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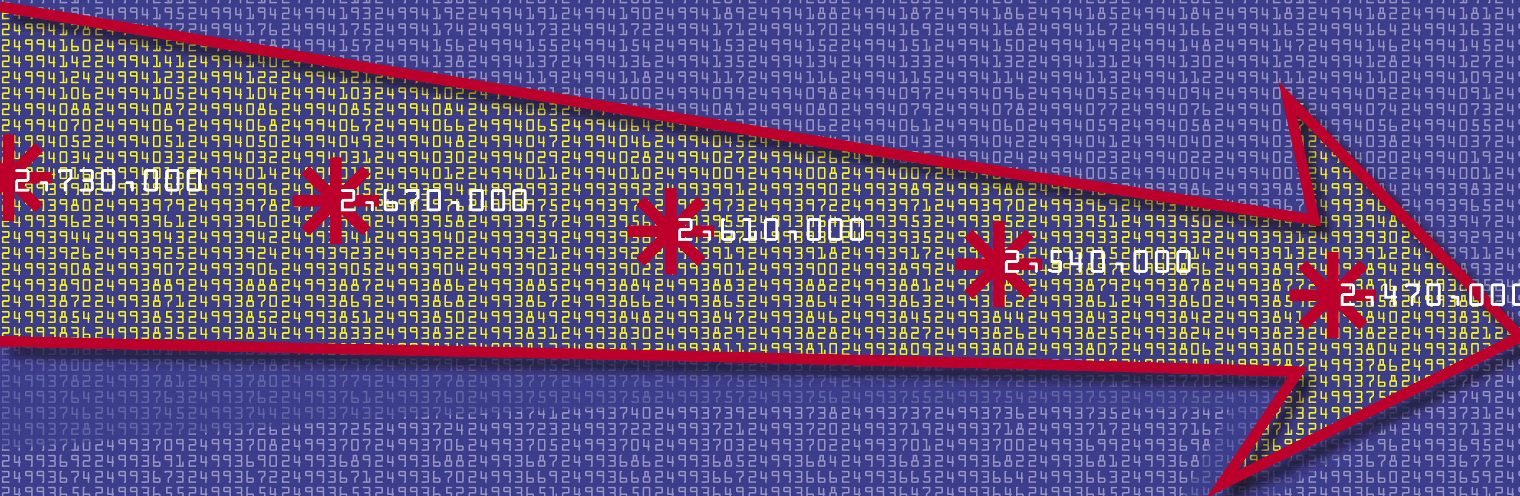
# NACO NEWS

A Newsletter of the
National AIDS Control Organisation
Ministry of Health & Family Welfare
Government of India

Vol. III Issue 3
Jul - Sep 2007

# Behind the Numbers

## New survey indicates AIDS epidemic in check, but guard cannot be lowered




* One Protocol for all ICTCs
* Re-tooling the Toolkit
* Igniting New India
* Profit in Prevention
* The AIDS Locomotive
* Test Case Scenario

## In the Mail

I have received the Newsletter of your organisation for the month of April to June 2007 which was extremely enriching. As far as the knowledge part is concerned I feel that it is the most complete journal providing the entire knowledge of AIDS prevention, control and the treatment of its patients.

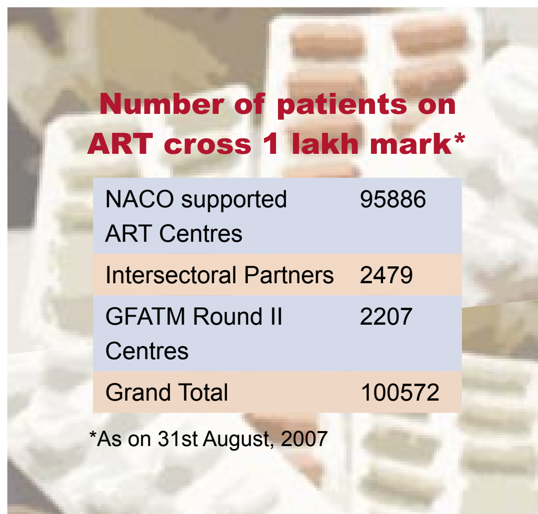
I wish all the success for your organisation and the journals to be published in future.

**Sripraksh Jaiswal**
Minister of State
Ministry of Home Affairs,
North Block,
New Delhi - 110 001

This is in reference to your letter dated August 13. I found the NACO Newsletter (April-June '07) very useful and informative.

We need to take into account the prevailing divergent viewpoints across different sections of the society. One may come across glaring differences in knowledge, perceived knowledge and awareness of HIV and AIDS prevention measures among the urban and rural youth across the country. This assumes importance in wake of the two surveys mentioned by you, which state that one-third of HIV infections in India are in the 15-24 age group.

**Amar Singh**
Member of Parliament
(Rajya Sabha)
27, Lodhi Estate,
New Delhi



**Number of patients on ART cross 1 lakh mark***

| | |
|---|---|
| NACO supported ART Centres | 95886 |
| Intersectoral Partners | 2479 |
| GFATM Round II Centres | 2207 |
| Grand Total | 100572 |

*As on 31st August, 2007

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

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

For back issues of NACO Newsletter and for information on HIV and AIDS log on to www.nacoonline.org, or mail to ritunaco@gmail.com

*– Editor*

# From the Desk of the Director General

The numbers halved but there were no half-measures in our satisfaction. The 2006 AIDS prevalence estimates – collated by NACO and supported by UNAIDS and WHO – suggest that national adult HIV prevalence in India is approximately 0.36 percent, amounting to between 2 and 3.1 million people. If an average figure is taken, this comes to 2.5 million people living with HIV/AIDS. The last year's estimates had put the overall number of people living with HIV/AIDS at 5.2 million, but this year we have a better and more correct picture. Thanks to robust data and improved methodology.

Unlike the previous estimates that depended on just the sentinel survey, this one draws from not merely an expanded and upgraded sentinel survey but other sources including National Family and Health Survey (NFHS-3) and Integrated Behavioural and Biological Assessment (IBBA). As the lead article in this issue of NACO News explains, public health professionals across the world have been watching these numbers carefully and have treated them with great respect. This is not just because NACO's partners among the UN agencies have backed and validated them, but also due to the methodology of data collection.

The trend shown by the numbers is encouraging for NACO and its partners. Yet, strictly speaking, the epidemic is not declining; at best it could be said that it is under control. In terms of numbers, India still has a very large population of PLHAs, the largest after South Africa and Nigeria.

