



A Newsletter of the
National AIDS Control Organisation

Ministry of Health and Family Welfare
Government of India

NEWS

Vol. VI Issue 1

Jan - Mar 2010

FINDING A PLACE UNDER THE SUN



Thoibi: Finding a
Reason to Live



Pooja Lives to
Tell the Tale



Suma: Surviving
Against all Odds



Nirmala: Linking
Up to Leadership

In the Mail



As part of Corporate Social Responsibility, we would like to educate ourselves on the kind of things that we can do to create awareness around HIV and what are the activities that we can undertake for different groups - men, women, unmarried girls and families. We have been following NACO News for quite some time now and are happy to note that it has diversified the range of topics it covers in the area of prevention, treatment, care and support for those living with HIV. It would be great to see more international coverage of HIV as also initiatives taken by the corporate sector to strengthen the fight against AIDS.

Monika Srivastava

Director

RitE Avion Exim Pvt Ltd, Mumbai



Having dealt with young adults for the better part of my life, I know just how much guidance they need on matters related to sexual health and relationships. While the mandate for any organisation working in the area of HIV/AIDS, such as NACO would be to bring down

HIV prevalence, the underlying messages are clearly to reach out to at-risk populations, of which young people are a significant majority, and to counsel them on abstinence, single partner sex, using condoms and delaying sexual debut.

A lot more needs to be done especially amongst those who are indulging in more than one risk behaviour like drinking and using drugs.

Kewal Soni

Management Consultant and Educationist



I am a counselor with a progressive school in Noida, Uttar Pradesh and would like to know how to go about organising a few sessions on HIV awareness and related subjects like sexual health for age appropriate groups. Are there special resource persons who can talk to students and if so how does one approach them? Also, does NACO have teaching aids, posters, CDs and other educational material that can help students understand what HIV is, how it spreads, the necessary precautions that must be observed and most importantly, how must they respond to people who have HIV.

While the media has played a role in spreading awareness, the correct facts still elude our children and in the absence of accurate information that can come from schools and/or homes, they turn to the Internet, which is not always the most appropriate place to seek credible information.

Smriti H Bakshi

Counselor with a private school, Noida, UP

Number of patients on ART*

| | |
|----------------------------|---------|
| NACO supported ART Centres | 313,161 |
| Intersectoral Partners | 2479 |
| GFATM Round VI Centres | 72,586 |
| Grand Total | 388,226 |

*As of 31st March, 2010

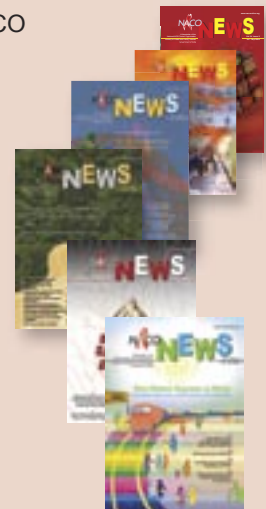
Help us in our constant endeavour to make NACO newsletter more participative by contributing:

- Case studies
- Field notes and experiences
- News clips
- Anecdotes
- Forthcoming events
- Suggestions

For back issues and for information on HIV/AIDS, log on to:

www.naonline.org or mail mayanknaco@gmail.com

– Editor





From the Desk of the Director General

This issue felicitates women in celebration of the spirit of International Woman's Day.

We have put women who are more vulnerable at a center stage and come up with stories of those who have swam against the tide and found their feet. By beating all odds, they have broken their silence of shame, wiped their tears against stigma and discrimination to tell their stories of native courage and fortitude. They present a human face behind the statistics that we deal with. Some would call them 'change makers' as they have walked a path of their own, making their lives inspirational for many. Perhaps they might motivate others to move out of their shadows of pain and denial to live a life full of hope and joy.

We hope they do.

Such stories also reinforce the faith that our work is in some way reaching out to the most vulnerable. This will strengthen our resolve and also encourage us to work harder.

This issue also has an update on the Red Ribbon Express's journey schedule. It is being received with much enthusiasm with many visitors saying that they have built a relationship with the train and its band of volunteers. This is the second time the RRE is traversing India's hinterland, spreading message on HIV/AIDS. Our biggest achievement through this massive advocacy campaign is to help create a health seeking behavior amongst people and

generate compassion and acceptance towards People Living with HIV (PLHIV).

Under New Initiatives, we are happy to announce the latest endeavor on early infant diagnosis, which aims to reach 8000 babies in 2010 through ICTCs and testing labs across the country.

Finding new and novel ways to keep reaching vulnerable populations through advocacy initiatives has to be a simultaneous exercise, along with scaling-up our treatment, care and support services. This continues to be our constant endeavour that is woven into all our targeted interventions. It is when people become center stage do interventions make their mark.

We give you a bird's eye view of our 2009-10 Annual Report. You are welcome to browse and access the softcopy from our website – www.nacoonline.org

I look forward to your feedback and suggestions in making this newsletter more relevant and meaningful.

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

Building Women's Resilience to Fight HIV

NACO commits to make equity and gender a cross-cutting theme as it goes beyond cold statistics to touch lives of women with services, information and empathy

Women make up half of India's population. Yet the ground reality is still harsh for them. Too many odds are stacked against them to allow them place under the sun. In a patriarchal society, they bear the brunt of natural disasters, war, disease, neglect and discrimination. Provisional estimates place number of People Living with HIV/AIDS (PLHIV) in India at 22.7 lakh, with adult prevalence of 0.29 percent. Of these an estimated 8.87 lakh women are infected by HIV.

Rapid urbanisation and migration of rural population to urban pockets in search of livelihood, has moved the epidemic through its heterosexual route enticing migrant men to indulge in high risk behaviour with commercial sex workers. Trapped in the vicious cycle of poverty and lack of awareness, they act as a 'bridge population,' in turn infecting their partners. Women are more vulnerable.

Only 54 percent are literate as compared to 76 percent men. At least 4.5 million girls are out of primary schools, which is double the number of boys. According to World Bank, for every 1,00,000 children born, 450 women die giving birth. Women are vulnerable also because of lack of awareness on modes of HIV transmission, preventive measures and low use of condoms by men. Most women are unable to negotiate safe sex or demand basic health services.

The UN theme for International Women's Day 2010 was "Equal rights, equal opportunities: Progress for all". This year also marks the 15th Anniversary of the adoption of Beijing Declaration and Platform for Action, outcome of Fourth World Conference on Women in Beijing in 1995.

It has been 14 years since it was first proposed in 1996. The Upper House has passed the Bill reserving 33%

seats in Parliament and State Assemblies for women it is yet to be passed in the Lower House Once the Bill becomes a law, it will be the beginning of a journey of possibilities for women in India.

