

NACO NEWS

A Newsletter of the
National AIDS Control Organisation

Ministry of Health and Family Welfare
Government of India

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Welcoming the new Director General, NACO

It is our great pleasure to inform that Mr K. Chandramouli has joined as the new Secretary, Department of AIDS Control and Director General of NACO, Ministry of Health and Family Welfare, Government of India. A post graduate in Chemistry, he is from the 1975 batch of Indian Administrative Services (IAS).

Mr Chandramouli has held various significant positions, including Consultant with UN Development Programme, Principal Secretary in the Finance, Home and Social Welfare departments, and Commissioner in the Finance and Revenue Department in UP.

Prior to his new assignment, he was the Central Provident Fund Commissioner of Employees Provident Fund Organisation.

We look forward to working with him and wish him all the best.

Note: By the time the issue went to press, the new Secretary & DG, NACO took over. We welcome our new DG.

In the Mail



A specially dedicated newsletter on HIV/AIDS with highlights of different programmes and brief accounts of recent projects and interventions is extremely informative. I was quite surprised to

see how active India's National AIDS Control Programme is.

I look forward to seeing more qualitative and quantitative surveys.

Sonia Khatri
Student

Delhi School of Social Work



I keep a track of NACO newsletter because I am interested in making documentary films and short news capsules on HIV/AIDS, Tuberculosis and Reproductive and Child Health issues. In the newsletter, I always find something that triggers my imagination and

gives me a new perspective to deal with this challenging condition.

The Positive Space section is very inspiring and the IEC updates are informative. It is good to see so much of creative work coming out of NACO.

The age of public service broadcasting has finally come of age and social service messaging in India is now fairly sophisticated and contemporary. The newsletter could give readers details about these too—even if it is only in terms of a brief listing.

Arindam Mukherjee
Sahara Television, Mumbai

Number of patients on ART*	
NACO supported ART Centres	268,180
Intersectoral Partners	2479
GFATM Round II Centres	2489
NGO Sector	474
Grand Total	273,622

*As of 30th September, 2009

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.nacoonline.org or mail mayanknaco@gmail.com

– Editor





From the Desk of the Director General

Access to safe blood through Voluntary Blood Donation (VBD) has been a focus area in most of the activities planned at NACO and SACS. The emphasis has been on establishing new and efficient ways of creating responsive systems on one hand, and widely disseminating relevant messages that highlight the importance of safe blood on the other.

Our states are fast moving towards improving their targets and I am happy to see two inspiring case studies in this issue of NACO News. West Bengal achieved a 90 percent VBD target and we have highlighted the steps that they took to achieve this. The other is a fascinating story of how one individual in Chandigarh got a complete region active in blood donation, bringing in many innovations as also pathbreaking changes during the last five decades and in the process, involving her entire family to become advocates of VBD.

The VBD drive is built on such stories and I do hope that we hear of many such examples of courage, commitment and change.

The National Consultation on GIPA was significant not just because this is a topic that the global community is interested in today, with most of Bali's ICAAP conference focusing on it, but because NACO too is seeking a consultative approach in developing a framework that can help us best address issues and cases of stigma and discrimination at district, state and national level. We are in the process of finalising GIPA Policy Guidelines and concretise a GIPA Action Plan that should serve as a blue print to all those working in the area.

Our focus on youth will get a finite push with the formation of Red Ribbon Clubs in schools and colleges. This is already becoming a big movement and with the guidelines, it should be easy to have a large number of institutions replicating and learning from each other.

Continuously seeking high impact IEC activity is the mainstay of a lot of our work, especially in reaching difficult areas. I am very happy with the way our special radio programmes are shaping up and the enthusiasm with which local communities, specifically youth are taking ownership, opting for training, adding immense value through their own insights and experiences to conceptualise and implement a strong community initiative.

As most of you would know by now that I am moving on as Secretary, Health in the Government of India, I would like to take this opportunity to thank our partners, donors, agencies that we have worked with and SACS for their valuable inputs in shaping so much of what has happened over the last three years in the field of HIV/AIDS. I would continue to draw on your support and guidance on a larger spectrum of health issues though HIV/AIDS would always remain a priority.

Wishing you the best.

*Ms K. Sujatha Rao
Secretary, Department of AIDS Control and
Director General, NACO
Ministry of Health and Family Welfare
Government of India*

The Nation Gears Up to Safe Blood Practices

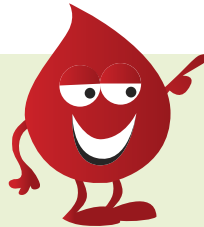
NACO launched nationwide Voluntary Blood Donation campaign

Focus of India's national blood programme is to strengthen the cadre of voluntary, non-remunerated blood donors

Access to safe blood is mandated by law, and is the primary responsibility of NACO. The specific objective of the blood safety programme is to ensure reduction in the transfusion associated HIV transmission to <0.5 percent, while making available safe and quality blood in the shortest possible time throughout the year.

The challenge facing everyone in blood service delivery is to ensure safe and sustainable blood supply. Traditionally, it has been the Red Cross and Red Crescent Movements that have been in the forefront, advocating voluntary, non-remunerated blood donation worldwide. In 1975, the World Health Assembly passed a resolution urging World Health Organization (WHO) member states to "promote the development of national blood services based on the voluntary, non-remunerated donation of blood." Since then, countries around the world have been working to achieve the goal of safe and sustainable global blood supply.

The challenge has been to invest in programmes that promote safer blood supply through the recruitment and retention of voluntary, non-remunerated donors from low risk populations.



Key initiatives taken by NACO to promote VBD

- Involving youth in the 18-39 age group to promote blood campaigns.
- Felicitating and involving youth icons, role models and centurion blood donors to motivate and inspire young people in cities and villages.
- Working with non-governmental organisations (NGOs) to promote linkage between safe and healthy lifestyle and quality blood; making blood recipients and donors understand that healthy diet, yoga, exercise, positive thinking and lifestyle ensures healthy blood.
- Helping corporates identify appropriate opportunities and groups for donating blood and holding regular camps.
- Guiding faith based organisations to take up the cause of VBD (in Mizoram, blood donation activity spiked when churches in their Sunday sermon sensitised people).
- Assisting government in introducing photo ID card for donors that will work in all blood banks.
- Helping low performing states strategise blood donation drives.

This can be achieved only through the recruitment and retention of voluntary, non-remunerated blood donors who donate through altruistic and humanitarian motives. In many instances, people do not donate blood simply because no one has ever asked them to do so.

Many countries have already completed the transition from paid and family/replacement donation to voluntary, non-remunerated donation. In India, people have stepped forward in large numbers to donate blood when calamities have struck. During both tsunami and the Mumbai blasts, voluntary blood donors turned up in large numbers. But according to blood bank officials, this may not be a very healthy sign. This kind of sudden upsurge of sentiment only leads to a glut in the blood bank. Blood is a perishable commodity. The focus therefore, should be on making blood donation an ongoing activity, leading to a steady and sure stream of supply all through the year.

It is also seen that during festivals, blood donation takes a dip since people's energies are diverted towards festivities. Organising VBD camps during popular festivals such as Dandiya in Gujarat or Ganpati in Maharashtra would be a good way of letting

people know that blood can be needed during festivals too.

NACP-III targets

There continues to be a serious mismatch between demand and availability of blood in the country. Against 10 million units/year requirement, availability is only 7.4 million units/year. Blood collected from VBD (non-remunerated) all over the country has demonstrated a definite rise but is yet to reach 64 percent in many states.

NACO is committed to bridging the gap in availability and improving quality of blood under National AIDS Control Programme Phase III (NACP-III) by:

- Raising voluntary blood donation to 90 percent.
- Establishing blood storage centres in community health centres (CHCs).
- Expanding external quality assessment services for blood screening.
- Ensuring quality management in blood transfusion services.

Stress on safe blood transfusion

Most offenders are technicians, lab attendants, ward boys and doctors. Absence of proper checks and balances leads to infected blood findings its way in operating theatres. Whether due to nexus between medical professionals and lab attendants and professional blood donors or ignorance on part of patients' attendants, lapses lead to infected blood being used on unsuspecting patients.

