 people (1,70,952 on train and 93,538 at outreach). As many as

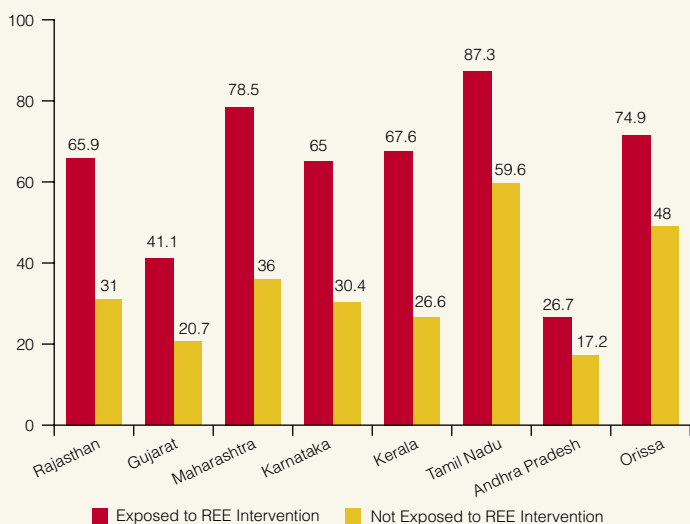
22-35 percent of the young people in the 15-24 age group who visited the platforms were motivated to avail of services.

In Orissa, the Express entered through Rayagada and halted at eight stations thereafter. In total, 3,36,854 people were covered (99,987 on train and 2,36,867 at outreach) and as many as

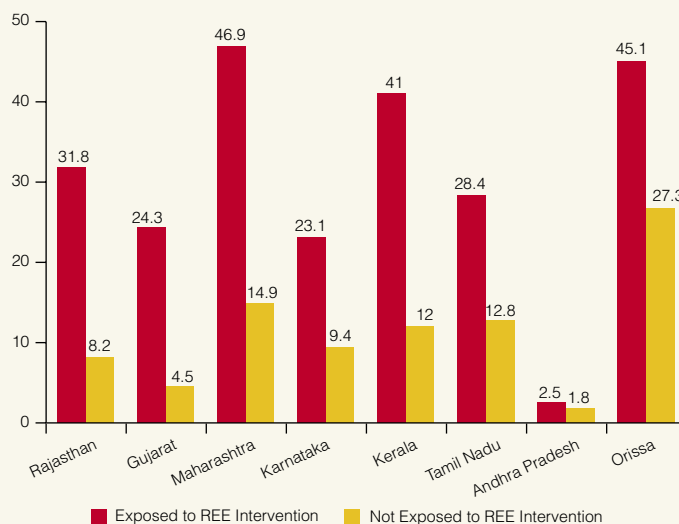
212 people were trained daily during the days the train halted.

In West Bengal, the train halted at 10 stations over 20 days. In Assam, RRE made many new friends through extensive use of folk music, dance and cultural events, allowing people to share and participate as they stepped up their knowledge on HIV/AIDS.

Knows at least three modes of transmission of HIV



Knows at least three ways of protection



Key Overall Findings of Concurrent Monitoring by UNICEF

- Large turnout and queues for HIV testing were seen at every station.
- The train was received by senior political leaders demonstrating strong political support.
- Many grassroots level functionaries attended training sessions and open discussions on sexual health.
- The graph indicates a substantial increase in the knowledge level of three modes of transmission of HIV amongst those exposed to RRE. It was highest in Tamil Nadu with 87.3 percent among those exposed to RRE as compared to 59.6 percent not exposed to the train.
- The report also highlighted that there was an increase in knowledge levels of the three modes of protection against

transmission of HIV. Maharashtra had the highest number of people amongst those exposed to RRE, which was 46.9 percent, as compared to 14.9 percent of those not exposed to the train.

- There was healthy interest around condom use, leading to a large number being distributed during outreach activities in villages, showing changing attitudes and perceptions.
- Knowledge about HIV testing and ART facilities was higher among those exposed to RRE compared to those who were not exposed.
- More men, as compared to women, stepped forward for testing at all stations.
- The graphs above gives a clear picture of the 'before' and 'after' phase of the RRE's visit.