Against this backdrop, the passing of the Women's Bill in the Rajya Sabha may well be the beginning of achieving gender equality in governance. As a celebration of the International Woman's Day, NACO Newsletter looks inward. It reviews and examines current challenges, programmes, strategies and proposed outcomes of its current interventions. It sees how policy makers, health professionals, NGOs and grassroots organisations have integrated prevention with care, support and treatment for women who are wittingly or unwittingly affected or infected by HIV.

Since Phase I of National AIDS Control Programme (NACP I) which started in 1992, NACO has implemented a comprehensive programme for prevention and control of HIV/AIDS in India. Improved understanding of HIV has enabled substantial changes to be made in the policy framework of NACP. The focus has shifted from raising awareness to behaviour change and from a national response to a more decentralised one, increasing involvement of NGOs and PLHIV networks. NACP has always looked at how the epidemic affects women. Now in its third phase (2007-2012), its overall goal is to halt and reverse the epidemic over a 5-year period, while integrating prevention with care, support and treatment for all.

Addressing vulnerabilities of Female Sex Workers (FSW) to reduce HIV infection

Since HIV transmission in India is mostly through heterosexual route, high rate of infection is passed from Female Sex Workers (FSW), to clients, through unprotected sex, which in turn infect, their female partners and unborn children.

NACO works with FSWs to help them negotiate safe sex with clients and partners. It also works to ensuring they access services at medical institutions through health personnel who do not stigmatise and discriminate. Such interventions aids in getting the estimate of women engaging in sex work, since many are part of a floating and hidden population.

NACO's partnership programmes with NGOs in high risk settings has helped reach home and

street-based sex workers through increased coverage. It is taking efforts to convert 50 percent NGO run projects to community-based organisations (CBO) to create greater ownership and sustainability. Presently, 435 targeted interventions are being implemented, covering 6.4 lakh (54 percent) FSW population. States like Tamil Nadu have brought high levels of awareness and behaviour change with sex workers succeeding in achieving high rate of condom use, leading to substantial decline in STI/RTI/HIV. Other states are following this model.

Reaching HIV services to institutional settings

HIV prevalence among pregnant women in India is 0.48 percent. NACP-III, is working to expand Prevention of Parent-to-Child Transmission (PPTCT) services to all health facilities where institutional deliveries take place. Training of personnel in counselling and testing along with supply of rapid test kits is being undertaken in government and private hospitals. Outreach workers and Link Workers, who come under NACO's strategy to reach vulnerable women also do follow-up with mothers for institutional delivery and provide free CD4 testing. Anti Retroviral drugs are given to HIV Positive pregnant women to prevent HIV transmission to the newborn child.

Making ICTC, STI clinics and ART centres accessible to HRGs and general population

Data from Integrated Counselling and Testing Centre (ICTC) shows that of all the people accessing the centres, 47 percent are women. According to Computerised Management Information Systems (CMIS) data and Behavioural Surveillance Survey (BSS) 2006, there is a steep rise in number of women accessing counselling and testing centers, STI clinics and ART centers. Of the 303,821 HIV Positive persons registered with ART centers, 42 percent are women.

NACO is supporting 916 designated STI/RTI clinics located at district and teaching hospitals, 1,311 STI clinics as part of its Targeted Intervention (TI) , 5,744 private preferred providers for community-based STI service delivery, 26,415 primary health centres/ community centres under National Rural Health Mission (NRHM) and 7 regional STI

training, reference and research centers, as of December 2009.

Over half the STI patients seen in STI clinics in district hospitals and medical colleges are women. During 2009-10, 54.6 lakh STI episodes were treated and by the end of 2010, another 54.4 lakh will be reached.

NACO's Efforts in Creating Gender Equity through New Initiatives

A move to have a gender sensitive policy for Women

Women focused schemes, that will benefit women directly and indirectly, are being introduced by State and the Central Government. In 2009-10, the Gender Policy was reviewed by key ministries, district collectors gave their inputs on how best the policy could work at their level, while UN agencies like UNIFEM and UNDP lent technical support to NACO to finalise the policy and suggest next steps.

Mainstreaming gender as everyone's concern

Gender is a cross-cutting issue in all trainings NACO plans to undertake as its mainstreaming efforts with government, civil society and corporate sector. Gender and vulnerability of women to HIV/AIDS is also part of Training of Trainers for civil society and CBOs.

Building capacities of women to be more aware to push for change

NACO's interventions have made an impact reaching women at grassroots. The women have been trained to motivate vulnerable women to test and avail of counseling, testing and treatment services, through the Self Help Groups (SHGs). Such training have enhanced SHG members to reach other women from their communities through improved Inter personal communication skills and push for behavior change.

SHG networks have expanded their scope in Maharashtra, Tamil Nadu and Andhra Pradesh (AP state alone accounts for over 80,000 women volunteers trained on the whole issue of HIV).

Convergence between NRHM and Accredited Social Health Activists (ASHAs) with village health volunteers and health workers is helping build a cadre of women who are trained on HIV/AIDS prevention and access to PPTCT and

ICTC services. They will form networks and work through panchayats and existing schemes like ICDS.

NACO's intervention of working closely with local self governments have not only sensitized Women Panchayat Pradhans but improved their knowledge and skills to administer women friendly laws and regulations. In times to come this will help them mobilize resources, generate public opinion and bring about changes in their communities against stigma and discrimination against PLHA.

Working with Positive Networks

NACP III is committed to providing care, support and treatment to PLHA. Encouraged by this support the Positive Networks around the country have recorded success stories that need to be recognized. The INP+ Madhya Pradesh organised capacity building training for Traditional Birth Attendants and Jan Swasthya Rakshaks on HIV/AIDS. In Balaghat, Community Development Center provided sex education in schools and communities to educate and train primary health workers, peer groups, counselors and teachers on HIV/AIDS and STI.

Thousands of miles away, Nirvana Foundation, based in Imphal, Manipur works with women to strengthen economic and psychological condition by identifying income generation activities. Many such examples abound across the country bringing hope and solace to positive women.

All HIV/AIDS interventions are aligned with affirmative action that brings women centre stage in all aspects of public and private life. NACO continues to learn lessons, innovate, reach out and create a vast network that puts the onus of personal responsibility on every Indian.

For those who put these interventions together, it reaffirms their faith that they form a small part in NACO's journey of possibilities.

It is only when those who are most vulnerable are nurtured, will they have the freedom to blossom.