A shared responsibility must be borne by blood banks, clinicians and attendants of patients to curb this practice and to demand and get safe blood.

- Sensitising clinicians on optimum use of blood, blood components and products.
- Adding 39 blood banks in districts that do not have blood transfusion facility.
- Providing refrigerated vans in 500 districts for networking with blood storage centres.
- Establishing additional model blood banks in 22 states (10 are functional).
- Setting up additional Blood Component Separation Units (BCSUs) in 80 tertiary care hospitals and separate minimum 50 percent of collection at all BCSUs into components.
- Promoting autologous blood donation.
- Liaising with Indian Red Cross Society and Ministry of Youth Affairs and Sports to promote VBD among youth.
- Liaising with Indian Medical Council to mandate requirement of a Department of Transfusion Medicine in all medical colleges and incorporate appropriate transfusion practices in syllabus of MD/MS clinical subjects.
- Establishing one large scale plasma fractionation facility in the country to manufacture various plasma derivatives.
- Establishing Centres of Excellence in blood transfusion services in four metros.
- Introducing accreditation of blood banks.

One Woman's Efforts Make Chandigarh a Frontrunner in VBD

A sole woman's selfless journey has her entire family joining hands to give a fillip to one of the country's largest and most successful blood movements

The year was 1964 and Mrs Kanta Saroop Krishen was looking for some community service to engage in, since her children were school going and she had time on her hands. With the help of senior doctor friends, she set up the Blood Bank Society in the same year and became its general secretary. From here began motivational methods to get

people involved and 45 years later too, she remains at the helm of affairs. She now has unstinted support from the entire family – daughter, son-in-law, grand children, expat relatives and extended family that pitches in not just with donating blood and funding but organising an entire movement that has grown in the city to build a strong culture of

blood donation, developing a valuable bank of long-serving and committed housewives, and bringing visibility to the basic tenets of non-remunerated VBD.

It was under her leadership that an all India conference was convened in 1972 with 150 blood bankers. The most significant outcome was the formation of the all India body of the



Award function for voluntary blood donors

Indian Society of Blood Transfusion and Haematology, of which she became the first general secretary.

Chandigarh was the first city/UT where it was legally stipulated to stop professional blood donation. Through 'Common Cause', a magazine on consumer rights, she got Dr H. D. Shourie to take up the case of banning professional blood donation. In 1996, he filed a petition in the Supreme Court and won the case that led to the landmark judgement where the entire country was made to switch to VBD. The formation of the National Blood

Council and State Councils were a result of this judgement.

In 1964, the city had only one blood bank in PGI and today there are three government blood banks and one supported by Rotary International and the Sarin family.

Some of the motivational methods used

- Blood walk – in early 1990s, a long distance walk was organised with 10,000 people.
- Massive chain of life with 40,000 school children lined up on different roads of Chandigarh

displaying motivational banners in 1992.

- Candle lit marches are a regular feature.
- Regular donors are honoured every year.
- Youth motivation lectures in colleges and youth organisations are held where fears are resolved and misapprehensions cleared. It is followed by blood donation camp.
- Information, Education and Communication (IEC) material designed (booklets, posters, pamphlets), written and published by members of the Blood Bank Society.
- School children are made mini motivators; they bring their parents to school to donate blood on Parent-Teacher Meetings.
- Seminars are held for motivators.
- Panches and sarpanches are asked to take the movement to rural areas.

■ Dr Debasish Gupta

National Programme Officer
Blood Safety, NACO

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A family that gives blood, stays together

M. L. Sarin or Mac as he is called, is Mrs Krishen's son-in-law. A well known lawyer, he has donated blood 102 times and has also written the first book ever in India on legal aspects of blood donation. Niti, his wife has been working with her mother for the last 25-30 years and is ready to take on the mantle from her. She has donated blood 49 times. Their son Nikhil, who studies in Singapore celebrated his 18th birthday by donating blood the first time on his grandmother's birthday. Their younger son Nitin too followed the family tradition and donated blood the day he turned 18.

Mrs Krishen's younger brother, Sudhir Bhagwan who is in Portland,



wanted to get associated with what was now a 'family drive'. He donated Rs. 25 lakh five years ago. Rather than use it to develop posters and banners, they approached the Chandigarh Administration to give them land for a blood bank. The Blood Bank Society then used the money to construct the building and got Rotary to procure for

them equipment worth Rs. 2 crore. The Rotary & Blood Bank Society Resource Centre as it is called now, has been operational for five years.

Younger daughter Anu Ganju, who is an architect and artist, designed the Blood Centre, free of charge. Every year, she gifts the Society designs for greeting cards which are sold to raise funds and spread the message of VBD. Son-in-law Vivek Sood has donated blood about 30 times. Thanks to the efforts of Mac, his client, Dr Mohinder Sambhi of Los Angeles started the Minno Sambhi Free Blood Service for Thalassaemic Children which takes care of blood testing charges for 21 thalassaemic children. The list goes on.

West Bengal's Winning Relationship with VBD

West Bengal replaced paid donation with voluntary, non-paid blood donation

West Bengal leads India in voluntary, non-remunerated blood donation with 90 percent of its blood coming from voluntary sources. This is a spectacular achievement because barely two decades ago, it was only paid donors and prisoners who were the sources of blood and these were certainly not the safest.

The West Bengal Voluntary Blood Donors' Forum (WBVBDF) led the state towards VBD through a series of well-planned initiatives. Safe blood at government blood banks was a reality that was achieved because of the farsightedness and vision clarity that the forum had. Although the Supreme Court judgement to ban professional blood donation came in 1998, it was two decades earlier, in 1978 that West Bengal government had banned paid donors.

The WBVBDF was set up when barely 20 to 22 percent collection of blood came from voluntary sources in the district. According to Mr Apurva Ghosh, Member Representative, Eastern Zone, Training Resource Group, VBD, Government of India, "Stepping up collection from district units was a priority. Currently, they have 26 units in all 19 districts of West Bengal. Also, central office at Raktadan Bhaban has a full fledged set-up for working 24x7 on blood donation." The organisation specialises in VBD as its sole activity and works on behaviour change.

Reducing infection rate from 5% to 0.02%

West Bengal replaced paid donation with VBD by following simple steps:

- Ensuring 80 percent of blood collected stays with government sector; putting pressure on private blood banks to keep profiteering on blood at low levels.
- Encouraging repeat donors by felicitating, honouring and publicly acknowledging their contribution to society and humankind (repeat donors are safe because they are known to the organiser/motivator and are less likely to be infected; they also go in for tests before donation).

A strong IEC library was set up. Long running public service campaigns, television programmes and behaviour change communication (BCC) succeeded in giving blood donation a positive connotation. The general trend across the country is to see a dip in blood collection during festival times but in West Bengal, motivational slogans like "Utsabeo

In a first of its kind, a voluntary organisation runs a course on blood donation science in affiliation with a university, creating a culture of learning and spreading scientific awareness among youth.

Thakuk Roktodaan" (let there be blood donation during festival) during festivals like Durga Puja ensures there is no seasonal shortage of blood. The rationale being that just as food is essential for survival, so also blood donation has to become part of the lives of common citizens. Additionally, a 24x7 helpline for blood is active across 19 districts which makes giving and receiving blood a safe and effortless exercise.

The WBVBDF has been in the forefront with its political advocacy also. It has met different Prime Ministers with the demand of having a national guideline on blood or national blood policy.

In a first of its kind, a voluntary organisation runs a course on blood donation science in affiliation with a university, creating a culture of learning and spreading scientific awareness among youth. It motivates them to engage themselves for the cause not in a one off attempt but for life.

For the VBD movement to become a part of our lives, blood banks must be supported by committed motivators who are trained and educated. It should be remembered that 'no child was born in this world as a VBD or successful motivator', rather they were motivated to play a role. Continuous efforts should therefore, be made to expand the circle of donors and bring back existing donors into the blood donation fraternity.