The best antidote to the HIV/AIDS challenge remains increased awareness and adoption of safe behavioural practices. In order to check the epidemic, it is necessary that more and more people access services at counselling and testing centres, and volunteer for testing. Increased awareness, expansion of counselling and testing and treatment centres are major programmatic interventions in the third National AIDS Control Programme.

In this regard, NACO has taken important steps to popularise the Integrated Counselling and Testing Centres (ICTCs) and has been implementing nationwide campaigns. Apart from traditional approaches, these campaigns are using new communication tools and technologies – ranging from teaser campaigns in newspapers to messages through SMS that informed India's large number of mobile phone subscribers about free counselling and testing facilities.

Another interesting initiative that NACO is associated with is the Red Ribbon Express, a train that is at once a travelling exhibition on AIDS issues as well as a mobile counselling facility. It will journey through 180 stations across 24 states for the next one year beginning from December 1, 2007.

Whether it is campaigns on mass media or through interpersonal means or the Red Ribbon Express, the motivation is the same – increase awareness, fight misinformation, promote use of services and make universal treatment a reality and prevention every individual's imperative. After this year's encouraging prevalence estimates, the challenge is even greater to keep the epidemic under control.

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

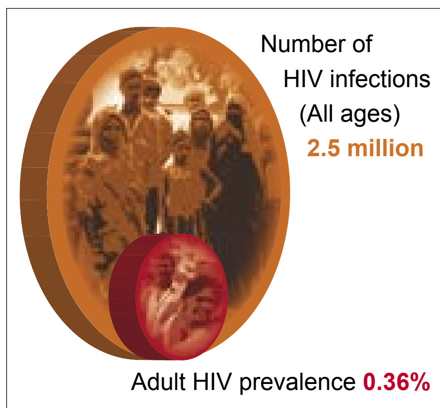
# Behind the Numbers

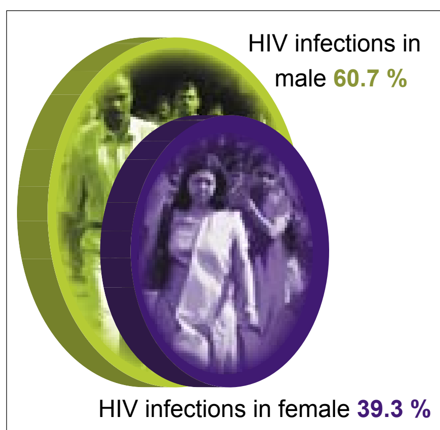
## New survey indicates AIDS epidemic in check, but guard cannot be lowered

Each year since 1998, NACO, the National Institute of Health and Family Welfare and the National Institute of Medical Statistics (a body under ICMR) bring out estimates of India's population living with HIV and AIDS. Released this year in July, the figures for 2006 represent the most accurate reading yet (see box "Methodology") of India's HIV and AIDS numbers. The process of enumeration and the results have been attested to and backed by international agencies – UNAIDS and WHO.

The 2006 estimates suggest national adult HIV prevalence in India is approximately 0.36 percent, amounting to between 2 and 3.1 million people. If an average figure is taken, this comes to 2.5 million people living with HIV and AIDS; almost 50 percent of the previous estimate of 5.2 million.

More men are HIV positive than women. Nationally, the prevalence rate for adult females is 0.29 percent, while for males it is 0.43 percent. This means that for every 100 people living with HIV and AIDS (PLHAs), 61 are men and 39 women.



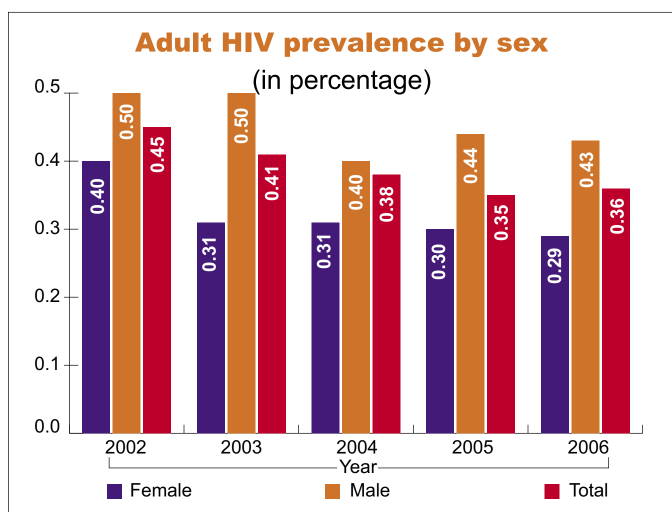

Prevalence is also high in the 15-49 age group (88.7 percent of all infections), indicating that AIDS still threatens the cream of society, those in the prime of their working life.

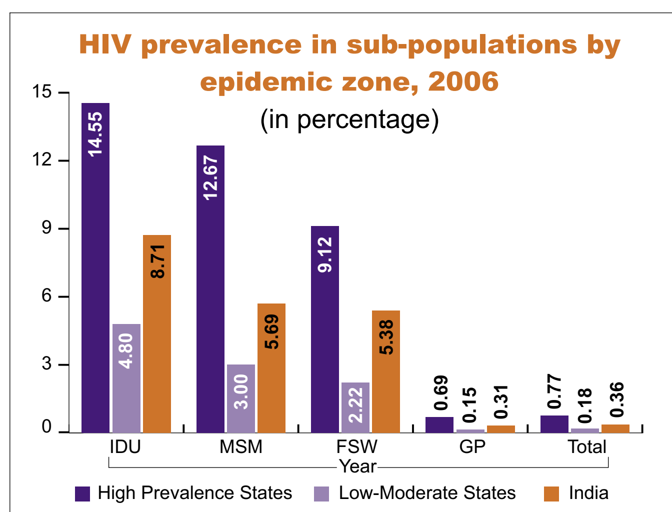
While adult HIV prevalence among the general population is 0.36 percent, high-risk groups, inevitably, show higher numbers. Among Injecting Drug Users (IDUs), it is as high as 8.71 percent, while it is 5.69 percent and 5.38 percent among Men who have Sex with Men (MSM) and Female Sex Workers (FSWs), respectively.