■ Bilal Naqati

Technical Officer (Youth), NACO





Youth Urged to Join Voluntary Blood Donation Movement

As many as 31 states observed World Blood Donor Day by organising a month-long campaign, with over 570 camps, collecting 32,217 units of blood

World Blood Donor Day was observed on June 14, 2010, with blood donation camps, felicitation ceremonies and motivational speeches. June 14 is marked as World Blood Donor Day to commemorate the birthday of Karl Landsteiner, the Nobel prize winner who discovered the ABO blood group system. The theme for World Blood Donor Day was “New blood for the world,” focusing on making young people front runners in the global blood donation drive.

Hon’ble Minister of Health and Family Welfare, Shri Ghulam Nabi Azad, inaugurated the Indian Red Cross Society (IRCS) Model Blood Bank in New Delhi. Centurion Blood Donors, regular donors, and also blood donor organisations, were felicitated for their efforts in strengthening the voluntary blood donation movement. Shri K. Chandramouli, Secretary and DG, NACO, was the guest of honour on the occasion. The Health Minister

flagged off the blood transportation van handed over by NACO model blood banks.

The month-long Voluntary Blood Donation campaign was implemented in all states, with 30 out of 34 State Blood Transfusion Councils conducting various events to augment voluntary blood donation.

The Song and Drama Division, under the auspices of the Ministry of Information and Broadcasting, staged live shows highlighting the vulnerability of Thalassaemic children who were dependent on daily blood transfusion, urging young people to step forward as regular donors.

An attempt was made to connect with young people and to show them a path that they could be enthused to follow. Rock shows were organised in some states with the purpose of reaching young people. School children were

sensitised through competitions like paintings, drawings, poetry writing and poster designing.

Candle light rallies were organised with active participation of government officials, public and private banks, college students, NCC, NSS, and those in uniformed services.

In order to reach out and create a climate for voluntary blood donation, messages were woven in popular phone-in radio programmes run by 93.4 My FM station, where listeners could call in to express their views, share their concerns, and get clarifications. A special programme was created by Doordarshan, which was broadcast on all its kendras (centres). Print media lent support to the campaign by publishing well researched articles by eminent personalities.

■ Vinita Srivastava
Programme Officer (VBD), NBTC

South-West Asia Regional Meeting Discusses New Funding under Global Fund Round 10

The meeting in Bangkok discussed critical aspects of the Global Fund new funding architecture, gender equality strategy and Round 10 proposals

A five-day workshop was held at Pattaya, Thailand by the Global Fund. Discussions were held to explore different aspects and concerns to help streamline and understand the 21st Board Meeting Decisions, Global Fund Gender Strategy, new funding architecture, and how Round 10 proposals will impact existing as well as new proposals.

Key Highlights

Single stream of funding: a consolidation of all existing proposals along with new proposals for Round 10 is to be developed, and the concept of “Single Stream of Funding – SSF” per Principal Recipient per disease will be implemented. The Global Fund will maintain one funding agreement for each Principal Recipient per disease, which will then be amended when a new proposal for funding the same disease is approved. This will be optional for Round 10.

Gender issues related to HIV, TB and malaria were discussed, and an operational plan on Accelerated Country Action for women, girls, gender equality and HIV was also introduced.

Gender Issues

Gender issues related to HIV, TB and malaria were discussed, and an operational plan on Accelerated Country Action for women, girls, gender equality and HIV was also introduced. India’s decision to include two women and gender specialists in Country Coordinating Mechanism (CCM) was quoted as an example of empowering women. The India HIV/AIDS Alliance made a country presentation on the issue of Men who have Sex with Men (MSM) and transgenders. The Bill and Melinda Gates Foundation (BMGF) made a presentation on female violence and acceptance of condoms by addressing crisis

management. Suggestions and recommendations were made to address concerns of spouses of MSM, IDUs and migrants.