■ Madhu Gurung
Media Advisor (IEC)
NACO
madhushakti@gmail.com

Eventful Journey from Being a Link Worker to the Sarpanch

Being a link worker paved the way for Nirmala to be a village leader, authorising her to mould age old customs that were detrimental to the growth and progress of women

Paruwara village in Durg district of Chhattisgarh is a backward tribal area which has shown high HIV prevalence. This village has been buzzing with activity ever since officials from the State AIDS Control Society came to initiate the Link Workers Scheme (LWS).

In the village meeting, when senior officials apprised the community about the purpose and benefits of the LWS and if any of them would like to lead the initiative by being the village's chosen link worker, there was a unanimous chanting of the name Nirmala Sahu. They proceeded to explain why she would be their best choice – she was confident, forthright had a good network in the village and had a way with words.

Surprisingly, looking at Nirmala – petite, shy, head covered with a *pallu* and soft spoken, one had to see her in action to know why she was so popular amongst all age groups. She had information on the village and each household on her finger tips. She had excellent coercive skills. She could convince people very easily on behaviour change and health seeking issues. Gentle and compassionate, her persona was non threatening, making it easy for people to open the doors to their homes and hearts to her. All this contributed in making her the perfect choice for a link worker – a person who could link the community to appropriate referral services.

She soon began organising focus group discussions and talking to the community on HIV/AIDS. It was while organising a health *mela* that she came in touch with the Panchayat in her village. Gradually, as she began to act as a bridge, passing information from government networks and other local bodies to people in the community, things started changing for the better. People's lives were saved as they availed timely



health check-ups, numerous schemes were availed, of which people did not have sufficient knowledge of. Many households took a progressive stance in not marrying their daughters while they were still minors, ensuring that the first pregnancy was delayed and using condoms to protect themselves from STI/HIV.

With each little triumph, her personality underwent a subtle change. She acquired leadership qualities, her ability to negotiate became better and

she also started leveraging her strengths to communicate her points amongst the menfolk.

Seeing this transformative process and the sway she held within the group, created a sense of security for the villagers who felt that with her intervention a lot of their issues would get sorted out. When she was asked to stand for the Panchayat elections, she was initially reticent. After all, no woman from their village had gone that far in building a profile or name for herself. But, once she said yes to the offer, all her waking hours were spent in bringing about positive change in her village.

Today, as the Sarpanch of Paruwara village, Nirmala's work is recognised not just in her community, but in scores of villages within the region. When she took her oath as Sarpanch, she said, "I got the confidence to be a leader only after I became a Link Worker. My orientation to HIV/AIDS has been significant, to the extent that I have included it in the agenda of all our Panchayat meetings. We are tracking the movement of infection in our village while providing updated information and counseling to people, besides linking them to relevant targeted interventions and testing facilities at district level."

Finding a Reason to Live

Adversity brings out the spunky and humane side of this AIDS worker who inspires many to follow suit

Thoibi was married to Ibosana at the age of 19. Today, she is 38 years old and an AIDS widow. Since 2005, she has been the General Secretary of the Manipur Network of Positive People (MNP+) in Thoubal district.

“When I learnt that Ibosana was on drugs, I tried helping him kick the habit. But when he kept going back on his word, our arguments became frequent, with sporadic bouts of violence. To support our erratic income which was reduced to a trickle, I started doing double shifts – one as a weaver and the other as a farm labourer.” At one point she did leave him to return to her maternal home, but was back again when he became sick and needed to be cared for.

“We lived in a room in Imphal and rented out cycle rickshaws for a living. For a while we were happy. But then he had a relapse. I was expecting my second child around that time,” she recalls.

A visit to the ICTC at RIMS Hospital confirmed his HIV positive status. He chose to conceal this news from Thoibi. At this point, her in-laws expressed their inability to support the entire family, urging her to look for an alternate place. The family kept to themselves, since no one mingled with them. When he died at 26, things plummeted further and whatever little comfort she had from neighbours and family, was withdrawn. Sustaining on manual contractual labour for three years, she finally collapsed with the burden of exhaustion and hopelessness. Three years after her husband’s death, in 2001, Thoibi repeated her HIV test and found her worst fears confirmed. She was positive.

As news spread, things became harder. She was banned from collecting water from the common tubewell and was shunted to the remotest corner of the village. Counselors at the testing centre asked her to get associated with MNP+ in Yaiskul area of Imphal. Meeting other women like her, helped



Thoibi come to terms with her situation.

Thoibi realised she had two options: one to reconcile to what fate had ordained, accept her lot and continue to be humiliated, and the second was to pick up the cudgels and resolve to improve her situation through sheer hard work and optimism. She volunteered to be the public face of MNP+ and organise awareness programmes in Thoubal, encouraging HIV positive women to reveal their status.

As a result of her mobilisation, MNP+ Thoubal today has 230 women with many having been

individually approached by her to declare their status, join the network, and draw strength from one another as they re-built their lives. Thoibi feels that one is most vulnerable in the initial months after knowing one’s status. Thoibi has helped many women become self-reliant. As General Secretary of MNP+, she runs numerous income generation programmes in food preservation, weaving, embroidery and traditional mat weaving for HIV affected and infected women.

She contested the panchayat elections last year but lost by a miniscule margin of 14 votes, but is hopeful of winning this year. She says: “Nothing pleases me more than the fact that I am helping others realise that there is life after HIV/AIDS.”

Thoibi’s resilient spirit had an inspiring effect on Rani, who too immersed herself in working with the HIV infected and affected community and is presently an executive board member of MNP+ Thoubal, and an outreach worker for the Access to Care and Treatment (ACT) project of ActionAid. For her, the biggest achievement has been to see her elder daughter complete high school. She attributes much of how her life has shaped up to the courage and path shown by Thoibi.

■ Excerpts from Women’s Feature Service

To Hell and Back: Pooja Lives to Tell her Story

How many of us can achieve what this gutsy young woman has, in the 22 years of her HIV positive existence?

Married at 15, a mother at 17, an AIDS widow at 23 with three kids in tow, two of them HIV infected, Pooja's story couldn't have gotten worse. But this gritty woman from Sirmour district of Himachal Pradesh, showed her true *pahadi* spirit (a person belonging to a mountainous region, culturally known to be tough and resilient) and battled the odds, to emerge a winner. A much-decorated young woman, she has earned the respect and accolades of not just the people she has worked with, but also the district administration in Chandigarh, who have time and again honoured her for her work and courage.



laws turned her out and parents gave up after supporting her for a few weeks, she resolved to move to Chandigarh, a larger, modern city, convincing herself that she would make something of her life, however short it be.

Going beyond being a PLHIV

“I was in a hurry. I knew the best I could do in the short time I had, with limited skill sets, was to work with the HIV community. This was where my personal experience would come handy and it would give me a chance to

contribute something meaningful to the society too”, she says, adding she did not lose time in approaching Chandigarh State AIDS Control Society and got a job as a field worker in their drop-in centre. Seeing her confidence and quick transformation, also the fact that she naturally connected with people, she was made President of Chandigarh Network of Positive People.