### Breaking down the numbers

In terms of geographical break-up, 118 districts have HIV prevalence more than 1 percent among mothers attending ante-natal clinics. The 2006 estimates indicate that the epidemic has stabilised or seen a drop in Tamil Nadu and other southern states with a high HIV burden. Yet, new areas have seen a rise in HIV prevalence, particularly in the northern and eastern regions. Twenty-six districts have been identified with high prevalence, largely in the states of Madhya Pradesh, Uttar Pradesh, West Bengal, Orissa, Rajasthan and Bihar.

HIV prevalence continues to be higher among vulnerable groups. For instance, there is a significant population living with HIV and



Methodology

## Why are these numbers more accurate?

**The credibility of the new HIV prevalence figures is very high because they are derived from not one but three authoritative sources.**

**An expanded and upgraded Sentinel Surveillance, spread over 1,122 sentinel surveillance sites and covering all districts in the country. This represents an increase of 400 sites since the last time, and an eight-fold increase from the 180 surveillance sites NACO began with in 1998.**

**The National Family Health Survey or NFHS-3, a population-based survey conducted in 2005-06, with a sample size of over 100,000 people for HIV testing.**

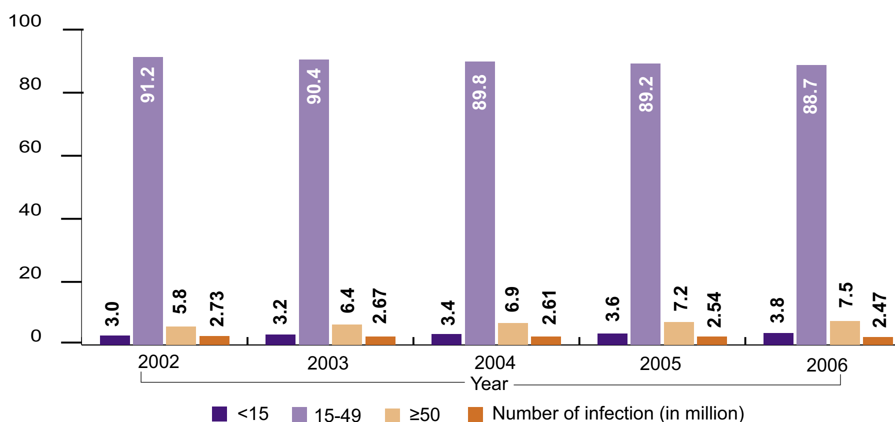
**An integrated behavioural and biologic assessment – the National Behavioural Surveillance Survey and the Integrated Biological Behavioural Assessments Survey. This is a targeted surveillance system focusing on high-risk groups in high-prevalence states.**

It may be pointed out that NFHS-3 is a household survey among the general population, and excludes high-risk groups such as sex workers, MSM, IDUs, truckers and so on. Seen in isolation, NFHS-3 suggests a prevalence figure of 0.28 percent. If the high-risk groups are also taken into account – as they have been by NACO – then the prevalence estimate rises.

The new, composite methodology represents the most modern and accurate system in the world and, indeed, the Indian survey could now be the template for estimating HIV and AIDS figures in other countries. It was the result of protracted discussion and consultation with national and international agencies and experts. It incorporated the WHO/UNAIDS Workbook Approach, which consisted of two panels: one for high-risk groups and the other for the low-risk general population. The new estimation process was overseen by the Technical Resource Group on Surveillance, jointly chaired by the Director-Generals of NACO and ICMR.

The new methodology allows for a "back calculation" of prevalence figures since 2002, based on the new assumptions and measures. The previous data for India offered a wide range – 3.4 million to 9.4 million – within which AIDS prevalence figures actually lay. The new estimation process has severely contracted that range, to between 2 and 3.1 million people.

International validation of both the numbers and the process has been swift. This would indicate NACO's estimation methodology would probably be replicated in other countries to gauge the spread of the HIV and AIDS epidemic there. As Paul Delay, Director of Evidence Monitoring and Policy at UNAIDS, Geneva, pointed out at a background briefing to contextualise the new Indian numbers, "India now really represents the state-of-the-art methodology, as far as combining different data sources is concerned. And now the analysis that is taking place will hopefully provide us with a most accurate picture that we have ever had on India."




AIDS among IDUs in four of India's biggest cities – Chennai, Delhi, Mumbai and Chandigarh. Young people are at greater risk, with the under-15 category accounting for 3.8 percent of all HIV infections, as against 3 percent in 2002.

Between 2005 and 2006, prevalence has fallen in some major states – Maharashtra from 0.80 to 0.74 percent, in Tamil Nadu from 0.47 to 0.39 percent – for instance. Yet, new areas of concern have emerged. In West Bengal, prevalence has gone up from 0.21 to 0.30 percent and in Rajasthan from 0.12 to 0.17 percent.

*(Contd. on page 9)*

# One Protocol for all ICTCs

## Guidelines to strengthen the first line of defence

The earlier Voluntary Counselling and Testing Centres (VCTCs) and facilities providing Prevention of Parent to Child Transmission of HIV and AIDS (PPTCT) services are now remodeled as a hub to deliver integrated services to all clients under one roof and rechristened as Integrated Counselling and Testing Centres (ICTCs). The ICTCs are the first interface of citizens – particularly of high-risk and vulnerable groups – with the HIV and AIDS control and treatment mechanism. To strengthen them, and make them more accessible and effective, NACO recently released new ICTC operational guidelines. These will not only ensure uniform services and protocols but also help in the delivery of high quality counselling and testing services across all ICTCs in the country.

There are, it must be noted, two types of such centres – 'fixed facility ICTCs' and 'mobile ICTCs'. The first is self-explanatory, being attached to a health facility or institution. The second travels, literally, to the hinterland, covering remote areas and hard-to-reach communities. It operates at odd hours, maintaining flexible timing to suit the needs of the populations it serves. It provides a gamut of services, from HIV testing and counselling to general health check-ups.

To achieve the NACP-III target of testing 22 million people in a year, the ICTCs in the government sector will be located not just in medical colleges and district hospitals but also in CHCs and 24-hour PHCs. They will also be located at railway stations, bus stations, prisons and university campuses. Partnerships with the private sector are envisaged in a big way and ICTCs are planned to be set up in private nursing homes, diagnostic laboratories and even in industrial zones. NGOs would facilitate the opening of such centres along highway hotspots, dhabas, markets and so on. The idea is to make ICTCs as accessible as possible to the target populations. NACO/SACS will support ICTCs in the private/NGO sector by providing HIV testing kits, IEC materials and PEP drugs, training the staff and ensuring participation in the external quality assessment mechanism.