National Strategy Application (NSA)

In Phase I, only six countries will be given grants by invitation and in Phase 2, a call for Proposals will be made, where all interested countries can apply. Countries will present national strategies and will have a joint assessment with experts from the Global Fund, i.e., Technical Review Panel (TRP) members. After the joint assessment, a proposal will be formulated and presented to CCM, which will be reviewed by TRP and will follow the normal processing procedure. In the session on Most At-Risk Populations (MARPs), strategies for identifying MARPs were outlined and funding options discussed.

Consultative Meeting of South-west Asia Regional Constituency Held

It was decided that there should be a representation of civil society members in board meetings and sharing of information on the outcomes of these meetings. Also, regional issues like migration, drugs and pharmaceuticals should be taken up.

■ Dr. Neeraj Dhingra
DDG (TI), NACO

The funding mechanism of the Global Fund

- Consolidation in Round10 proposals including alignment of objectives and monitoring mechanisms.
- Performance framework to be aligned for all existing proposals, including new ones in Round 10.
- Technical Assistance to be provided by Global Fund.
- Round 10 to be for the poorest of poor countries, and some countries to be funding rather than receiving funding.

“Poverty, Hunger and Unemployment are Bigger Problems than HIV”

Hari Singh, National GIPA Coordinator, Indian Network for People Living with HIV/AIDS (INP+) and HIV activist, brims with ideas and plans, recounting an eventful 15-year journey in a no holds barred interview

Forty one-year old Hari Singh has survived economic crisis, failing health and the end of a promising career in wrestling. He has lived with HIV for 15 years and is one of the most visible faces on the AIDS circuit as a human rights champion and PLHIV activist. Since Bill Clinton’s visit to India in 2004, he has been strongly advocating for better conditions for PLHIV and their families. Excerpts from a candid interview:



Q: Tell us about your background and initial years.

A: My father was in the army and I was the only child. We lived an idyllic life in a village on the outskirts of Delhi. When he retired from the Army, he had three sources of income – pension, rent from property and a milk dairy. I was interested in wrestling and my family supported me to pursue it as a hobby. Though I studied till Class XII, I was more inclined towards sports. I was quite the local hero, winning wrestling matches and being invited to national

wrestling events. It eventually became a career option for me.

Q: When did you realise you had HIV?

A: In 1994, I got Opportunistic Infections (OIs), which were treated by local doctors who gave multi-vitamins and antibiotics but did not refer me for HIV test. I lost 15 kg of weight. It was only when my wife complained of swelling in her uterus that her gynaecologist, Dr Sushma Gupta, asked me to get tested for HIV. I was detected positive. At that

time, there was little awareness about the infection. My wife and I were convinced I would die within a few months. But Dr Gupta reassured us and referred me to RML hospital, saying that I was fortunate, in that my wife and two daughters were HIV negative.

Q: What was your initial reaction?

A: I stopped going out of the house and gave up wrestling, making excuses saying I had TB or kidney problems. My overriding concern was to mobilise money for treatment. My CD4 count

was 26, and medicines costed Rs. 20,000 a month. I liquidated part of our property. We lived on a 200 sq yard plot. We sold 100 sq yards for 20 lakh. I invested Rs. 10 lakh in post office schemes and fixed deposits, using the interest to run the house, and the remaining Rs. 10 lakh to construct a three-level property, two of which were leased and one used for residence.

Q: How much importance do you give to diet?

A: Nutritious diet is the mainstay of a PLHIV. When my blood count dropped, I realised I had to change my food habits. From a wrestler’s diet, I came down to a spartan but nutritious diet of home cooked food, veggies, raw fruit, salad and clean water. I did the Art of Living course and followed Swami Ramdev’s advice on eating, meditating, thinking and living healthy.

Q: How did you get involved with the PLHIV network and with activism?

A: In 2004, Dr Rewari, who looked after ART in RML hospital, told me that Bill Clinton was scheduled to visit and asked if I would be willing to meet him. I agreed and decided to play a more active role, for I saw thousands of PLHIV like me and knew that a strong advocate from amongst the community would make a difference to their cause. I started by joining as an office assistant in a DIC at Delhi (SACS). I received training on leadership and life skills. Next, I joined DNP+ as a counsellor for a project on trafficking and HIV/AIDS, and later as outreach worker with DSACS.