She realised that she had the potential to be a good counselor as people actually listened to her and paid heed to what she said. She decided to study further. Today she is a Certified Master Trainer of the GFATM Round 7. She is a regular speaker in schools, slums, churches, gurdwaras. She was selected as a Commonwealth Youth Ambassador and was also nominated as Member of Governing Body of Chandigarh SACS.

Her life is full with appointments, meetings, playing with her children and plans for the future. Adversity could not have had a better adversary than her. Indeed, she has turned the devils away from her doorstep. She inspires not just positive women, but women in general and is a youth icon in Chandigarh, Haryana, Punjab and Himachal Pradesh.

Humble background

Born to parents who were landless, daily wage labourers, meant a life of uncertainty. While she wanted to study and be a teacher, she was forced to drop out of school to look after younger siblings. She was married off to a truck driver at the age of 15 as it, meant one less mouth to feed. She recalls how when she had seen a street play on HIV/AIDS in her locality, she had asked her husband to get his HIV test done, since he was in a high risk profession. But he didn't pay any heed to her, only to regret it later.

HIV comes knocking on her door

When she was 21, her second son developed a medical complication. While he was being treated, the doctors discovered he was HIV positive. On testing the parents, it was found that both Pooja and her husband were positive too. But it was late. Though her husband was put on ART immediately, he died later that year. She was left with three children, two of whom were positive. When her in-

Surviving Against all Odds

An inspiring story of a woman who made the miraculous transition from being a street sex worker to the Founder-President of Kerala's most successful CBO

Suma is a 40-year old good looking woman, who belongs to a distant rural village of Kannur district in Kerala. Her parents were agricultural labourers who struggled to make ends meet. At the age of 19, she was forced to marry a middle aged alcoholic, who tortured her sexually, physically and mentally. Unable to bear the daily harassment, she disassociated with him after six years of marriage. Adding to her troubles was the fact that she had four children from this marriage and no means to support them.

She attempted suicide along with her kids but was saved by a neighbour who later offered her a job in Kannur. Trusting him, she came along with him in the year 1990. By the time she realised that he was actually a pimp, it was too late. She got sucked into the sex racket and being emotionally vulnerable, turned to alcohol and drugs, supplied to her through some of her regular clients. Soon the habit overtook her and affected her health and professional standing. The pimp turned her out of the house. Working as a street based sex worker, her condition became even more pathetic. Often, the target of abuse and violence, she tried ending her life again, seeing it as the only way of escape.

In 2000, a Targeted Intervention (TI) project implemented by Jeevana Samskrity, a Kannur-based NGO heard about her and reached out to establish therapeutic rapport. They helped her enrol in a de-addiction programme which finally brought some order to her chaotic life. Regular visits to the project office gave her an opportunity to interact with other sex workers who also came from complex backgrounds. Hearing their stories and how they had handled adversity, gave her strength and hope. In a few months, she became confident enough to accept the role of being Founder Member of Chola, a Community Based Organisation (CBO) of Female Sex Workers (FSWs) in Kannur district. The bitter experiences from the street and professional training from the CBO made her a strong woman who could fight for her own and others' rights.



The bitter experiences from the street and professional training from the CBO made her a strong woman who could fight for her own and others' rights.

She was elected President of Chola in 2008 and it was during her tenure that Chola became independent from its mother NGO, assuming responsibility of implementing the TI programme among FSWs in the district. Today, it is one of the best community led targeted intervention programmes in Kerala. Under her leadership, it developed strong networks with governmental and non-governmental agencies. With her empathy and understanding, she could identify key areas that needed to be addressed. She started a much needed shelter (protective and rehabilitation home) for aged FSWs and a mid-day meal to help destitute women who could use Chola's drop-in centre. Presently, she is trying to find ways of providing free medical care and income generation opportunities to sex workers who are members of her CBO.

Corporate Sector Comes to Tanuja's Rescue

Ballarpur Industries runs two ART centres under a PPP initiative supported by NACO; Tanuja has been fortunate to benefit from their workplace interventions

Thirty year old Tanuja Gautam Kamble belongs to Ballarpur in Maharashtra. As a health worker in BILT's Continuum of Care Project, her biggest learning has been to accept her status and be unafraid of the unknown. By forgiving her husband, who passed the infection to her, she feels relieved of a huge burden. The Positive families she comes in contact with, vouch for her rock solid support. Excerpts from an interview:

Q: When did you get to know you were Positive?

A: After 3 years of marriage, as part of an ANC check-up, I was tested for HIV and found positive. The test was done in a private lab in 2007. Once the result was known, the doctor advised my husband to go in for testing and he was diagnosed with HIV too. My husband's initial response was of vehement denial, followed by shock and breakdown.

Q: How did you break the news to your family?

A. We both got into depression. My husband started drinking heavily, and for me, the barrage of tears would not stop. I was convinced we would die. I forgot I had a child in my womb. We were both consumed by our grief. When things settled down, we decided to abort the child but my in-laws advised us against abortion.

Q: How is the child?

A: We are glad we went ahead with the pregnancy. Our son is negative, thanks to doctors who administered right drugs at the right time and counselled us.

Q: How has your job at BILT changed your world view?

A: I became self reliant and confident. I acquired knowledge on HIV which I share with PLHIV. I came to terms with my status. Economic independence raised my confidence and gave me emotional strength. I feel part of a large caring family. Being in a professional corporate

environment is good, since systems are in place and one is surrounded by enlightened people.

Q: Tell us something about BILT's Continuum of Care project?

Ballarpur Industries is India's oldest and biggest paper manufacturing company. They initiated an HIV/AIDS intervention programme in November 2005 focusing on awareness and prevention. A workplace policy looks at stigmatisation and discrimination of employees, and no screening at the time of employment or post employment. Psychosocial and medical support is provided to positive employees.

Their first ART centre was set up under Public Private Partnership in Ballarpur, Chandrapur district (August 2007), and the second centre in Orissa (March 2009). Package of services provided to PLHIV range from nutritional support to income generation activities and providing market linkages for products. Interim care and support is provided to infected and affected children. Overall goal is to help PLHIV integrate with society and reduce stigma and discrimination.

Q: What is your advice to other women who may or may not be Positive?

A. They should accept their positive status and stop struggling to find reasons and logic in that reality. It is not the end of life. Today, one can live for decades with HIV. I would advise all those who are not positive to get tested. They should practice single partner sex and use disposable syringes.

Q: What are your plans for the future?