In order to improve the client load and quality of counselling and testing services, the new guidelines provide for performance-based pay for the counsellor and the lab technician. The new guidelines provide for additional staff such as an outreach worker in all 'A' and 'B' category districts. Provider Initiated Counselling and Testing (PICT) is introduced for patients referred by medical providers such as those with tuberculosis, STIs as well as pregnant women. For infants born to HIV positive pregnant women, the new guidelines place emphasis on exclusive breast feeding for six months. In order to strengthen supervision, a system of ICTC supervisor along with regular assessments by SACS is built into the system.

The guidelines will streamline the programme, catering to the needs of clients more efficiently. After all, the ICTCs and those who man them are India's first line of defence, in a sense, as the country meets the challenge of HIV and AIDS.

Sewanand Vats, TO (ICTC)

# Profit in Prevention

### Corporate India takes steps in mainstreaming and fighting AIDS

Photo courtesy: CII and ILO

India's GDP is booming and we are on the way to become an economic superpower. At this stage, we don't expect the economy to be derailed by HIV virus. This threat perception was brought out by the National Council for Applied Economic Research (NCAER) in its study conducted for NACO in 2005. In the worst case scenario, it said, over a 14-year period (2002-03 to 2015-16), "Economic growth could decline by 0.86 percentage points over this period and per capita gross domestic product (GDP) by 0.55 percentage points. If the spread of HIV goes unchecked in India."

The most affected age group for HIV and AIDS is 15–49: almost 90 percent of Indian PLHA are in this age-group. For a demographically young nation, this represents a challenge to its most productive segment. As such, HIV prevention makes sense for business corporations. Employers would not want to lose good, productive workers to AIDS nor have their duties interrupted by prolonged, expensive treatment. Since a working person spends much of his or her life in an office or factory, the workplace becomes important for AIDS messaging.

Sensing this, CII launched the India Trust for HIV and AIDS in 2000. FICCI has been active in awareness building and is part of a USAID project on business response to HIV. Individual companies have taken commendable initiatives (see box). The International Labour Organization has helped frame guidelines and engaged employers and employees alike.

NACO has a dedicated mainstreaming initiative that facilitates adoption of HIV interventions in organisations not directly engaged in HIV work. It helps design workplace policies, integrate HIV into corporate social responsibility (CSR) and forge partnerships.

The HIV and AIDS intervention thus help both the employees and the employer. Therefore, corporations must adopt workplace intervention and protect its workforce, help spread HIV awareness.

P V Narayanan, Sector Specialist
(Private Sector)

Case studies

## AIDS in business

**ACC and Ballarpur Industries** at their locations in Wadi (Karnataka) and Chandrapur (Maharashtra) respectively have made available testing facilities and ART medicines for their employees and the wider community, in partnership with NACO.

**Hindustan Unilever** spreads HIV and AIDS messages through initiatives with rural entrepreneurs it had originally recruited for marketing of its products. It also distributes condoms using this network.

**Transport Corporation of India** has offered its network – 1,000 branches, 3,000 trucks, 4,000 employees – for HIV and AIDS intervention programmes for truck drivers. Services include awareness, counselling, STD treatment, condom promotion, voluntary testing.

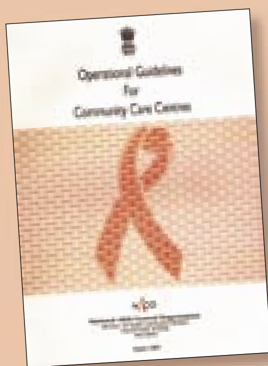
**Apollo Tyres** has been following a company-led model of strategic interventions with the trucking community, including training, counselling, condom promotion and distribution. The company has six clinics across India.

**Standard Chartered Bank** has a global initiative, Living with HIV, which is working in India as well. The focus is on prevention, addressing stigma, provision of ART for staff and their families under the bank's local medical entitlements. The bank has a policy of non-discrimination, a commitment to treating people equally. It has a training module on HIV for all new recruits.

**Bajaj Auto** has a well-established HIV and AIDS Workplace Policy adopted as early as 1995. It ensures protection of rights and welfare of employees through awareness generation. Non-discrimination of HIV positive people either during recruitment, at the workplace or in promotion, training and access to other facilities is institutionalised.

**Reliance** Industries has a full-scale prevention and treatment programme for both its employees and nearby communities at its Hazira plant. Working closely with the government, NGO partners and local enterprises, it has ensured a wide reach for its HIV interventions, which include awareness and medical and clinical support. The programme has reached nearly 300,000 people.

## Guidelines for Community Care Centres

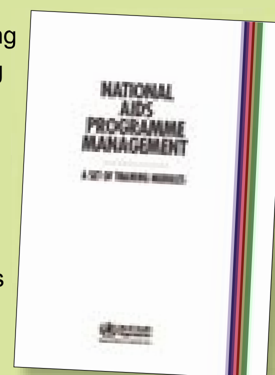



Operational guidelines for Community Care Centres (CCCs) have been developed to ensure uniformity in patient care across the country as well as to guide the centres on administrative, financial and operational matters, so that the quality of services offered to patients is in accordance with laid-down protocols. The guidelines describe the functions of the CCCs, facilities required in terms of physical infrastructure, general and medical equipment, human resources and linkages and referrals from and to the centre.

*For details contact:*
Dr B B Rewari, NPO, NACO

## Management modules

The WHO Regional Office for South–East Asia (SEARO) has finalised new modules for strengthening AIDS programme management, taking into account the current epidemiology of HIV and STIs, lessons learnt from programme responses in scaling up HIV and STI prevention and care and treatment interventions in the South-East Asia region. The training modules are primarily meant for programme managers and senior staff members of AIDS control mechanisms at national and sub-national levels. The new modules aim to help systemise prevention and care programmes, and enhance necessary knowledge and practice skills.




*Module available at:*
http://www.searo.who.int/LinkFiles/Publications_Preliminar__pages.pdf

## UN Support Plan

The Joint UN Support Plan for HIV and AIDS-India (2007-2011) has been finalised. It spells out the contribution of the UN organisations in India – the UN system as it were – to the National AIDS Control Programme. It will serve as a work plan for the UN system that will be monitored by the UN Theme Group on HIV and AIDS (UNTG), updated annually and mirror the priorities of the Government of India's multi-sectoral response.