Our efforts helped in getting the government to fast track a scheme to ensure BPL cards for all PLHIV. Travel concession of 50 percent by train is already mandated and we are trying to increase that to 75 percent. I received



a fellowship from ActionAid, where I put together a list of 45 widows and sent it to the Government, requesting for their employment. In February 2010, I joined INP + as National GIPA Coordinator.

Q: Tell us what you plan to do as National GIPA Coordinator.

A: I am responsible for identifying and appointing GIPA coordinators at the state and district levels. I am in touch with Project Directors of SACS and Positive Networks to increase their meaningful involvement. A GIPA task force has to be established in every state and we have to outline their scope of work. A national level training workshop for GIPA is on the anvil and will train them as bridge between SACS and positive networks. A GIPA coordinator should be hired in every state (including low prevalence), and efforts should be made to increase the role of PLHIV in the many committees constituted at SACS level.

Q: Any instance of stigma and discrimination that you felt was unfair to you?

A: In 1995 when I was still to come to terms with my positive status, a

neighbour instigated me with lewd comments. I lost my cool, and the fracas led to a police case. I became a recluse and put blinds on my terrace, shielding myself from the glare of the outside world. It took me a long time to recover. Stigma and discrimination for PLHIV first starts at home and I was fortunate my wife was supportive throughout. My daughters had apprehensions when I wore my “I am Positive” t-shirt (to reassure them, I wear a jacket when I step out). They felt scared every time I wore a cap or tie pin that had the red trademark HIV ribbon, but today they accept it and take pride in what I do.

Q: Any advice for PLHIV?

A: Learn to love yourself. Draw up your own survival plan based on your circumstances. While there are people like us fighting for your cause, you have to take charge and be prepared to fight your own battles. The biggest inspiration for anyone from my life story should be to see for themselves that I have outlived all predictions. It has been 15 years of survival as PLHIV, and in no way do I feel my energy levels lower or my body wasted.

■ Madhu Gurung
Media Advisor (IEC), NACO



This quarter, states promote HIV-related awareness in various sectors, focusing on the risks of drug abuse and the benefits of blood donation. NACO News looks at what initiatives states have taken.

Kolkata Involves Youth in Fight against Drug Abuse

Rallies, street events and outdoor media highlighted messages on drug abuse

Observing the 'International Day against Drug Abuse and Illicit Trafficking,' West Bengal State AIDS Prevention and Control Society (WBSAP&CS) joined hands with the Kolkata police to hold a series of events with young people, police officials and corporate officials.

Inter-school competitions focussed on the themes "Ill-effects of Drug Abuse" and "Correlation between Drug Abuse and HIV." Essay, poster and debate competitions were held in English, Hindi, Bengali and Urdu, with over 50 schools participating.

A cycle rally was organised around the city from 19-26 June, with six cyclists, consisting of members of the Kolkata police distributing IEC materials and sensitising people at various locations, including slums and red light areas. All 48 police stations under the jurisdiction of Kolkata police held events, involving local people, activists, celebrities and NGOs.

Around 45 personnel of various ranks attended and benefited from information on HIV prevention, stigma and protecting rights of PLHIV.

Most events lasted for one to two weeks, ensuring high visibility and absorption of messages. As many as 41 information kiosks were put up at prominent locations from 24-26 June, and a central kiosk was installed at Sealdah railway station from 19-26 June. Infotainment activities like puppet shows, street dramas, one-act plays and songs were staged. Hoardings with anti-drug messages were put up at 15 prime locations for a fortnight. De-addiction camps with counselling and residential facilities were organised by the Kolkata Police for 10 days, with a capacity of 50 beds each.

The final event was held at Rabindra Sadan, on June 26 and was attended by Gautam Mohan Chakrabarti,

Commissioner, Kolkata Police, Rinchen Tempo, Principal Secretary, Dept of Women & Child Development and Dr R. K. Vats, Project Director, WBSAP&CS, along with 1,100 school children, principals, police officials, civil society organisations, celebrities and media. Rituparna Sengupta, popular film actress, gave away the prizes.