■ Apurva Ghosh
Secretary General, WBVBDF
and Secretary General,
Federation of Blood Donors
Organisation of India
E-mail: fbdoi@sify.com

A Strong Indian Presence at 9th ICAAP led by Shri Dinesh Trivedi, Hon'ble Minister of State for Health and Family Welfare

"There is a firm political commitment to respond to the HIV epidemic and involve PLHIV at all levels of Policy, Programme and Implementation"



Shri Dinesh Trivedi, Hon'ble Minister of State for Health and Family Welfare addressing the audience at 9th ICAAP, Bali

The International Congress on AIDS in Asia and the Pacific (ICAAP) was held from August 9-13, 2009 in Bali, Indonesia bringing together people from various backgrounds in Asia and the Pacific region to meet and share knowledge, skills, ideas and research findings related to HIV/AIDS. The conference aimed

to promote scientific excellence and inquiry; provide a forum for meaningful dialogue; foster accountability; encourage individual and collective action in addressing HIV/AIDS in Asia and the Pacific; and ensure the sustainability of the response.

Asia and the Pacific region were

home to no less than five million people living with HIV (PLHIV) in 2007. The theme of the Congress 'Empowering People, Strengthening Networks', referred to the importance of empowering people (both HIV-positive and HIV-negative vulnerable to HIV), and strengthening networks and international cooperation, to counter barriers presented by this increasingly globalised and interconnected world to a successful response to the HIV/AIDS epidemic.

Attended by more than 4,000 public health officials and HIV/AIDS activists from 65 countries, ICAAP Bali conference represented the best minds and champions in fight against the HIV pandemic. The conference brought together 150 presentations in plenary sessions, 3 keynote speeches, 24 symposiums, and 31 skill building

Highlights – India at ICAAP

Plenary: Translating Political Commitment to AIDS into action in Asia and the Pacific

Shri Dinesh Trivedi, Hon'ble Minister of State for Health and Family Welfare chaired the Plenary on Translating Political Commitment to AIDS into Action in Asia and the Pacific at ICAAP in Bali. The Hon'ble Minister expressed concern on the violation of human rights of PLHIV. He stressed that stakeholders, in particular parliaments, have a crucial role in strengthening government responses to HIV/AIDS.

Satellite Session

'Upscaling Leadership in Action

— Brokering Linkages to Achieve Universal Access Targets' chaired by Shri Oscar Fernandes, Hon'ble Member of Parliament

Satellite Session: Upscaling Prevention and Empowering Communities

The voices of affected communities were brought forth more meaningfully in the conference, providing a forum for more significant dialogue and encouraging individual and collective action in addressing HIV/AIDS in Asia and the Pacific. In this context, India participated in a satellite session 'Upscaling Prevention and Empowering

Communities — The Indian AIDS Response (National AIDS Control Programme Phase-III)' which was chaired by Ms Aradhana Johri, Joint Secretary, NACO. This session showcased the implementation models of NACP-III and scaling up of evidence-based AIDS response in India, besides highlighting the critical factors necessary for the effective implementation of NACP-III interventions for community mobilisation and empowerment. Challenges and barriers in scaling up and ways of overcoming these to achieve universal access were also discussed.

sessions. In addition, 339 oral presentations and display of 1122 posters were organised. The various community forums with specific events for drug users, sex workers, women, youth, migrant and MSM populations were the main highlights of the Congress.

India at ICAAP

The large representation by parliamentarians including policymakers at the conference was a positive indication of the increased political commitment from the region. The India delegation was led by Shri Dinesh Trivedi, Hon'ble Minister of State for Health and Family Welfare, who chaired three important sessions at the conference. Ms Aradhana Johri, Joint Secretary, NACO and other delegates from NACO, development partners and media participated in the deliberations at the conference.

Highlights from the conference

- Policymakers play a critical role in addressing the HIV/AIDS epidemic by ensuring that the programme receives the visibility, leadership and resource that are required to effectively limit the spread of HIV and



mitigate the impact. The conference noted the increased political commitment as well as the increase in national budgets on HIV/AIDS in the region, although the issue of stigma and discrimination needs to be addressed better to realise the full potential of such changes. The role of law enforcement agencies and the government machineries was underscored in the context of upholding human rights of those infected and affected, as this meant a more sensitive and accountable environment across the region. The recent Delhi High Court judgement on Sec 377 was applauded at various forums.

- Epidemic is still growing in the region with 380,000 new infections in 2009 and an equal number of AIDS deaths; 91 percent of all infections in Asia are in only six countries, with India accounting for about 50 percent of the Asian numbers.

- The conference focused on the need to accelerate access to prevention, care, treatment and support to meet the 2010 goals. Political commitment and additional resources are key to achieving universal access. Increased funding has widened the reach and coverage to treatment and care. However, the need for increased funding was stressed across several sessions to fulfill the commitments of the region towards meeting the MDGs.
- The percentage of pregnant women accessing PPTCT services has increased from 14 to 32 percent worldwide between 2005 and 2007, yet the current outreach needs to be increased to ensure widespread coverage. India's efforts at linking the benefits within NACP-III and NRHM in this direction are noteworthy.

NACO publications at ICAAP

Publications and IEC material displayed at the Congress by NACO included NACO brochure, a docket with five monographs covering different issues viz. Response to the HIV Epidemic in India, Targeted Interventions in India, Monitoring and Evaluation, Condom Promotion and the Red Ribbon Express. Special panels were displayed on Condoms, Mainstreaming, Red Ribbon Express, Scaling Up, Targeted Interventions and HIV Epidemic.

■ Dr A. K. Khera
ADG (TI&STD) and
Mr Mayank Agrawal
Joint Director (IEC), NACO



National Consultation on Greater Involvement of People Living with HIV/AIDS

The Consultation built on state/regional level consultations to validate and finalise GIPA Policy Guidelines and concretise GIPA Action Plan

In the third National Plan, the Government of India has recognised the need to scale up the involvement and partnership with PLHIV and other marginalised and affected communities in the national response to HIV. To facilitate this partnership, NACO has developed a draft Greater Involvement of People Living with HIV/AIDS (GIPA) Policy and Action Plan to operationalise GIPA.

A National Consultation on GIPA was organised by NACO on September 8, 2009 in New Delhi to share, obtain feedback and finalise the draft GIPA Policy Guidelines and Action Plan to operationalise GIPA. The meeting also discussed inputs for capacity building of networks and strengthening of drop-in centres (DICs), and ensuring that PLHIV can avail services available for

Preparatory steps

- The National Consultation was preceded by a series of eight state and regional level consultations organised in June–July 2009 to ensure wider participation and inclusion of concerns of PLHIV at the state and district level.
- More than 300 participants drawn from state and district level networks; representation from key civil society organisations (CSOs) working on GIPA, development partners and experts from 29 states.



Ms Aradhana Johri, Joint Secretary, NACO discussing the recommendations from the group work in GIPA meeting

them under different programmes and policies.

The meeting was attended by more than 75 participants representing key development partners, national and state level networks of PLHIV, State AIDS Control Societies (SACS), and leading organisations working on issues of GIPA.

The meeting was chaired by Ms Aradhana Johri, Joint Secretary, NACO. Presentation of draft GIPA Policy Guidelines and Action Plan was followed by sharing of key findings from the state and regional level consultations after which the floor was opened for feedback and comments from the participants. The draft GIPA Policy Guidelines and Action Plan were presented to the participants.

Themes for discussion

- Strengthening DICs, including feedback on revision of DIC guidelines.

Key outcomes

- Policy Guidelines and Action Plan to be finalised by NACO in line with feedback and comments received from state/regional and national consultation by mid-October 2009.
- Initiation of constitution of national and state level Technical Resource Groups.
- Consensus on review of DICs for identifying gaps and support required.
- DIC guidelines to be revised as per NACO norms.
- Operational guidelines for implementation to be finalised as per recommendations from DIC review.
- Terms of Reference (ToR) of the GIPA Coordinators to be finetuned as per the policy document.
- Priority areas for capacity building of networks.
- Development of redressal mechanism for addressing issues and cases of stigma and discrimination at district, state and national level.
- Specific status on availability, accessibility and affordability of services available for PLHIV under various programmes and policies, and an action plan to address the gaps.