*Plan available at:*
http://www.unaids.org.in/new/displaymorePub.asp?itemid=476&chname=Publications

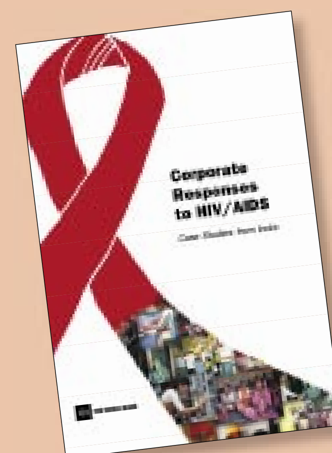
## An AIDS toolkit

A toolkit of participatory educational exercises built around five major themes – HIV Stigma; Gender-based Violence; Shame and Blame; More Understanding, Less Fear; Moving to Action – has been released in Secunderabad. The modules use a learner-centred, participatory approach to training. The goal is to facilitate open discussion on HIV stigma and gender-based violence, and on what health workers can do to promote a change in attitude among clients and their families and communities. Using toolkit exercises, trainers can create an atmosphere conducive enough for healthcare providers to discuss fears and concerns about HIV and AIDS, stigma and gender-based violence, health services and communities, judgmental habits and related issues.

*For details contact:*
Nandini Prasad, Gender Development Specialist, ICRW,
361, 1st floor, Lane 4, Street no. 7, East Marredpally, Secunderabad - 26

## Corporates in action

How should the corporate sector face up to the challenge of AIDS? A collection of case studies contributes to the growing evidence of private sector engagement in the fight against HIV and AIDS and the challenges businesses are overcoming in this regard. By capturing the experiences of the Indian private sector, it seeks to encourage others to respond, and partnerships to evolve between the government, civil society, and development organisations to leverage the competencies of the private sector.



## Condom campaign award

The campaign "Condom Bindaas Bol", aimed at promoting the consistent use of condoms for safe sex practices and family planning, has been chosen for the 2007 United Nations Grand Award for outstanding achievement in public relations. The campaign was designed to address a decline in condom use and sales across eight north Indian states that account for 45 percent of the national condom market. It had two broad messages. First, that "condom" was not a taboo word, and its usage should be discussed freely. Second, that condom usage is for everyone, not just individuals in high-risk groups. The United Nations Grand Award will be presented at a ceremony in London on November 6.

The report features a selection of Indian companies that have joined the battle against AIDS and committed money or other resources. The challenges these companies have faced and the individual innovations they have resorted to are good learning examples.

*For more information visit*
http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/Publications/448813-1183659111676/corporateresponse.pdf

## Behind the Numbers *(Contd. from page 5)*

### Districts needing special attention

| | |
|---|---|
| Number of districts with HIV prevalence > 1% among ANC clinics attendees | 118 |
| Number of districts with HIV prevalence > 3% among ANC clinic attendees | 14 |
| Number of districts in low prevalence states with HIV prevalence > 1% among ANC clinic attendees | 26 |
| Number of districts with HIV prevalence > 5% among STD clinic attendees | 48 |
| Number of districts with HIV prevalence > 15% among STD clinic attendees | 14 |
| Number of districts with HIV prevalence > 5% among HIV high-risk groups | 53 |

## The big picture

In terms of treatment and prevention interventions, lower estimates for HIV positive people are both heartening and challenging for NACO. At one level, the need for treatment and the need to access ART may be lower. Yet, this makes it is all the more imperative that an effective and universal roll-out of the ART programme is completed at the earliest.

More accurate data is a sort of force-multiplier and allows the country to fine-tune and pinpoint its responses. New AIDS estimates will allow NACO, its partners and State AIDS Control Societies (SACS) to focus on emerging districts of concern even if these be located within states that show low prevalence overall. Indeed, this is also the strategy being followed in the Third National AIDS Control Programme (NACP-III), which makes the district, the unit of intervention. As the new numbers indicate, national figures alone are not enough; they have to be seen in the context of local and district-level HIV and AIDS situation.

Though overall trends are encouraging, injecting drug use and homosexual route among men have emerged as important routes of HIV transmission in different parts of the country. In the North East, besides IDU, HIV prevalence among the FSW is increasing, suggesting a dual nature of the epidemic. Rising HIV prevalence among ANC clinic attendees in North Indian states is an alarming signal for focused attention.

Yet it is important to understand that a more accurate model indicating lower estimates than before does not mean a decline in the epidemic. It only points out that the epidemic is under control because of enormous effort and mobilisation over the past decade. This guard cannot be lowered. While the percentage of adult population affected by HIV and AIDS may have dropped, in absolute numbers, India's AIDS figure is still substantial. It is the third largest in the world, and remains the largest in Asia.

That is a sobering indicator of the challenges still before us. The imperatives of NACP-III beckon.

■ Dr A K Khera, JD (Basic Services)

# Re-tooling the Toolkit

## Task Force sets time-table for AEP revision

Mindful of the protests against some selected illustrations and exercises in AEP education material, the government set up a National Level Task Force to review the AEP toolkit. The Task Force consisted of renowned educationists, doctors/ child psychologists, interfaith coalition members and communication experts. Chaired by the Director General of NACO, the Task Force met on August 8, 2007.

The meeting began with the DG placing the issues in context, explaining that AEP was vital to meeting the AIDS challenge, as one-third of all positive people were aged between 15 and 29. AEP modules had been developed but evoked some criticism and the programme was halted in eight states. The Task Force was to evaluate the process, urge the continuation of AEP, with appropriate changes in the methodology, as deemed necessary.

While members of the Task Force unanimously supported the idea of life-skills education, some felt that the material were a little explicit. They also stressed creating the right environment for AEP, with the support of parents and principals.

Based on the review and the comments by expert members, draft Operational Guidelines would be developed indicating content that ought to be included in the AEP. A framework for methodology, teaching process and supervisory mechanisms would also be drawn up.

The concept paper for the draft Operational Guidelines would be prepared by a committee consisting of, among others, experts from the Delhi SCERT, VIMHANS, and representatives from the Kendriya Vidyalaya Sangathan.

On completion of the guidelines and methodology, a meeting of the Ministers of Education (HRD) and Health would be convened to provide political validation of AEP-related issues.