A. I want my son to be a doctor. Without proper education, there is no security and hope in life. As for me, I live one day at a time and do the best I can.

Q: Any message you have for women?

A. A woman is born to be strong, a caregiver and nurturer. She should never forget that, and indulge in self pity. If you respect and love yourself, things will change for the better.

Maharashtra Comes Alive with Red Ribbons

RRE's in Mumbai reaches out to both high risk groups and regular commuters

February 25, 2010 was a special day for commuters who used the busy Chhatrapati Shivaji Terminus to get to work. The RRE invited them on Platform 13 to walk through their exhibition, indulge in quick interactive games with chirpy volunteers and pick up attractive IEC material.

Among the diverse crowd that congregated on the platform, were students, young working professionals, *rickshaw* drivers, truckers,

dabbawalas (food salesman), housewives, married couples, social activists and street urchins for whom the railway platform is their home.

As the day came to a close, the crowds left satisfied with red ribbons pinned proudly to their shirts. Their determined smiles reflected the energy that the RRE radiated. Many resolved to adopt safe behaviour and advocate the same within their homes and communities.

Multiple Stakeholders Promote RRE in Kerala

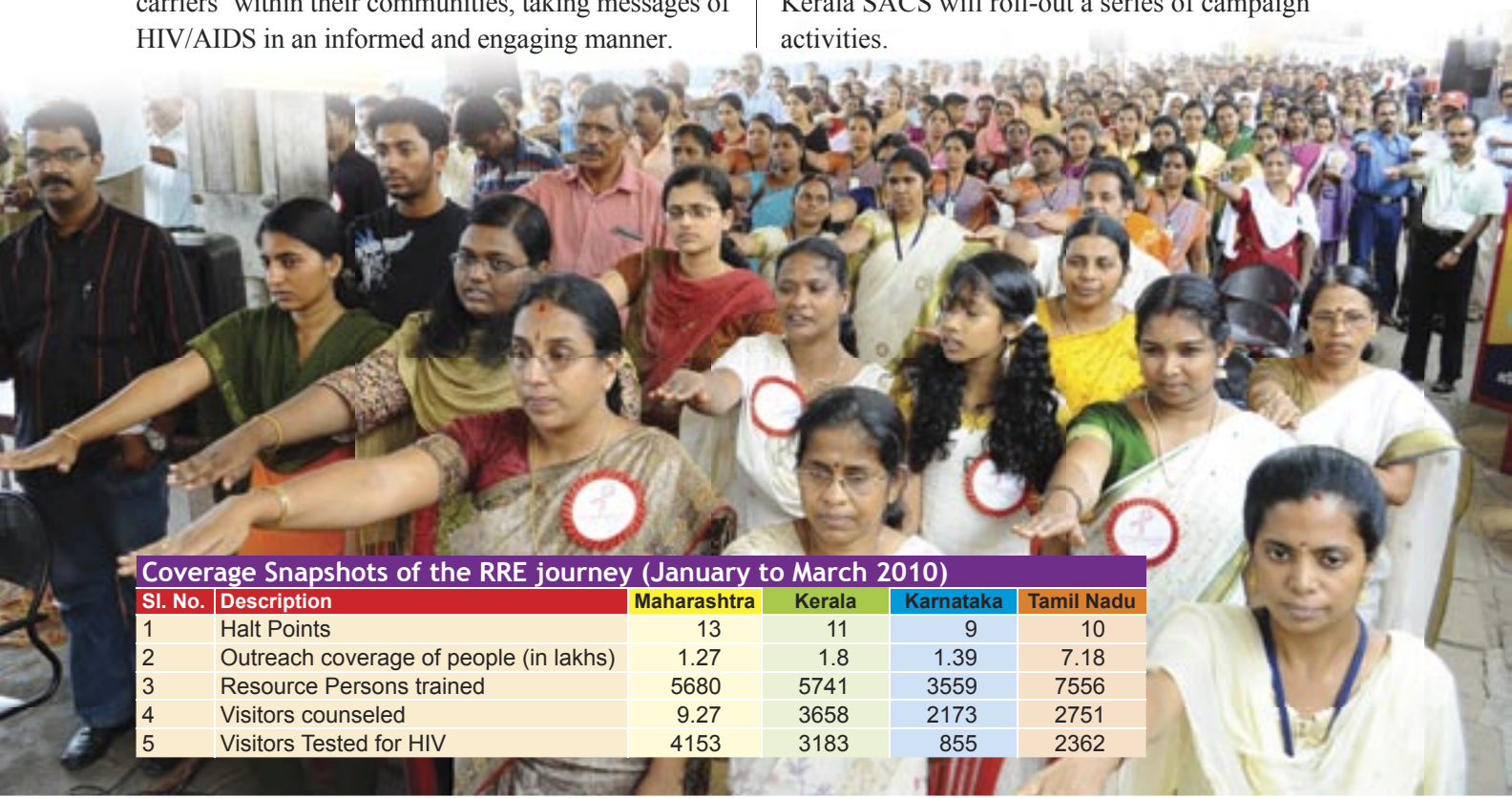
The train had high impact among government departments, ministers and partners

Interactive features of the RRE served as a huge draw in bringing at-risk and general population to visit the train that halted at seven stations from 28th June to 11th July, 2009 reaching 142,371 people. Most visitors to the exhibition had high recall of their earlier interface with the RRE in 2008.

More than 885 people tested for HIV and 3,559 underwent training. They would become 'information carriers' within their communities, taking messages of HIV/AIDS in an informed and engaging manner.

Preparatory work was undertaken prior to RRE's arrival through advocacy, write-ups in the media and informing villagers through folk forms.

Completing its 18-day campaign, the train created a platform for all stakeholders (political leader, district administrations, health and other government departments, private sector, PSU) to plan, and execute programmes for HIV prevention and reducing stigma and discrimination. As a follow-up, Kerala SACS will roll-out a series of campaign activities.



Coverage Snapshots of the RRE journey (January to March 2010)

| Sl. No. | Description | Maharashtra | Kerala | Karnataka | Tamil Nadu |
|---------|--|-------------|--------|-----------|------------|
| 1 | Halt Points | 13 | 11 | 9 | 10 |
| 2 | Outreach coverage of people (in lakhs) | 1.27 | 1.8 | 1.39 | 7.18 |
| 3 | Resource Persons trained | 5680 | 5741 | 3559 | 7556 |
| 4 | Visitors counseled | 9.27 | 3658 | 2173 | 2751 |
| 5 | Visitors Tested for HIV | 4153 | 3183 | 855 | 2362 |

RRE Gets Rousing Reception in Karnataka

RRE builds a strong relationship with Kannadigas

Karnataka received the Red Ribbon Express almost as if it was an old friend or relative. People ran along the colourful 8-bogey train at halt points, jumping in as soon as it grounded to a halt, wanting to know if the same counsellors were on board who had come earlier. “We have so many questions and doubts to clarify this time” said Rajneesh Nair who wanted to equip himself with a lot more facts since he had taken on a strong advocacy role in his college and needed to get back to fellow students with specific information.