■ Manju Dhasmana
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NACO

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Observations of Population Based Survey on HIV/AIDS in Nagaland

A population based survey was carried out in Nagaland to evaluate knowledge levels of men and women in 1965 households on different aspects of HIV/AIDS

NACO undertook a descriptive cross-sectional population based study in Nagaland, to obtain a population based estimate of HIV prevalence in the only high prevalent state not covered under National Family Health Survey Phase 3 (NFHS-3). Comparing results of this survey with sentinel surveillance data will feed help, add value to future programmes and make a more realistic assessment of the extent to which services have reached the community.

Methodology

- Representative sample of the general population of Nagaland had women aged 15-49 and men aged 15-54; they were selected using the stratified sampling design.
- In rural areas, samples were selected in two stages: primary sampling units (PSUs), which were villages, with probability proportional to population size (PPS), followed by random selection of households within each PSU.
- In urban areas, a three-stage procedure was followed: census wards were selected with PPS sampling, followed by one census enumeration block (CEB) being systematically selected from each sample and finally, households being randomly selected within each sample CEB.
- Data collection was carried out in two rounds (June-October 2007): Round I-Mapping and

House Listing, and Round II-Household and Individual Interview. The fieldwork was carried out by eight interviewing teams, each consisting of one field supervisor and two interviewers. Research Coordinators were hired with the responsibility for the overall management of the field team. NACO and Nagaland SACS visited the field sites to monitor data collection operations.

Informed consent was obtained and participation was purely voluntary. Respondents were informed of the procedure and potential risks.

- Dried Blood Spot Testing Method (Tri-Dot) was used to collect blood samples on filter paper in the field and tested in the laboratory at Naga Hospital, Kohima. An anonymous linked design for HIV testing was adopted in the survey. Quality control was performed at the Regional Medical Research Center, Dibrugarh (ICMR).
- Informed consent was obtained and participation was purely voluntary. Respondents were informed of the procedure and potential risks. In the case of 15-17 year olds, consent was taken from a parent or guardian present in the household at the time of the survey.
- Besides, data on HIV sero-

positivity amongst clients of Integrated Counselling and Testing Centre (ICTC) were extracted from Computerised Management Information System (CMIS) at NACO to analyse district-wise trends for 2003-07.

- Statistical analysis was done using Epi-Info (ver. 3.5.1, 2008) and SPSS 15.0 (SPSS, Inc., Chicago, IL,USA). The Pearson's chi-square test and the adjusted Mantel Haenszel's test were used to analyse differences in categorical data. A p-value <0.05 was considered significant.
- A total of 5945 eligible respondents from 1965 households were interviewed (male: 15-54 years and female: 15-49 years). Complete information was obtained from 5661 persons with a response rate of 95.2 percent and blood samples were collected from 5637 (94.8%) eligible respondents.

Themes for interview

Awareness about AIDS

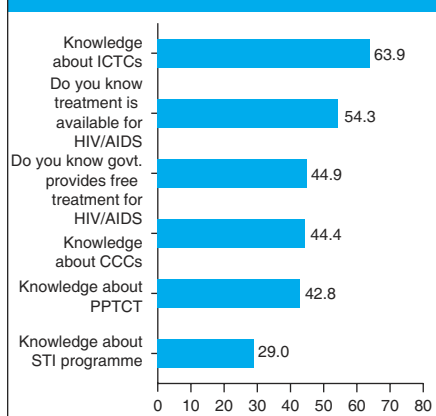
- Ninety-two percent had ever heard of HIV/AIDS in Nagaland (p<0.001).
- Results of this study are consistent with Behavioural Surveillance Survey (BSS), (2006) which indicated high level of awareness in Manipur (92.1%) and north-eastern states (93.4%).
- Friends/relatives (54.9%), and posters/hoardings/newspapers (48.9%) were major sources of information on HIV/AIDS.

- The focus of HIV/AIDS prevention programmes is on promoting three prevention behaviours: delaying sexual debut among young persons (abstinence), limiting the number of sex partners/staying faithful to one partner (being faithful), and use of condoms.

Knowledge of HIV/AIDS prevention methods

- About 53 percent respondents were aware that a condom should be used correctly every time during sex.
- Knowledge about methods of HIV prevention was not found to be significant among men and women in Nagaland (p>0.05).
- Eighty-eight percent were aware that a person can get infected by getting injections with a shared needle and from an infected mother to newborn child.
- Knowledge on transmission of virus through breastfeeding was low.
- Many erroneously believed that HIV/AIDS could be transmitted by mosquito bites (59.5%) and that a person can get infected by sharing food with someone who is HIV positive (72.8%).
- Only 54 percent had understanding that a healthy looking person could be infected with HIV (Fig. 2).

Fig. 1: Respondents who were aware of HIV/AIDS programme implemented by the government in Nagaland



Awareness of services and HIV testing under NACP-III

- Sixty-four percent were aware of voluntary counselling and HIV testing services.
- Less than 29 percent were aware of sexually transmitted infection (STI) control programme.
- Only 45 percent were aware of the ART programme (Fig. 1).

Knowledge of HIV testing

- Only 10 percent of the study population had ever been tested for HIV.
- Amongst those tested for HIV during last 12 months, 72 percent sought services at ICTC.
- Post-test counselling services were sought by only 27 percent of those tested during last one year.

HIV prevalence

Out of total eligible respondents interviewed (5945) in the survey, blood samples were collected from 5637 eligible (94.8%) respondents.

Prevalence of HIV was estimated to be 0.74 percent in Nagaland which is higher than the national average of 0.36 percent. Though by WHO definition, it is not a high HIV prevalence state, current efforts need to be continued to reduce prevalence.

Since this was the first population based survey in the state, the trend of prevalence cannot be assessed. The prevalence rate obtained was lower than estimates made out of sentinel surveillance during 2003-06. HIV Sentinel Surveillance (HSS), 2007 also indicates that the prevalence among antenatal clinic (ANC) attendees lowered to 0.6 percent, which was taken as a proxy indicator of prevalence in general population. This observation is in conformity with NFHS-3 results which also found over-estimation of the prevalence of HIV

The results highlight the need for more awareness programmes to enhance the knowledge of HIV/AIDS prevention methods and utilisation of services. Urgent steps need to be taken to strengthen services through refresher training of counsellors and community based awareness programmes.

based on sentinel surveillance data.

Based on estimates from 24 rural and 6 urban units, prevalence was found to be higher in urban areas (1.05%) as compared to rural areas (0.67%), though the difference was not statistically significant (p>0.05). This finding was consistent with national estimates under NFHS-3 which shows higher HIV prevalence in urban areas (0.35%) as compared to rural areas (0.25%).

District estimates based on population based survey of 2007 indicate that in majority of districts, sentinel surveillance over-estimates the prevalence of HIV. This study revealed that Dimapur was the only district where HIV prevalence was higher than one percent. Based on sentinel surveillance, Tuensang was categorised as one of the districts with very high prevalence of HIV (>3%). However, this study estimated the prevalence to be 0.92 percent in this district.

There was lack of consistency in the trend of HIV infection based on sentinel surveillance in various districts of Nagaland. An attempt was therefore, made to observe trends of sero-positivity from data of ICTC of various districts. Though this data cannot be used as a measure of prevalence, it does indicate the presence of HIV in the population. However, trends suggest that sero-positivity for HIV amongst clients attending ICTC is

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NACO Launched Special Radio Programmes

Special radio programmes on HIV awareness, targeting young men and women in the 15-29 age group in 10 states are on air

Given the massive reach of radio in rural India, NACO embarked on ambitious radio programmes that aim to increase knowledge and stimulate community dialogue to promote attitude change, reduce stigma and discrimination, create demand for information and services, increase utilisation of services and improve skills and a sense of self-efficacy. The larger purpose of the long running programmes would be to develop a sense of self-confidence that enables those who are vulnerable to make and act on their 'safe' decisions.