Mayank Agrawal, JD (IEC) NACO

# The AIDS Locomotive

## Red Ribbon Express spreads the good word

Imagine a train that doubles as a gigantic AIDS awareness initiative. It goes into the hinterland, the villages and little corners of India, spreading the message about AIDS prevention and treatment. Welcome to the Red Ribbon Express (RRE), a seven-coach train that includes three exhibition coaches, one for counselling and medical services, an auditorium-cum-conference coach and a pantry car. When launched the train will be accompanied by cycle troupes and bus caravans and will surely attract attention wherever it goes.

Conceived by the Rajiv Gandhi Foundation's Health Unit, the RRE Project is being implemented by NACO with support from UNICEF and active participation of the Nehru Yuva Kendra Sangathan. This is a national campaign to mainstream HIV and AIDS and promote safe behavioural practices. The Red Ribbon Express will traverse 9,000 km during the year, covering about 180 districts/halt stations and conducting an estimated 43,200 programmes and activities at the rate of one per village.

With the RRE campaign, NACO hopes to sensitise the masses on HIV and AIDS prevention and treatment, and to address issues related to stigma and discrimination by building capacities of stakeholders at village, district and block levels. It is intended as an umbrella exercise to involve, inform and incorporate the people into a genuine mass movement against HIV and AIDS. At the end of the year, RRE should report back a successful mainstreaming of HIV and AIDS in its area of travel and work. The objective of the project is that HIV and AIDS be seen in the wider context of socio-economic development rather than merely as a medical/public health issue.

Innovative outreach mechanisms such as RRE should make HIV and AIDS messaging easier to deliver. For the moment, the journey has begun, the RRE engine is on track and all set to roll on December 1st 2007.

Bilal Ahmad, (TO) NACO

# Igniting New India

### Young MPs Rahul Gandhi and Milind Deora visit NACO

One out of three HIV and AIDS cases in India is reported among the youth. It is crucial for those who are role models for India's young to take charge of the battle against HIV, and it was heartening in this regard when two young Lok Sabha MPs, Mr Rahul Gandhi (Amethi, Uttar Pradesh) and Mr Milind Deora (South Mumbai, Maharashtra) visited the NACO office in Delhi on September 8, 2007. Their mission was to understand and gain a first-hand experience of the implementation of NACP-III.

A presentation on the progress of the National AIDS Control Programme over the years was made before the two parliamentarians. The current HIV estimates, the trends in the recent past, and the nature of the epidemic in India were brought out in the presentation. Mr Gandhi and Mr Deora were also briefed about the efforts made by NACO to reach out to people, and the awareness and prevention strategies adopted. NACO's commitment to making facilities for testing, care, support and treatment accessible to common people was highlighted.

Mr Gandhi asked pointed questions about the situation in Uttar Pradesh and about the testing facilities available there and in Delhi. Both he and Mr Deora were keen to learn more about prevention mechanisms and how these were being communicated to target groups. They urged NACO's Director General, Ms K. Sujatha Rao, and other officials to identify areas in which young parliamentarians could play a role.

Ms Sujatha Rao requested Mr Gandhi and Mr Deora, and other young public leaders for support in fighting discrimination faced by MSM groups. Mr Deora spoke of a visit with a parliamentary delegation

**The young MPs were briefed about NACO's efforts to reach out to people. They asked pointed questions about how accessible testing facilities were, and about how prevention messages were communicated to target groups. They wanted to know how the young parliamentarians could help**

to Mexico, and how that country had effaced such discrimination by bringing in suitable constitutional amendments. Ms Sujatha Rao also spoke of the need to encourage the corporate sector to adopt sensitive workplace policies and help to both mainstream and prevent HIV and AIDS.

As a follow-up measure, NACO identified areas where young parliamentarians could play a key role in bolstering the battle against HIV and AIDS. In a young country, the youth have to take charge of their destiny. The young political representatives can play a pioneering role in igniting India's energies in the struggle against HIV and AIDS.

Ritu Shukla, DD (IEC) NACO

# Test Case Scenario

## Campaign to promote greater use of ICTCs

In the first year of NACP-III, NACO has targeted 10 million people for tests at the Integrated Counselling and Testing Centres (ICTCs). To achieve this, on August 15, it unveiled a 360º Multimedia Campaign on ICTC, the first of two major nationwide testing promotion campaigns planned for the financial year. The two-month campaign – the second campaign will be rolled out in November and December, to coincide with World AIDS Day – aims at encouraging voluntary counselling and testing.

Why is this campaign important? The key to fighting AIDS is increased awareness. Only a fourth of India's HIV positive population is aware of its status. Hence AIDS testing needs to be encouraged. As per the Behavioural Surveillance Survey (BSS) 2006, about 27.8 percent of people are aware of HIV testing facilities in their neighbourhood which is an improvement from the 10.4 percent awareness level of BSS 2001.

The ICTC network is the first interface between a person wanting to get tested for HIV and the public health system. It is crucial that this network be used by citizens, as awareness is the first line of defence.

### Teaser trail

The August-October campaign focused on the sexually active 15–49 population. It was a full-throttle IEC campaign from NACO. This included intensive messaging through Doordarshan and All India Radio as well as through cable and satellite television channels and private FM radio stations. The theme for the media spots was youth and safe behaviour, and greater usage of ICTC and Prevention of Parent to Child Transmission Centre (PPTCT) facilities.

Perhaps for the first time a government agency used an elaborate teaser campaign. Rather than focus its resources on just one or two big advertisements, NACO ran regular teaser ads in 100 newspapers across India. Each paper averaged five insertions. NACO's teaser campaign generated curiosity with insertions appearing every second or third day. It created a buzz. (By now, you would have known what this "KYS" teaser campaign was all about!)

With the campaign's focus on youth, the Internet medium was an obvious choice. India has 45 million Internet users; 70 percent of them are between 18 and 35. Thus the campaign ran for a month on the country's top three portals – rediff.com, indiatimes.com and yahoo.com. Interesting content and video spots made the campaign reach 13.2 million people. About 85,000 Net users visited NACO's website.

Another new communication tool used was text messaging. Director-General of NACO wrote to the Secretary, Ministry of Communications and IT, and to the Director-General, the Cellular Operators Association of India, requesting them to ask mobile phone service providers to send SMS to their subscribers, urging them to use nearby counselling and testing centres. The cell phone service providers responded gallantly, agreeing to send messages every week, free of cost, to India's large number of mobile phone subscribers.

Taking the mission to the proverbial last village and to 'media dark' areas, the Song and Drama Division and the Department of Field Publicity talked about the benefits of testing through their special interactive programmes.