Sensitisation workshops were held at Central Industrial Security Force's North-eastern Zone Headquarters, under the leadership of the Inspector General. Around 45 personnel of various ranks attended and benefited from information on HIV prevention, stigma and protecting rights of PLHIV. An advocacy workshop was also held at Hindustan Motors factory at Uttarpara, Hoogly district, where discussions on workplace prevention and intervention on HIV were held.

■ Subhojit Chatterjee
SMEIO & JD (IEC), WBSAP&CS

NGOs and CBOs Take the Lead in UP

UPSACS organises State-wide seminar on 'Life and Blood Donation'

Uttar Pradesh SACS celebrated World Blood Donor Day on June 14, 2010 by holding seminars in all 70 districts of UP. The main event took place at Balrampur Hospital, Lucknow, inaugurated by Joint Secretary, NACO, Aradhana Johri. Mrs Kumud Lata Srivastava, APD, UPSACS and other dignitaries from the health, administration and social sectors were present.

The seminar, titled 'Life and Blood Donation and Role of Voluntary Organizations' was attended by over 200 representatives from



Over 557 regular blood donors, who donated blood more than 10 times, were felicitated.

donor agencies, medical fraternities, and experts in transfusion medicine. Over 557 regular blood donors, who donated blood more than 10 times, were felicitated all over UP. Most prominent among them was Mr Jaggi, from LIONS Club, who had donated blood 58 times. The seminar was followed by a blood donation camp. The first donor was the District Magistrate of Lucknow, Mr Anil Sagar.

■ Ashok Shukla
JD (Blood Safety), UPSACS

Adolescence Health Education Programme Implemented in 988 Schools in Kerala

Life skills education imparted through AHEP programme in four districts through trained resource persons



The Adolescence Health Education Programme (AHEP), implemented by Kerala SACS through State Council of Educational Research and Training (SCERT) in the four districts of Kozhikode, Wayanad, Ernakulam and Pathanamthitta, has emerged as an important education tool for school students. It will help young people safeguard themselves against STI/HIV.

The programme reaches out to students of classes IX and XI in 652

high schools and 336 higher secondary schools. Preparatory work involved holding a workshop of state resource persons by KSACS and SCERT to develop an action plan for implementation. A State Coordination Committee was formed under the Chairmanship of Secretary General, Education, and district level coordination committees for all districts, headed by the President of the respective district panchayats. A teacher training module was developed with the approval of the Curriculum Committee, and training was

provided to 71 resource persons. District level resource persons selected one male and one female teacher from 988 schools and trained them as Nodal Teachers, who could implement the programme.

The Nodal Teachers conducted sensitisation programmes for all teachers and parents over 16-hour classroom sessions dealing with essential life skills, the growth process (physical and mental), health and hygiene, nutrition, STIs and substance abuse. The programme placed Nodal Teachers as "counsellors" and "reliable friends" to students, urging them to clarify their doubts and seek information.

■ S. Ajai Kumar
JD (IEC), Kerala SACS

Arunachal Pradesh Mainstreams HIV with FBOs

The state saw the first ever coming together of faith and religious groups at an Advocacy Workshop on HIV



Recognising the need for preventing and reducing HIV prevalence and strengthening care and support in the state, Arunachal Pradesh State AIDS Control Society (APSACS) organised a workshop on March 16, 2010, mainstreaming HIV/AIDS within the agendas of faith-based organisations (FBOs) and building capacities of religious leaders. Present on the occasion were Hon'ble Health and Family Welfare Minister of Arunachal Pradesh, Mr Tanga Byaling, Dr T. Basar, Director, Health

The workshop concluded with representatives deciding to broaden the reach of activity through new and existing programmes in their communities.

Services, Talem Tapok, Mission Director, NRHM, Tashor Pali, Deputy Director, IEC and Dr Riken Rina, Deputy Director, STD.

Participants represented indigenous Donyi Polo organisations, Nyedar Namlo, Kargu Gamgi, Yelam Kebang, Abotani Nyibu Priests, Indigenous Faith and Culture Society, Buddhist Cultural Society, Christian Churches, Hindu organisations, Gurudwaras, and spiritual organisations like Art of Living and Brahma Kumaris.