The radio programmes have been planned for an initial run of 52 episodes and will be extended by another 104 weeks. These are weekly episodes of 30-minute duration each and broadcast on All India Radio stations of Hindi speaking states – Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, Madhya Pradesh, Chhattisgarh, Rajasthan, Haryana, Delhi and Himachal Pradesh.

Radio programmes aim to:

- Inform target audience and motivate them to act on prevention, reject stigma and oppose discrimination, access facilities and seek assistance related to counselling, voluntary testing and treatment.
- Disseminate information about risk involved in unprotected sex and aberrant sexual behaviour, and understand consequences and implications of AIDS.
- Choose and incorporate messages without being pedantic in an entertaining format and bring about behavioural changes.

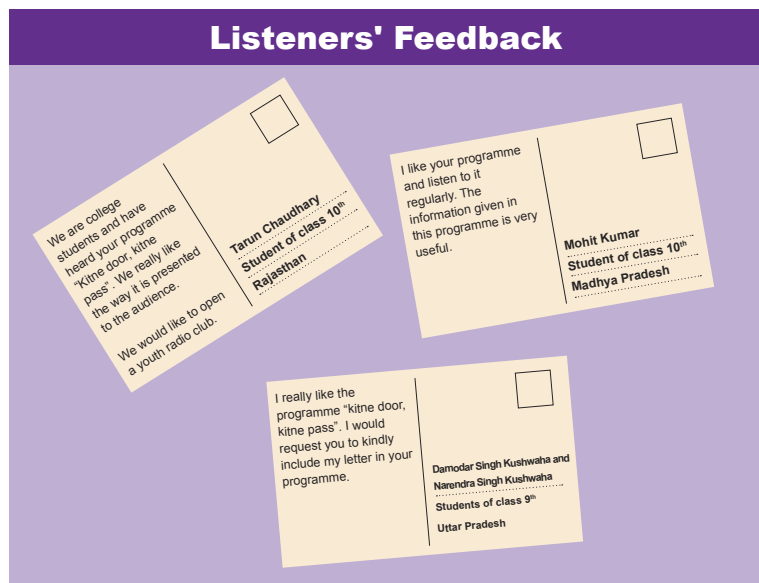


Newspaper advertisement for the radio programmes

- Provide emotional and moral support to PLHIV, to sensitise people and remove misconceptions and apprehensions on causes of transmission.
- Forcefully and convincingly communicate the message to target audience groups and to individual/family/community/institutions that HIV is preventable.

The key messages that are being disseminated through the programmes relate to creating awareness on STIs; encourage condom usage; treatment facilities; and the need to use safe blood and blood products.

■ Sanchali Roy, Consultant (IEC) and Rajesh Rana Technical Officer (IEC) NACO



Guidelines for Out-of-School Youth and RRCs

Consultations at the state level were held to finalise micro plans to reach out-of-school youth through interventions and RRCs

A consultation was held under the Chairpersonship of Ms Sujatha Rao, Secretary & DG, NACO on proposed interventions with out-of-school youth and Red Ribbon Club (RRC) guidelines on July 17, 2009 to finalise the strategy and seek inputs for operational guidelines on RRC formation. The participants were from Nehru Yuva Kendra Sangathan (NYKS), State Resource Centre (SRC), Mahila Samakhya, SACS, National Social Service (NSS), UNICEF and NGOs.

Ms Rao expressed concern over the high dropout rate and growing HIV infection amongst 20-25 year olds and that the most vulnerable youth were in the 17-20 age group.

Ms Aradhana Johri, Joint Secretary, NACO stressed on the need for innovation in activities identified for the youth to sustain their interest in the programme. Youth coordinators in SACS were asked to take steps in identifying resource organisations

working with youth at the district/state level and strategise entry points using local specific strategies.

This was followed by state presentations from Tamil Nadu, Andhra Pradesh, Uttar Pradesh and Rajasthan on proposed interventions among out-of-school youth.

Outcomes

- Have consultations on strategising interventions with out-of-school youth in every state.
- Finalise future course of action with key partners including NYKS, SRCs, Mahila Samakhya, SACS, NSS, UNICEF, NGOs and other local partners.
- Undertake mapping to reach vulnerable youth (those belonging to broken homes, unemployed and dropouts).
- Categorise youth on the basis of street children, child labour, adolescent sex workers, orphans,

migrant youth, girls and boys married at an early age.

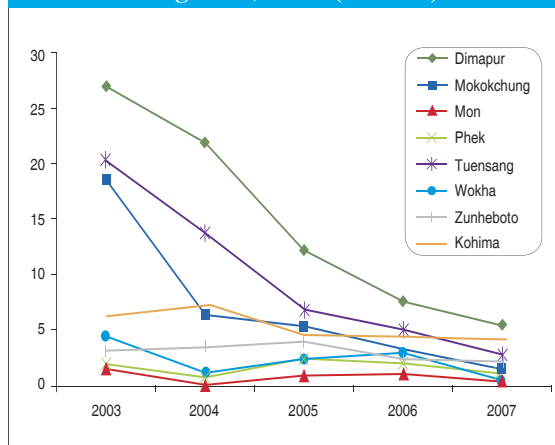
- Use youth friendly messages with locally available channels/media.
- Create safe space for young people wherever required in addition to harnessing existing centres.
- Build linkages with National Rural Employment Guarantee Scheme (NREGS) to reach out to youth in villages.
- Use folk/traditional media and similar local media of communication channels.
- Build linkages with partner organisations on vocational skill development, career guidance and counselling for guidance and support to ensure continuum of service provision.
- Deliberate on issues pertaining to sex and sexuality separately with boys and girls.

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Observations of Population...

Fig. 2: Trend of HIV positive cases in various districts of Nagaland, India (2003-07)



Source: CMIS data

consistently reducing in all districts of Nagaland between 2003 and 2007 (Fig. 2).

Sero-positivity rates amongst ICTC clients across various districts of Nagaland show a declining trend, indicating slowing down of HIV transmission. Dimapur, Kohima and Tuensang had higher sero-positivity rates as compared to other districts. Data triangulation needs to be continued further to

identify hot spots in the state.

The study helped identify critical gaps in the knowledge about HIV/AIDS prevention and available services under NACP. It was suggested to repeat the survey after appropriate interventions had been implemented and assess the revised scenario vis-à-vis prevalence of HIV/AIDS.

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Note: The full paper has been accepted for publication in forthcoming issue of SAARC Journal of Tuberculosis, Lung Diseases and HIV/AIDS

Mid-Term Review of NACP-III

A mid-term review of NACP will be conducted to reflect, re-assess and discuss progress achieved and challenges faced

The NACP was initiated in India in 1992 and is currently in its mid-term phase. It aims to halt and reverse the AIDS epidemic by achieving behaviour change by scaling up prevention of new infections in high risk groups (HRGs) and general population, and increasing care, support and treatment of PLHIV.

The mid-term review (MTR) will assess the overall national response to HIV/AIDS. It will identify whether mid-course corrections in the design of NACP-III need to be made in the light of the experience and information in the first three years of its implementation.

Objectives of MTR

- Assess overall progress made in relation to target, coverage, access and quality/intensity of interventions with in-depth analysis of TI, STI services, prevention of parent-to-child transmission (PPTCT), social inclusion and equity, and IEC.
- Assess important processes for implementing NACP-III such as institutional management processes, efficiency and workload, technical needs assessment and innovations in delivery of services.
- Examine challenges faced in implementing NACP-III and recommending actions to address them.

Figure 1 presents a schematic diagram of the channel through which technical and financial assistance from donors affects output, behavioural outcome, and epidemiological impact at the country level.

Evaluation design

The MTR is being carried out at the central and state level. State level review is being done on a sample basis, representing geographic regions of the country and prevalence rates of HIV infection.

The sources of information will be captured from routine monitoring data managed via CMIS, HSS, BSS, Integrated Biological and Behavioural Assessment (IBBA) and other surveys.