### In the states

Complementing NACO's efforts were the SACS, which worked at the grass roots, using mobile testing vans and deploying street theatre and one-to-one/group discussions for communicating the message of HIV testing. The SACS galvanised their TIs, partner agencies, and corporate houses. The area of work for the SACS was, primarily, youth, whether in school/college or out-of-school. Special attention was paid to ensure availability of extra testing kits to cope with a possible surge in demand for services during the campaign.

Haryana

Hyderabad

Political support was instrumental. Special mention must be made of Arunachal Pradesh, where the *'Chale ICTC ki Aur'* campaign was formally launched by Mr Dorjee Khandu, the Chief Minister, at Itanagar on Independence Day. Mr Jarbom Gamlin, Home Minister of Arunachal Pradesh, was the first person to volunteer himself for HIV testing at the mobile ICTC at the launch venue.

Simultaneously the campaign was inaugurated in half a dozen district towns by other ministers. For instance, Mr C.C. Singpho, Minister for Health and Family Welfare, presided over the function in Bordumsa, Changlang district.

In Haryana, the campaign was launched by Dr Krishna Pandit, Parliamentary Secretary, Health, Haryana. She urged people to take an Independence Day pledge to win freedom from HIV and AIDS. At the function in Panchkula, a stall was put up for HIV counselling and testing and IEC material was distributed. In Puducherry, the star of the inaugural ceremony was movie star R. Partheeban.

In Orissa, apart from television and radio stations, folk and traditional media were used. Local folk artistes, empanelled with the Song and Drama Division, spread messages on HIV and AIDS and the importance of counselling and testing through local entertainment forms such as Pala, Daskathia, Ghoda Nacha and street plays. Magic shows, popular among adolescents, were arranged.

## Spreading the message

Even before the 360º campaign was conceived, some states had made efforts to ramp up awareness and usage of counselling and testing infrastructure. In Tamil Nadu, TANSACS, through its 718 ICTCs, tested over one million people in the past year. It has also crafted an independent brand identity for its ICTCs. They are known as "Nambikkai Maiyam - Ungal Athma Nanban": "A Centre of Hope - Your Soul Mate".

In Hyderabad on September 7, APSACS, in association with the Heroes Project – an NGO initiative on HIV and AIDS – and the two-wheeler maker TVS, hosted a motorcycle rally to popularise HIV testing. Inaugurated by Smt Panabaka Lakshmi, Union Minister of State for Health and Family Welfare, the event was marked by the presence of movie star Jackie Shroff. Smt Lakshmi, in fact, volunteered for testing on the stage itself.

Later the 10 km stretch encompassing the picturesque Tank Bund and Necklace Road came alive as the motorcyclists took off, accompanied by cheers from the public. Anticipating the crowd, APSACS had set up *ad hoc* ICTCs at the venue, and NGOs had opened condom promotion and distribution booths.

To test the efficacy of the testing campaign, NACO has engaged a professional research agency for rapid assessment. The assessment will be conducted in six states – high prevalence (two), moderate prevalence (one) and vulnerable (three). The uptake of services at ICTCs before and after the campaign will be an important indicator of success.

■ Ritu Shukla, DD (IEC) NACO

KYS
Positive or Negative
Know your status & live with confidence!
HIV/AIDS is manageable today.
Persons living with HIV/AIDS can lead a normal and productive life by adopting a healthy lifestyle and taking ART, if required.
Free ART is available at select government hospitals.
National Rural Health Mission
Helpline: 1097
Don't be against People Living with HIV.
Be against silence, discrimination & stigma.
NACO

# A Field of her Own

**Dakhal** Bahuuddeshiya Organisation is a collective of HIV positive women in Maharashtra who have resolved to help themselves and others like them, and taken on the challenge of AIDS with pluck, passion and perseverance. *Sophia Lonnappan* interviews *Rakhee,* Treasurer of Dakhal.

**Q: How did you start Dakhal?**

**A:** During our visits to the ICTC, we got introduced to an organisation working with HIV positive people. We got ourselves enrolled as members of one of its organisations, but soon realised we were being used as mannequins for display at various workshops and conferences. It was being constantly instilled in us that we were incapable of doing anything for ourselves and needed to rely on others for help.

We realised this when a vacancy arose for a counsellor's post in the organisation. We were asked to sign a petition. It said the positive people who were part of this organisation wanted a negative person to become the counsellor. We felt that our rights were violated, as we too were capable. But because of our inability to understand English, the job went to a relative of one of those running the organisation. It was then that ten of us decided to start something of our own.

**Q: Describe your journey, from realising you were HIV positive to starting Dakhal.**

A: It has been a roller-coaster ride. I was expecting a child when I came to know about my status. I went through a stage of denial. My husband was my strength and he gave me hope and confidence. Under the guidance of the counsellor at the ICTC we, 10 women, started meeting as a group on the lawns of the government hospital itself. We tried to be each other's pillars of strength. We decided to join the local ITI for a sewing course. After we finished the diploma course, some of us got free sewing machines. Whatever little money we began earning, we invested in group activities.

**Q: What is your vision for Dakhal?**

A: We want Dakhal to grow into an organisation which will help instill faith and self-confidence among hundreds of women like us. Dakhal's main focus is on prevention and care through counselling.

**Q: Were there any difficulties in setting up Dakhal?**

A: From banks to NGOs, our work was stalled by various individuals who thought our attempts to help ourselves and others were futile. We faced opposition from the community when we went counselling from house to house, and to spread prevention messages. We initially struggled to find a room for our office. Finally, Dakhal got registered in January 2007. It has 11 board members and 218 members.

**Q: What is the work you do on a day-to-day basis?**

A: We go from house to house, educating people about prevention. We also go to sex workers to spread messages on prevention. Our work concentrates on counselling. Since we have gone through the same stage we know what the issues are within a family and at a personal level. So we are able to use our own experiences to help others overcome fear and stigma.

When women come to join our organisation, we let them decide what they want to do and train them accordingly. We make them aware of prevailing schemes they can access, such as the Sanjay Gandhi Rashtriya Kutumb Yojana. Members who are working women find it difficult to collect medicines from the OPD due to paucity of time. We assist them by procuring it on their behalf.

**Q: What can the government do to encourage Dakhal and similar organisations?**

A: To avail any scheme there is plenty of paperwork one needs to do. With limited literacy, we end up getting entangled in red tape. The government should not only work on bringing about more schemes but also think of ways to make these approachable and people friendly.