The train which arrived from Miraj in Maharashtra halted first at Hubli before moving to Belgaum, Hebsur, Koppal, Bellary, Raichur, Chikjajur, Birur, Tumkur, Kolar and Udupi heading to Kasargod in Kerala via Madgaon on February 23rd.

To reach people in villages were two specially decked up buses which covered ground systematically, halting to put up street plays, music



shows and organise other interactive games and activities. These performances helped attract more people to the train and a lot stepped forward to get themselves tested for HIV, provided their status would be confidential.

According to E.V. Ramana Reddy, State Health Secretary, the train had achieved its mandate of creating awareness not just about HIV but about health and pandemics such as H1N1 too.

RRE Strengthens Understanding of HIV in Tamil Nadu

10 halt points ensured strong coverage in a state which has high HIV awareness

RRE's 17-day sojourn in Tamil Nadu was eventful with large groups of people availing counselling and testing facilities and going in for general check-ups in the NRHM coach. While general awareness on HIV was high, many had doubts on transmission of infection. Long queues were seen outside the counsellor's makeshift cabin, with people seeking additional information in private.

The train reached Nagarcoil station on 14th March, 2010 and was there for two days before moving to Virudhnagar. From here it moved to Madurai where large crowds flocked to exhibition bogeys. The next halt was Rameshwaram and then it proceeded towards Tanjavur, Coimbatore, Salem, Vridhachalam and Chengalpattu before halting at the last point, which was Chennai.



A total of 718315 visitors were mobilised, 2715 counselled and 2407 tested for HIV. Training was imparted to 7376, representing the police, nurses, youth, health workers, elected representatives and women's self-help groups.

■ With inputs from the States

Building a Strong Gender Agenda in the States



States stand by women and show their commitment in multiple ways through activities, pledges, nominations and initiatives

Manipur draws attention to plight of marginalised women

Manipur Network of Positive People (MNP+) held a seminar on “Equal rights, equal opportunity: Progress for all” at Imphal and Thoubal districts with support from Manipur SACS. MC Rita, Chief Functionary, Meitei Leimarol Sinai Shang, said it was important to understand vulnerabilities of women who comprised high risk groups, especially those engaged in sex work and find novel ways of reaching them. Rakesh Meihoubam, Director Human Rights Law Network shared the suffering and tolerance faced especially by Manipuri women. He opined that Meitei women are adversely affected by socially accepted rules and norms made by us. They are unable to stand up for themselves and are often deprived of making their own reproductive decisions. They need to be given the same rights and environment as other women.

Himachal gets a mobile ICTC van

Availing of timely medical help in hilly districts is crucial for women who are still dependent on menfolk when it comes to commuting long distances in difficult terrain. By deciding to flag its first Mobile ICTC van on the occasion of IWD, Himachal Pradesh demonstrated its sensitivity and concern towards women infected and affected by HIV. The van was flagged off by Dr Rajeev Bindal, Hon’ble Health Minister, HP. The minister led by example, getting tested for HIV. He released a CD on HIV/AIDS Control Programme in HP.

A convention of 400 women SHG members was held at village Paplota, district Solan on March 8, 2010 where through *mehndi* and *rangoli* competitions, creative messages on HIV prevention were designed and displayed at the ridge in Shimla. A convention of 65 women leaders representing education, Panchayati Raj, police, social justice and health was organised at Dharamsala, district Kangra on March 12, 2010.

Kerala observes IWD

In an initiative to uphold the economic, political and social achievements of the RRE, Kerala observed International Women's Day 2010 with special programmes in the training coach at Ernakulam south station. The programme comprised of talks on feminisation of HIV, reproductive rights of women and role of women in blood donation. Participants included nursing students, health service providers and media representatives.

Chhattisgarh honours women achievers

The state of Chhattisgarh had a well coordinated advocacy plan on the occasion of IWD, with messages beaming through the day on radio, television and newspapers. On-ground activities comprised seminars, workshops, rallies and community events.

'Mahotsava' was an exhibition organised in Raipur displaying information on health, gender, human rights and HIV. IEC material was distributed and women achievers honoured. Local song and dance troupes (kala jathhas) depicted the evolving of women through the ages. CGNP+ along with partners organised a programme under the DIC project run by Durg District Network of people living with HIV/AIDS. Almost 200 members took part in song, plays and dance items.

Women encouraged to donate blood in Andamans

Motivating rural women to be HIV messengers Andaman and Nicobar AIDS Control Society had massive outreach on the occasion of IWD. A blood donation camp was organised on 4th March which was inaugurated by the Lady Governor. Two similar camps were held at the GB Pant hospital where nursing staff donated blood. Trained Nurses Organisation of India organised a function and a lively debate ensued on role of women in prevention and control of STI/HIV/AIDS. A mainstreaming workshop was held at Austinabad and Chouldari for rural women, motivating them to step forward and organise blood donation, safe sex and condom promotion drives in their communities.



Felicitation of AIDS Ambassador Mrs. Santosh Nirash by Project Director Dr. V. Singhi and DD, STD Dr. Sarita Lama

Sikkim appoints its first AIDS Ambassador

A day-long media advocacy on HIV/AIDS was held on the occasion of IWD. It was organised to highlight the importance of ethical reporting and to appoint from within the media fraternity, an HIV/AIDS Ambassador. The appointed ambassador will take responsibility of sensitising journalists, taking up the right issues to public and maintain confidentiality of PLHIV.

Santosh Nirash, 81 year old senior journalist and editor of Hindi weekly, *Zamana Sadabahar*, was appointed as Sikkim's Goodwill Ambassador for HIV/AIDS for a one year term. Having over five years' experience of writing on social and development issues in the state, she is a respected member of the community. She plans to motivate journalists to cover all aspects of vulnerability amongst every target group of the population. It was also suggested that media should be more inquiring in their approach as they objectively assessed and evaluated schemes and policies related to HIV.

■ With inputs from the States



8,000 Infants to be Diagnosed for HIV in 2010

Diagnosis of HIV in infants and children below 18 months by using DNA PCR Testing (Early Infant Diagnosis) is being rolled out in 8 states through ICTCs and ART centres

The Early Infant Diagnosis programme which entails diagnosing infants and children below 18 months of age by using DNA PCR Testing, was successfully rolled-out in March 2010. The test costs Rs 2,000, which is fully borne by the Government and is to be repeated up to three times, till the baby is 18 month old and a final confirmation with the help of serological is received by serological testing is done as in case of adults.