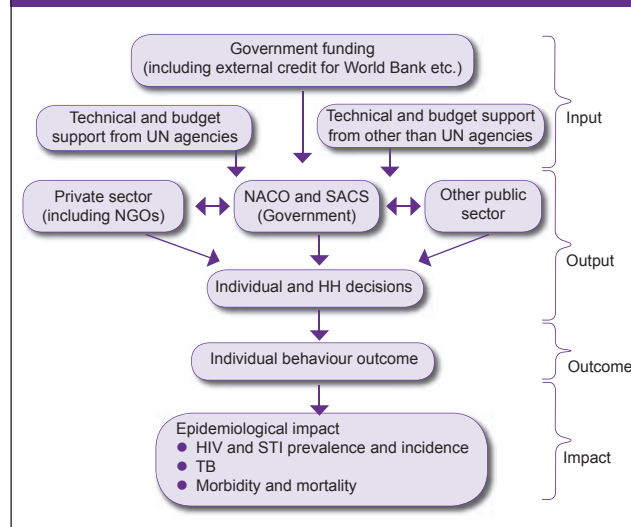
Annual Service Quality Assessments (SQA) and other Special Studies (SS) will be undertaken to measure achievements at the outcome and impact level. In addition to desk review, consultations with civil society etc. will also be made.

The MTR Steering Committee consisting of members from NACO, BMGF, UNAIDS, WHO, UNICEF, USAID, GFATM, UNDP, World Bank etc. is constituted to plan, execute and oversee the MTR.

Key activities

- Impact assessment of TIs for prevention of HIV.
- Epidemiological profiling of HIV/AIDS situation at district/sub-district level using data triangulation.
- Assess coverage, efficiency and quality of STI services.
- Review organisational capacity of NACO and SACS.

Fig.1: Conceptual framework for MTR of NACP-III



- Review unit costing of different components of NACP-III.
- Update and analyse donor financial commitments and identify gaps.
- Conduct snapshot of BSS.
- Evaluate innovations in programme implementation.
- Arrive at district level estimates for HRGs, based on mapping and programme data in 17 states.
- Assess how social inclusion and equity issues are being addressed in the programme.
- Assess quality of IEC strategy.
- Assess the access and utilisation of PPTCT services as per the national package.
- Evaluate determinants of ART drug adherence among HIV positive patients in India.
- Study factors affecting enrollment of PLHIV at ART centres.
- Assess link ART centres in India.

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Review Meeting of Consultants

Consultants from SACS briefed on next steps and priority areas of implementation highlighted

A national review meeting of Consultants (Mainstreaming) and Consultants (Youth Affairs) from different SACS was chaired by Ms Aradhana Johri, Joint Secretary, NACO on August 21, 2009.

Consultants were briefed on mainstreaming initiatives that needed to be expedited at the state/district level, seek update on progress made in programme implementation, orient them on mainstreaming mandate, refine the ToR and finalise the future course of action.

Priority areas

- Ms Johri urged the states to expedite progress with respect to mainstreaming efforts and plan

with timeline and budget targets for effective implementation.

- Action plan with timeline for self-help group (SHG) training roll-out was planned.
- Panchayati Raj Institution (PRI) training was finalised (where satellite training mode is to be optimised in states).
- Integrate content on HIV prevention education in the module of State Institute of Rural Development (SIRD).
- Coordinate the finalisation of update, highlighting the potential of focused ministries, progress made and further plan of action.
- Any update on mainstreaming efforts by other partners and agencies at national/state level to be compiled.

All states were provided details about the number of trainings that had taken place with the various departments and they were asked to provide the expenditure that they had incurred in mainstreaming activities.

Training of Master Trainers of SHG groups had been completed for northern and north-eastern states. Fifty-five state level trainers from NGOs and SIRDs had been trained. With regard to PRI training, it was suggested that Satellite Mode for conducting training be used in Karnataka, Orissa, Goa, Gujarat and MP. A total of 13 states were also asked to submit their tribal action plans in category A and B districts. The plans should outline specific activities and timelines.

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Care and Treatment Services for HIV Infected: An Update

Reaching out to HIV infected through free ART, second line ART, link ART centres and additional CCCs

Programmes rolled out by NACO include public awareness campaigns, safe blood donation and transfusion programme, prevention of further spread by TI (for those who are at higher risk of acquiring HIV), prevention/minimisation of further transmission by early diagnosis of HIV, PPTCT, treatment of the HIV infected, and campaigns to minimise stigma and discrimination.

- In April 2004, free rollout of ART was launched in eight institutes in India.
- By 2009, 220 ART centres were established to provide free ART services/ARV medicines/CD4 testing and basic investigations. Psychosocial counselling, nutritional counselling, counselling on positive living, and stigma



and discrimination related issues are discussed with patients with complete confidentiality.

- Free second line ART is provided to those who have developed resistance to first line ART through 10 Centres of Excellence.
- 200 link ART centres have been established as an extension counter

of existing ART centres. These are generally located in the district or sub-district hospitals and their main responsibility is to dispense medicines, identify opportunistic infections (OIs) and maintain adherence. It is planned to establish around 1200 such centres by 2016.

- Providing indoor care for minor OIs through 260, 10-bedded community care centres (CCCs) which are linked to ART centres. These centres provide free services besides medical care, counselling services and nutritional guidance services.

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Mumbai's MSM Initiative

Seeking solace from stigma, a two-year old initiative in Mumbai de-stigmatises homosexuality and increases safer sexual behaviour among MSM

Of all the MSM groups, those identified as non-gay are the least visible and therefore, most difficult to reach with information. Considering this group constitutes the majority of MSM in India, reaching out to them is extremely important.

From the early 1990s, India's growing HIV/AIDS epidemic was labeled "a heterosexual epidemic," which led to the assumption that transmission through same sex encounters was negligible. Emerging evidence, however, has shown that MSM in India constitute an extremely diverse population, most of whom are living apparently heterosexual lives and are still engaged in risk taking behaviour with either same sex or both.

This segment of men does not consider itself as "gay." They quietly engage in sex with other men and transgender males, treating it as simply another aspect of their lives. They do not perceive themselves at risk of HIV through anal sex with other men as they mistakenly believe that HIV is only transmitted through vaginal sex.

They are also reticent to speak about their MSM behaviour lest they be labeled, stigmatised and ostracised, which makes working with gay-identified MSM rather difficult. This group of MSM is not only biologically vulnerable to HIV due to the efficiency of transmission through anal sex, but the norm of having concurrent sexual partners makes them a bridge for HIV



transmission to the general population too.

For the past two years, Population Services International (PSI), a mainstream organisation, has made significant inroads through concerted efforts to de-stigmatise homosexuality and increase safer sexual behaviour among MSM through:

- **Intensive outreach:** PSI's highly motivated team of interpersonal communicators and peer educators speaks candidly in public about the entire range of sexual behaviours and sexual partners, including anal sex. The response from the target group has been surprisingly positive. Entertaining and engaging community level activities promote the importance of condom and lubricant use, as well as the need for voluntary counselling and testing. By

PSI, a mainstream organisation, has made significant inroads through concerted efforts to de-stigmatise homosexuality and increase safer sexual behaviour among MSM.

treating choices of MSM as normal, and using a matter-of-fact, non-judgemental approach, the team creates a comfortable environment for the target group, to raise and discuss their questions and concerns.

- **Social marketing of condoms:** Social marketing of condoms has played a significant role in making MSM more comfortable about discussing condom use and risk of HIV and STIs. Through community based education and distribution of promotional items, coupled with persuasive communication and attractively packaged condoms, high awareness and acceptability of condoms has been achieved.
- **Lubricants:** Interpersonal communicators and peer educators actively promote lubricants through a community based sales network to facilitate reduced risk of HIV transmission.
- **Voluntary counselling and testing:** The outreach team has been successful in motivating clients to visit the Saadhan Clinic because counsellors are trained and experienced in eliciting genuine sexual history and exploring risk reduction options with MSM and transgender clients.
- **Saadhan DIC:** PSI Mumbai operates a DIC in the heart of Mumbai's busiest truck terminal. The team organises weekly meetings with entertainment and educational programmes and film shows on health, social and sexuality issues concerning the community. MSM peers volunteer their time at the DIC and help manage the centre. This is a space where they can be themselves, meet other men and discuss their issues.