More advertisements are needed, especially through radio and street hoardings to spread awareness among the small town people.

Andhra Pradesh

## Baby steps

APSACS with the support of LEPRA Society and the Network of Positive People, Hyderabad, is implementing the PPTCT outreach programme in four government maternity hospitals in Hyderabad city. In August and September it conducted four "Well Baby" shows that aimed to educate parents about health, immunisation and nutrition habits of their children. It also sensitised doctors in dealing with HIV positive people. APSACS was also involved in training nearly 200 doctors from medical colleges and the Andhra Pradesh Vaidya Vidhan Parishad as part of a four-day technical programme on management of HIV and AIDS cases.

Manipur

## Public leaders, little citizens in mission mode

With more than 25,000 PLHAs, Manipur is alive to its AIDS problem. It has now become the 11th state to have a Legislators Forum on HIV and AIDS. The Forum held its inaugural conclave at the Manipur Legislative Assembly Hall recently and pledged to make Manipur an HIV and AIDS free state. The conclave was addressed by the Governor of Manipur, Dr S.S. Sidhu and the Chief Minister, Mr O. Ibobi Singh, among others.

In another initiative, an effort to reach out to Children Living with HIV and AIDS (CLHA) in six districts of Manipur, including four hill districts, saw a four-day CLHA Phase-II Drive Camp at select district hospitals. This was the brainchild of the Manipur SACS in association with the Clinton Foundation, and in partnership with NGOs and ART Centres. NACO – as part of the National Paediatric Initiative – and UNICEF backed the event. In all, 152 CLHAs made it to the camp.

Tamil Nadu

## Testing on wheels

To take testing and counselling facilities to remote areas, TANSACS has brought in eight Mobile Counselling and Testing vans. These vans will be run in different areas – Nilgiris, Krishnagiri, Salem, Namakkal, Dindigul, Thiruvannamalai, Dharmapuri, Coimbatore. Each van will be equipped with an experienced lab technician and counsellor and operated by the District Red Cross Society. TANSACS has also initiated an HIV and AIDS training programme for rural women through Self-Help Groups (SHGs) in collaboration with the Tamil Nadu Corporation for Development of Women (TNCDW). A pilot project has been implemented in seven districts, covering 52,000 SHGs.

## AIDS messaging on Youth Day

August 13, 2007, International Youth Day, was commemorated in 13 states and union territories under the broad theme: " Be seen, be heard: youth participation for development". SACS collaborated with other government and civil society agencies to carry HIV and AIDS relevant messages to the youth. A variety of mechanisms were adopted. In Sikkim, workshops for IDUs and school drop-outs were conducted; in Nagaland churches were involved and Red Ribbon Clubs held poetry competitions on the HIV and AIDS theme; Uttar Pradesh saw a candlelight march and jam sessions to reach out to college youth; Delhi was host to an inter-collegiate debate and poster competition; in Arunachal Pradesh, young people played football matches and ran mini-marathons.

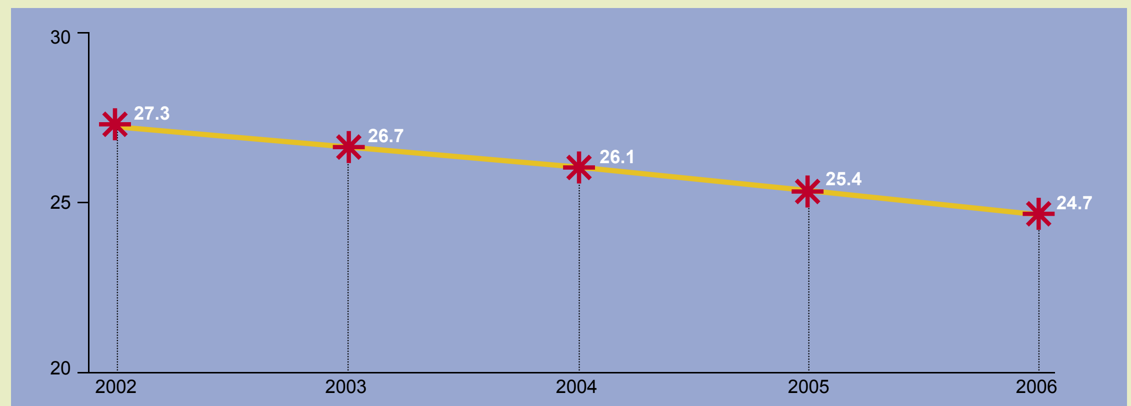
In a major event in Chennai's D.G. Vaishnav College, the Chennai Red Ribbon Club Association (CRRCA) organised an awareness programme on "Drug abuse and HIV and AIDS" for 120 students from 14 colleges. A "Blood Donors' Directory" developed by CRRCA was also released. In Goa, a graffiti contest on the AIDS theme was held and street plays organised. People were given an opportunity at the event to meet PLHAs, and social marketing of condoms took place.

## State-wise estimated number of HIV infections for all ages, 2006, India (in lakhs)

Jammu & Kashmir 0.02
Himachal Pradesh 0.01
Punjab 0.2
Chandigarh 0.03
Uttaranchal 0.04
Haryana 0.39
Delhi 0.30
Rajasthan 0.56
Uttar Pradesh 1.13
Bihar 0.74
Sikkim 0.01
Arunachal Pradesh 0.02
Assam 0.09
Nagaland 0.19 (1%)
Meghalaya 0.02
Manipur 0.25 (1%)
Tripura 0.05
Mizoram 0.05
Jharkhand 0.18
West Bengal 1.49
Gujarat 1.44
Madhya Pradesh 0.46
Chhattisgarh 0.38
Orissa 0.48
Daman & Diu
Dadar & Nagar Haveli
Maharashtra 4.95 (20%)
Andhra Pradesh 5.26 (22%)
Goa 0.07
Karnataka 2.76 (11%)
Pudhucherry 0.04
Tamil Nadu 2.46 (10%)
Kerala 0.62
Andaman & Nicobar Island 0.02

Note:
Results are not available for Dadar Nagar Haveli, Daman & Diu and Lakshwadeep due to insufficient sample size for estimation.

## National estimated number of HIV infections for all ages, India, 2006 (in lakhs)




Note:
The difference between National estimate and the state total is due to the aggregation error (i.e. State total is the sum of the independent estimates for each state and the National estimate is derived from the projected National prevalence).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