At present, testing has begun in Andhra Pradesh, Tamil Nadu, Gujarat, Madhya Pradesh, Karnataka, Maharashtra, Kerala and Pondicherry, in 767 ICTC (>5 HIV positive pregnant women in 1 year) and 181 ART centres.

The programme will be expanded once there is feedback from other states. It is proposed to reach 8000 babies in 2010 through testing labs, which include:

- National AIDS Research Institute (NARI), Pune, Maharashtra and Goa
- National Institute of Mental Health and Neuro Sciences, NIMHANS, Bangalore, Karnataka
- Kasturba Hospital for Infectious Diseases- Mumbai, Madhya Pradesh, Gujarat, Chhattisgarh, Bihar and Jharkhand
- Tuberculosis Research Centre (TRC), Chennai, (Tamil Nadu, Kerala, Pondicherry, Andaman and Nicobar)
- Dr MGR Medical University, Chennai Tamil Nadu

HIV infected infants are most vulnerable

HIV-infected infants are the most vulnerable of all HIV positive people, with a mortality > 50% by age 2 in untreated patients. What is heartening is that they also benefit the most from ART. Since, diagnosis is difficult due to the presence of maternal HIV antibodies that are transferred from mother to child during pregnancy, childbirth and breastfeeding, this needs to be monitored closely.

Most infants born to HIV+ mothers would test positive using standard HIV antibody tests such as ELISA or rapid tests, until the level of maternal antibody falls below the limit of detection at 18 months.

Dried Blood Spots (DBS) and/or whole blood in EDTA, are specimens that can be used to perform HIV DNA PCR testing. DBS is collected at the ICTC centre and children showing presence of DNA are referred to ART for whole blood testing.

Early detection allows the parents and physicians to provide best possible medical treatment, care and nutrition so as to allow the baby a fair chance of a better and healthier life.

■ Dr. Sandhya Kabra
Assistant Director General (LS), NACO
sandhyakabra@gmail.com

NACO and Doordarshan signed an MoU on March 3, 2010

NACO signed an MoU with Doordarshan on the production and telecast of Kalyani Health Magazine. The formal signing took place on March 3, 2010. Kalyani will be aired in the regional stations of Doordarsha. The weekly programme telecast every year will address HIV/AIDS issues in the month of December and January.

An impact evaluation of Kalyani shows that most viewers had heard of HIV/AIDS as compared to non Kalyani viewers. Further, people who watched Kalyani, had a positive attitude around stigma and discrimination against people living with HIV.



Knowledge FAN Festival

Youth in Nagaland and Manipur come together for a dialogue around HIV

Knowledge for Action Now (FAN) was implemented in two HIV high prevalence state, Manipur and Nagaland from January to March, 2010. This was a unique community mobilisation and empowerment process that aimed at building youth and community leadership by providing direction, motivation and vision to work in a targeted manner around the themes of health and human rights, especially in families impacted by HIV.

FAN adopted a two-phased design approach. In Phase I, it built capacities of several youth and communities to use knowledge sharing tools, and in Phase II, it created a youth and community-led knowledge exchange and advocacy platform.

Stories were written with sensitively worded dialogues and narratives and then set to music, dance and theatre before being enacted at multiple fora. Several hundred youth, communities and stakeholders engaged with this first-of-its-kind Knowledge FAN festival, which served as a powerful platform to mainstream issues.

Supported by the Embassy of Sweden through UNAIDS, Knowledge FAN engaged 24 partner organisations along with the Centre for Human Progress (CHP) in Delhi, Care Foundation and Galaxy Club in Manipur and Kripa Foundation and Prodigals' Home in Nagaland as its key implementing agencies.

■ Ash Pachauri

Director & CEO, Center for Human Progress

VAXLIT toolkit: One stop information source on AIDS Vaccine

International AIDS Vaccine Initiative (IAVI) has produced, VAXlit, a guide on every aspect of AIDS vaccine R&D. This guide seeks to build basic knowledge about AIDS vaccine development and includes everything from a reference manual to a participatory training guide to factsheets

Toolkit can be ordered on line at:
<http://www.iavi.org/publications>





'Positive Journey': Vignettes of HIV in India, Through a Lens

A coffee table book poignantly captures the social and emotional impact of HIV as it connects with HIV positive people in 6 Avahan states.

Positive Journey is the result of a 5-year project commissioned by INP+, a 216 page photo documentation that has been put together as a coffee table book that resonates with images of hope, positivity and spirit. The book is testimony to the fact that the world of a Person Living with HIV/AIDS (PLHIV) has changed drastically since the first AIDS case was detected in Chennai in 1986. The transition from hopelessness to hope has brought with it a new face of HIV – one that is surer of itself, is unafraid of venturing into the unknown, and which has the courage to stare reality in the eye.

With more than a 100 HIV positive men, women and children ready to face the camera, revealing their true identities and telling their stories it is a powerful reflection of not just their coming to terms with being HIV positive, but also society accepting them as one of their own.

Undoubtedly, a lot more milestones have to be achieved. There still are instances of inhuman behaviour which target the PLHIV and his/her family, but a lot of water has flown under the bridge in these 25 years. Treatment, care and support through the government health system, have been the biggest leveler. Most of the photo documentaries illustrate this dramatically. Getting free medicine, counseling and antiretroviral therapy, have been a boon. Also seeing HIV positive people leading a fairly normal life for 15+ years, thanks to first line and now second line

ART, has given PLHIV across the country immense hope.

Photographed by Shaju John, a sensitive and well known photographer who travelled into the hinterland for six months, each picture tells a story. The feminisation of the epidemic could not be brought out more strongly – with bulk of the case studies and pictures being of young mothers, many widowed, struggling to fend for themselves and their positive children too. Ironically, in most of the stories, it is the looking after of the child that has become the *raison d'être* of the woman's existence. Seeing the smiling face of the child or participating in his/her innocent pranks makes the mother's most painful moments more bearable.

The book which is an illustrative account of HIV in India, deserves to be seen and read by a large audience. It serves not just to inform and educate but also teach us a few lessons in humility, courage, honesty and gratitude. It must not be a resource only for those affected and infected by HIV. It should serve the larger purpose of creating greater understanding, empathy and compassion for those whose life is a daily struggle and who can find succor and comfort from our understanding.

Family Health International provided technical support for the book which is published by Indian Network for People Living with HIV (INP+). It was released by Shri K. Chandramouli, Secretary for Department of AIDS Control, Director General NACO.