■ PSI, Maharashtra Team

Gujarat Launches its Zindagi Zindabad Campaign

Five IEC vans will drive through 6,000 villages during the campaign scheduled from September 1, 2009 to March 31, 2010



IEC exhibition and folk performance in Gujarat

As a follow-up to the RRE campaign, the mid-media, Zindagi Zindabad campaign has been rolled out across India. In Gujarat, nearly 6.65 lakh people visited the RRE and now with Zindagi Zindabad rolled out in 3,000 villages in 15 districts, the intensive campaign will be conducted through a range of activities aboard five specially mounted IEC vans.

The mobile vans which were assigned to carry out the district campaign were flagged off by the Health Minister Sri Jay Narayanbhai Vyas on August 31, 2009.

The campaign is backed by strong organisation and planning. District level organising committees have been formed under the chairpersonship of the District Development Officer (DDO) comprising different

stakeholders to facilitate a multi-sectoral response.

The campaign scheduled from September 1, 2009 to March 31, 2010 will be effectively carried out in the state. District-wise schedules have been prepared accordingly. A total of five IEC vans will cover 6,000 villages, 22 districts in 1000 working days (200 x5 vans).

Comprising an exhibition, folk and video shows including interactive sessions, the campaign will rely heavily on interpersonal communication as a key approach in bringing about awareness generation that can then facilitate behaviour change.

The Project Director, Gujarat SACS (GSACS) directed all stakeholders in the districts to ensure that all arrangements pertaining to pre-arrival announcement two days prior to the arrival of the van were duly made. Also, participation of all block/village level concerned functionaries along with community mobilisation during interactive sessions/shows, especially with active involvement of other sectors like PRI, Women and Child Development (WCD), and Social Welfare was ensured.

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Media Advocacy Stepped up in Assam

Recognising the power of the media to reduce stigma and promote treatment

A state level advocacy workshop was organised by Assam SACS in association with Guwahati Press Club on September 22, 2009.

Informing mediapersons about Assam being a low prevalence but more vulnerable state, there was need to share updated information with people on all aspects of HIV infection,

treatment and available services.

Project Director, Assam SACS, talked of the free transportation scheme launched by the Assam Government to enable HIV infected people to come to the nearest ART centre for treatment and of how information regarding this facility needed to be shared with people.

She also dispelled myths about voluntary blood donation, saying that any healthy person between 18 and 60 years of age weighing 45 kg and more could donate blood without any problem.

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Zindagi Zindabad Campaign Successfully Implemented in Uttarakhand

Six cultural troupes were selected and trained to perform street plays, magic shows, puppetry and folk songs



People looking at the IEC van

The month-long campaign was launched in two districts of Uttarakhand (Dehradun and Udham Singh Nagar) earlier this year, covering 125 localities in 30 days. IEC vans were flagged off by Hon'ble Minister, Health and Family Welfare marking the beginning of a series of initiatives and events.

For the first time, any IEC van of any programme has arrived in this village; we appreciate the work of government for hills. We liked this programme very much and got a lot of information on HIV/AIDS.

– A postmaster of Attal, Chakrata block

The highlights of the campaign were the six selected cultural troupes that were trained by artists of the cultural department. They acted on scripts that were finalised by IEC officers and the Blood Safety Division of Uttarakhand SACS based on a two-day training that was imparted to them.

The four chosen formats included street plays, magic shows, puppetry and qawwalis which had powerful themes and narratives.

Post-campaign monitoring revealed that the cultural troupes lent a lot of festive cheer besides acting as “the glue,” drawing people and holding their interest. Most of the messages on prevention, treatment and positive living were understood and absorbed by the audience.

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Puducherry Launches HIV Sensitisation Drive

The UT's tourism and health sectors find training on basics of HIV very useful

The Pondicherry State AIDS Control Society organised a workshop on HIV/AIDS for the first batch of tourist guards and staff of the Tourism Department, Government of Puducherry on September 18, 2009 touching upon the issues that the hospitality industry is likely to face vis-à-vis vulnerabilities to HIV.

The success of the initiative has led to requests for more people to be sensitised within the tourism sector.



Director of Tourism Department, Puducherry at the inaugural function of Workshop on HIV/AIDS

The awareness-cum-training for next two batches of the Tourism Department Staff has been

scheduled on October 7 and 14, 2009 respectively.

A workshop for Welfare Inspectors/Welfare Officers of the Departments of Social Welfare, Adi Dravidar Welfare and Women and Child Development, Puducherry was conducted on September 23, 2009.

Meanwhile, all anganwadi workers (AWWs) in the UT of Puducherry (about 750) have also been sensitised through six comprehensive batches of training. On the anvil are similar programmes for all auxiliary nurse midwives (ANMs) in the UT.

■ M. Krishnamurthy
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Humane Interventions with MSM Population

A candid first person account of a trucker living with HIV who is today a keen advocate for safe behaviour and early testing

Rehman (name changed) is a 32 year old truck driver living in Kamathipura, Mumbai's oldest and largest red light district. In a first person account, he shares what it means to be an MSM and one who has learnt to make peace with his HIV positive status.

Born in a Muslim family in Bareilly, Uttar Pradesh, I was extremely shy and quiet. As the youngest of three brothers, I was always at the receiving end of practical jokes and pranks played by my brothers and their friends. At the age of 16, I was hired by a large trucking company as a truck cleaner. I travelled 16-18 hours a day with a senior truck driver, transporting goods from one city to another. This was exciting initially. It stoked my adventurous

My senior partner would tell me stories about his travels, and I dreamt of having similar adventures in the future.

spirit and gave me the opportunity to travel and explore different parts of the country. My senior partner would tell me stories about his travels, and I dreamt of having similar adventures in the future.

I found a new direction in my life as I turned into a volunteer, reaching out to as many men as possible, particularly those who were secretive about their sexual encounters with other men.

For days on end, we would only be in contact with each other. To release the tension of continuously driving for long hours in extreme heat, my senior partner would have unprotected anal sex with me. At first I did not know how to react to this, or whether this was right, but my partner explained that this was normal and the only way to calm nerves in an arduous job. As the years went by, I became a truck driver and was placed with new truck cleaners. I too would engage in unprotected anal sex with them. Once we would reach a truck terminus, and I had time off, I would ask the cleaner to watch over my truck as I spent money drinking, going to the movies and visiting brothels to have sex with women.

Life changed when I met PSI outreach workers two years ago. They encouraged me to visit the Saadhan Clinic to learn my status. I tested HIV positive. When the trucking company learnt of my status, they promptly sacked me. The news shattered my self-confidence and will to live. At the clinic, instead of being shunned I was given hope and shown how to live positively. I learnt to save what I earned and got a lot of emotional support to rebuild my life.

I found myself regaining my spirit and enthusiasm. I wanted to help others like me who had lost everything, especially hope. I found a new direction in my life as I turned into a volunteer, reaching out to as many men as possible, particularly those who were secretive about their sexual encounters with other men. In my own way, I now try to help people stay safe and know that if tested positive, their life need not be dark and gloomy.



Halt the Deadly Transition from Oral to Injecting Drug Use

Vinod is 41 years old and was tested HIV positive in 2003. A native of Garhwal, he has a blurred recall of the sequence of events in his life. What he does remember is that he used to frequent liquor shops back home, where he got casually introduced to sniffing smack and was soon addicted. A few years down the line, he moved to regular drugs in Delhi and to injecting drugs when he went to Punjab. Today he is clean and is on ART. He is holding a job and is content with life. His wish is to prolong his life and to get as many people off injecting drug use as he possibly can. Excerpts from an interview.

Q: The transition from solvents to injecting drug use seems common. Was that the case with you too?

A: No, I moved from alcohol to injecting drug use but I have seen many children while still in their early teens usually getting addicted to solvents first – shoe polish, white fluid, paints, glue, paint thinner, cigarette lighter fluid before finding the next big drug which is usually injecting drug use. The transition is fairly rapid – it could take anywhere between 2 and 5 years. Most people do know that injecting drug use could be the end of the road for them.