Participants were updated on HIV/AIDS testing, care and support facilities. The workshop concluded with representatives deciding to broaden the reach of activity through new and existing programmes in their communities. They resolved to promote responsible behaviour and respect the dignity of people infected and affected by HIV/AIDS.

It was decided to set up a state level "FBO Forum" in consultation with APSACS. It was suggested that the government should reward good work done by FBOs that take innovative steps in promoting HIV-related activities.

■ Phungreiso Varu
Regional Communication Officer
(NACO NE Regional Office-
Guwahati)

Awareness Initiative for Migrants Launched in Chhattisgarh

"Suraksha Bandhan," which means "protective bond", was a commitment made to mainstream PLHIV into key government departments

A one-day awareness camp was organised by Mainstreaming Resource Unit of CARE and State Mainstreaming Unit of Chhattisgarh State AIDS Control Society (CGSACS), with District AIDS Control Society (DACS), Korba to launch the Suraksha Ribbon (Bandhan). The migrant population (industrial workers and

farm labourers) from Chhattisgarh and neighbouring states were organised and urged to avail services free testing and treatment at Integrated Counselling and Testing Centres (ICTCs) and link-ART centres at the district and block levels.

The Suraksha Ribbon works on the

principle that active participation amongst all sectors is important for bringing about behaviour change in vulnerable groups. It also ensures conducive environment for PLHIV and their families.

■ Sarwat Hussain Naqvi
(SMU), Chhattisgarh SACS

Mobile ICTC and Blood Transfusion Vans Launched in Gujarat

Addressing vulnerability of the population at-risk , a mobile ICTC was launched in Junagadh; on another occasion, 13 BTVs were released to as many RBTCs



The Gujarat State AIDS Control Society (GSACS) launched a mobile ICTC on a pilot basis earlier this months, in Junagadh, one of the largest districts in the state with a sizeable migratory population. The unit has all the regular facilities, and provides beneficiaries with

medication, treatment and counselling. An updated database of visitors is maintained to track the number of people availing services and testing. Those who tested positive are referred to the closed government hospital. In the first camp, a total of 86 couples were provided counselling and

testing services during the mass marriages organised by the fishermen community.

In a function held at Gandhinagar on May 31, 2010, Minister of Health and Family Welfare, Shri Jayanaryan Vyas, along with Minister of State for Health, Shri Parbatbhai Patel, handed over 13 Blood Transportation Vans (BTVs) received from NACO to 13 Regional Blood Transfusion Centres (RBTC) running storage centres at First Referral Units (FRUs) in Gujarat.

■ Hemant Shukla
JD (IEC), Gujarat SACS

Sikkim Resolves to be a “Fair and Clean Tourist Destination”

Tourism department, tour operators, hotel associations and taxi drivers’ associations commit to making the state HIV-free

A day-long advocacy meeting on HIV/AIDS was organised by Sikkim SACS, in collaboration with the Sikkim tourism department, tour operators, hotel associations and taxi drivers’ associations on April 9, 2010.

Promoting the concept of “fair and clean tourism”, representatives from the leisure and entertainment industry resolved to take concrete steps that could reduce HIV prevalence and step up prevention efforts. Various ways of mainstreaming HIV prevention messages in different organisations were discussed.



With over 1000 hotels and 50 tour operators in the state, a large advocacy movement could reach not just employees but also business visitors and tourists. It was decided to implement a health checkpoint in border areas, install condom vending machines at taxi stands, distribute

free condoms at ticket counters, print HIV/AIDS messages on hotel bills and receipts, and place posters on condom use in hotel premises.

■ Ms Lubhana Rai
AD (Documentation & Publication)
Sikkim SACS



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Shri Dinesh Trivedi
Hon'ble Minister of State
Health & Family Welfare



Smt. Sonia Gandhi
Hon'ble Chairperson, UPA



Dr. Manmohan Singh
Hon'ble Prime Minister



Shri Ghulam Nabi Azad
Hon'ble Minister of
Health & Family Welfare



Shri S. Gandhiselvan
Hon'ble Minister of State
Health & Family Welfare



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**At 18 you grow, at 18 you drive,
at 18 you give blood
to keep someone alive**



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