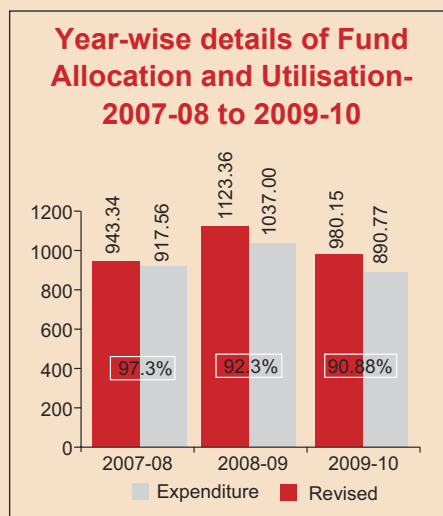
NACO's Annual Report: Storehouse of Facts and Information

Everything you wanted to know about India's National AIDS Control Programme is here in this report with details on activities carried out during financial year 2009-10

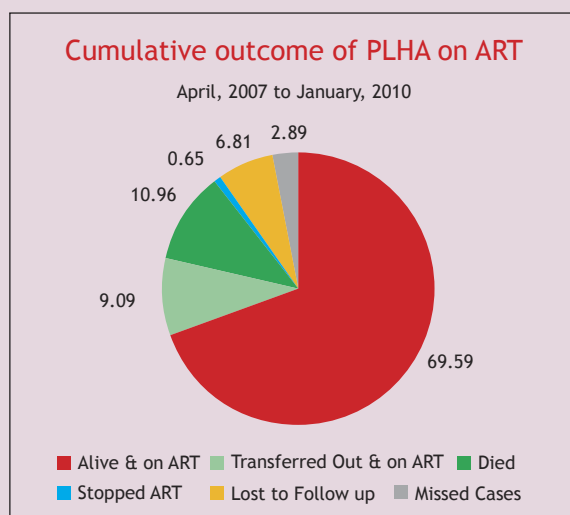
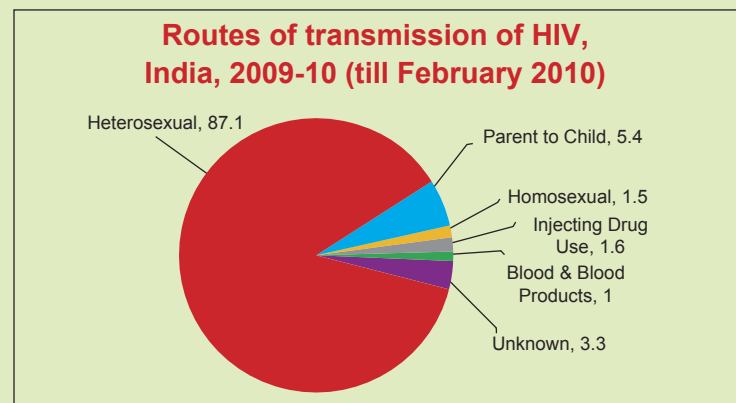
A comprehensive 120 page reader-friendly document that captures the entire National AIDS Control Programme (NACP) and NACO's functioning as a full fledged department under the Ministry of Health & Family Welfare, the Annual Report 2009-10, is a valuable resource for anyone working in the area of HIV/AIDS or wanting information on how the Indian government has contained the epidemic through a series of programmes and interventions that have systematically been scaled-up through NACP-I, II and now III.

India has the largest HIV surveillance system in the world which was set up 25 years ago. Today, it has evolved technologically to accurately depict coverage, processes and implementing structures, making it one of the most robust HIV surveillance systems globally.

Along with financial estimates and budgetary allocations provisioned under different programme heads, the report gives updated data, detailed information, key features, list of achievements and future plans.



The primary drivers of HIV epidemic in India are unprotected paid sex/commercial female sex worker, unprotected anal sex between men who have sex with men, and injecting drug user. The nature of the epidemic in India is one that is concentrated with overall HIV prevalence among different population groups in 2008-09 showing very high prevalence among High Risk Groups – IDU (9.2%), MSM (7.3%), FSW (4.9%) & STD clinic attendees (2.5%) and low prevalence among ANC clinic attendees (0.49%).



Source: Computerised Management Information System, NACP-III

As of November 2009 there were 230 fully functional ART Centres against the target of 250 by March 2012. However, based on need and demand of ART, number of centres likely to be functional by March 2010 is estimated to be around 300.

A complete chapter has been devoted to infrastructure development for Care, Support and Treatment. ART for eligible PLHIV was launched on 1st April, 2004 in 8 government hospitals in 6 high prevalence states. Since then, the programme has been scaled-up in terms of facilities for treatment and number of beneficiaries seeking ART.

Current epidemiological situation of HIV/AIDS in India shows that there are 22.7 lakh PLHIV in India by the end of 2008, with an estimated adult HIV prevalence of 0.29%. Declining trends are noted in high prevalence states indicating possible impact of sustained programme interventions.

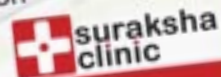
There is a detailed mid-term review of NACP-III which gives the current status of most projects. The report concludes with factual inputs that include contact details of SACS and other ready-to-use information.



Caring for yourself and for your loved ones!

To keep yourself and your loved ones safe from STI and RTI:

- ✓ Use condoms correctly and consistently
- ✓ Practice safer sex
- ✓ Maintain hygiene - personal, genital, coital (washing genitals after sexual intercourse) and menstrual (in women)
- ✓ Get early diagnosis of STI/RTI
- ✓ Many STI are asymptomatic; internal examination helps diagnose hidden STI/RTI
- ✓ Complete the entire course of treatment
- ✓ Get your partner treated for STI too - this will prevent re-infection




National AIDS Control Organisation
India's voice against AIDS

Editor-in-Chief: Ms Aradhana Johri, Joint Secretary

Editor: Mr Mayank Agrawal, Joint Director (IEC)

Editorial Panel: Dr D. Bachani, DDG (CS&T), Dr S. Venkatesh, DDG (R&D and M&E), Dr M. Shaukat, ADG (BS), Dr. Neeraj Dhingra, ADG (TI) Dr A. K. Khera, ADG (TI&STD), Dr Sandhya Kabra, ADG (Lab Services & Quality Assurance), Mr M. L. Soni, US (IEC), Ms Madhu Gurung, Media Advisor (IEC).

NACO News is a newsletter of the National AIDS Control Organisation (NACO), Ministry of Health and Family Welfare, Government of India, 9th Floor, Chandralok Building, 36 Janpath, New Delhi-110001. Tel.: 011-23325343, Fax: 011-23731746, www.nacoonline.org

Compilation, design & production: New Concept Information Systems Pvt. Ltd., New Delhi
Printed with support from UNDP