Q: What brought you to Delhi? Tell us about your early years in the city.

A: It was the lure of easy access to drugs that brought me to Delhi in 1990. Unwilling to work as a helper in a restaurant washing utensils, I made New and Old Delhi railway stations my home. Pick-pocketing and stealing sustained me and my habit. I went to the prison a few times but these things had ceased to matter. I hardly knew

anyone, so social acceptance was not really an issue. Peer group mattered and since all of us were quite similar, there was no shame or embarrassment at our antics and frequent, short duration imprisonment.

Q: What took you to Punjab?

A: I went seeking a miracle cure for drug withdrawal. At the Ludhiana railway station where I was from 1995 to 2002, I discovered the pleasure of injecting drug use and was part of a group that was often found in bushes, on railway tracks, in garbage dumps and dark corners injecting drugs.

Q: You did not know that injecting drugs was dangerous?

A: That is the biggest irony of my life. Though I had studied till class IX I did not know sharing needles was dangerous. Often, the urge to have a shot was so intense that instead of quickly running across to the nearest chemist or supplier, I and the others just shared needles to get our ‘quick fix’.

Finding any vein in the fingers, wrist or legs (most veins are now dead), we jabbed a shot that cost Rs. 35 and which any local chemist gave to a trusted and familiar user. This contained a needle, syringe and combination of drugs.

Q: When did you realise you were HIV positive?

A: In 2003 I fell sick for a month, became thin and ran continuous fever. I do not remember how I landed in Delhi. I was sent to an NGO that referred me to Sahara rehab where I stayed for five months before joining Sharan. Today I am a peer educator, drawing a salary of Rs. 5,500. Though I have a new life and am doing things I never did, but at

the back of my mind is this immense regret and remorse, because I know that what has happened to me could have been avoided. I need not have been HIV positive.

Q: Are you regular with your treatment?

A: Yes, that is my only hope. I am on ART and am diagnosed with Hepatitis C. In a few years I might move to second line ART. It’s a relief to know that treatment options are there as our condition worsens, but I do hope that my body and spirit continue to respond.

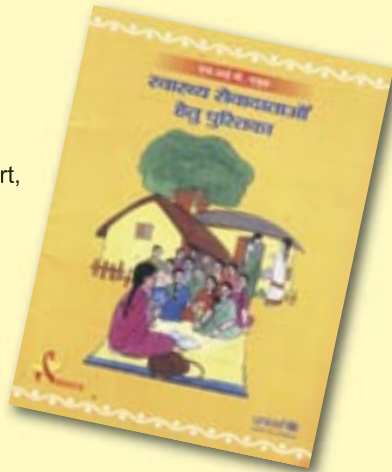
Q: What are the biggest issues that you think IDUs face?

A: The biggest issue relates to lack of knowledge. IDUs need consistent dose of information. This should be told in different ways at frequent intervals. Telling them once may not be enough. They should be gently initiated into programmes and interventions. Also, IDUs continue to be treated as criminal elements in the eyes of law. Unless structural changes are made through legislation, they will always be exploited and harassed and real concerns related to safe and healthy living will not be taken up. This will make it easy for them to go back to the injecting habit.

There is also a need for dialogue between the government and different stakeholders on gateway drugs for those graduating from tobacco to the next drug (gutka, opium, ganja, cough syrup). The transition from a casual drug user or an oral drug addict to an injecting one is natural. It could take time. That is where interventions have to be planned to avoid that final transition.

HIV/AIDS Swasthya Sevadatao Hetu Pustika

Bihar State AIDS Control Society, with support from UNICEF, has developed a booklet on basics of HIV/AIDS, care and support, role of health workers in spreading awareness, FAQs and list of govt. centres where services are available. The booklet is available in Hindi.



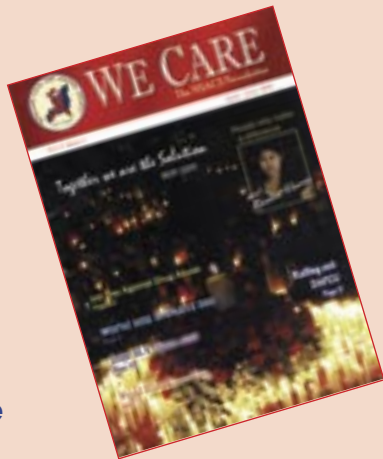
MACS News

Manipur State AIDS Control Society has come up with its bi-monthly newsletter "MACS News". MACS News essentially covers wide range of issues and activities conducted during the period of February-March. Manipur SACS has launched the second line ART and RRCs in the state. The first state level PPTCT and Paediatric Coordination Committee meeting was held to ensure sharing of field activities and to bridge the gap between PPTCT and paediatric services in Manipur.



We Care

The Nagaland SACS has produced its newsletter, which is aptly titled "We Care." It covers the activities of April-June period. It highlights the emerging need to fight against stigma associated with HIV, and the rising challenges. The newsletter also gives information pertaining to counselling and testing, as also the list of ICTCs from where the services can be availed.



The Magic Bus – A Flipbook on Basics of HIV/AIDS

Alliance has recently developed a flipbook which essentially caters to the needs of outreach workers and counsellors in the field who need tools and medium to explain basics of HIV to children between the age group of 8 and 14 years. The flipbook is specifically developed to help children undergo a journey of information which is fun and easy to comprehend. It focuses on basics of HIV/AIDS, OIs, ART and adherence. It was developed and later pilot tested with children in all the four states of CHAHA programme—Andhra Pradesh, Tamil Nadu, Maharashtra and Manipur. It has been translated into Telugu, Tamil and Marathi.



Fighting Myths and Misconceptions

This small booklet clarifies myths and misconceptions associated with HIV/AIDS. Produced by NACO, it is an easy to refer booklet, in the form of frequently asked questions.





AIDS Times

“AIDS Times” is the newsletter of Madhya Pradesh SACS. It is a complete guide to HIV/AIDS related information and services. The state has 3 ART centres, and 10 ICTCs in district hospitals and medical colleges. PPTCT services are also being provided. Targeted interventions among HRGs are also going on. Through RRCs, awareness generation activities are carried out for the youth.

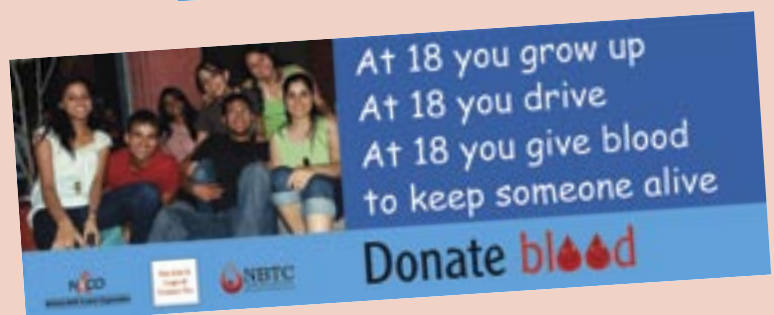


IEC Materials Developed for 9th ICAAP

NACO attended the 9th International Congress on AIDS in Asia and the Pacific (ICAAP) held from August 9-13, 2009 in Bali, Indonesia. The theme of the Congress was “Empowering People, Strengthening Networks.” A set of IEC materials was developed by NACO to be displayed at the Congress, which included a brochure, display panels and a docket with monographs on following issues viz. Response to the HIV Epidemic in India, Targeted Interventions in India, Monitoring and Evaluation, Condom Promotion and the Red Ribbon Express.

Bus Panels on Blood Donation

NACO has developed the bus panels on blood donation as part of its campaign to encourage voluntary blood donation. The panels will be shared with the SACS, who with the support of State Transport Corporation, will identify the bus routes on which various type of buses ply so that the messages have wider reach. The SACS need to translate them into regional languages and if required, may change the illustrations as per the state specific socio-cultural context. These panels will be on display during October-November period.



Various IEC materials displayed at 9th ICAAP, held in Bali



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